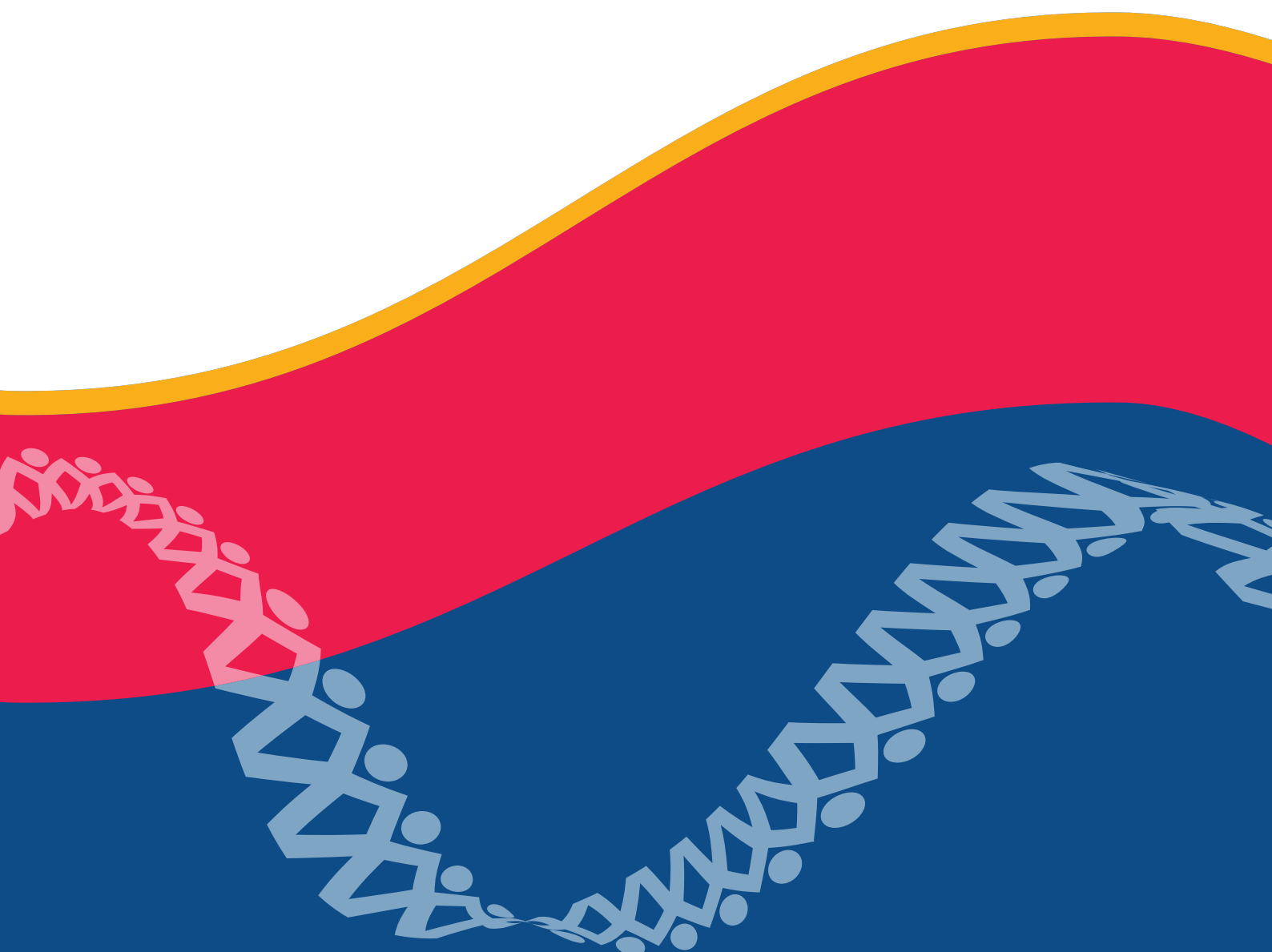


South Australian
**Health in
All Policies**

Training Manual



Version 1.0, December 2013



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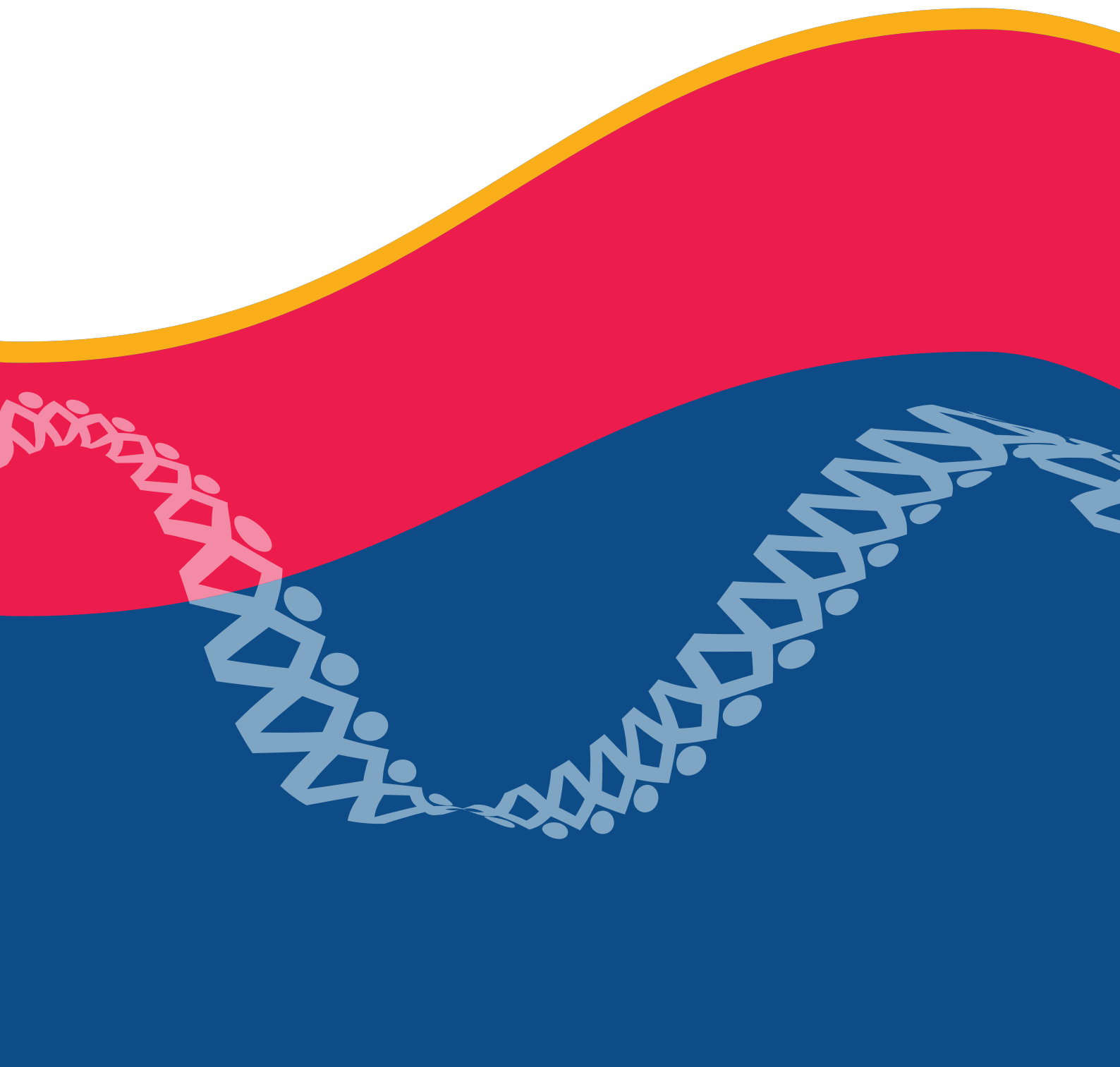


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Acknowledgements

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We are particularly grateful to the World Health Organization Headquarters and Western Pacific Regional Office for their technical expertise and support for the 2011 South Australian Health in All Policies Summer School and the development of this training manual. In particular, we would like to acknowledge the role of Nicole Valentine, Technical Officer, Department of Ethics and Social Determinants of Health, World Health Organization Headquarters and Anjana Bhushan, Technical Officer, Division for Health Sector Development, World Health Organization Western Pacific Regional Office.

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Finally, we would like to thank the faculty members, guest lecturers and participants from the 2011 South Australian Health in All Policies Summer School. We value your feedback on the curriculum and have incorporated it into this manual.

The final draft of this manual was edited by Michele Herriot.

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* positions and department names current at time of 2011 South Australian Health in All Policies Summer School.

Foreword

Delivering effective health care for the 21st century is a challenge. A population with a substantial ageing component, increasing chronic disease and the cost of health care are challenges faced by many jurisdictions, including South Australia. Further compounding these issues, the burden of disease is not distributed equally among the population and health inequities continue to persist despite the best efforts of our health system.

The South Australian Department for Health and Ageing is committed to reducing the burden of chronic disease and assisting South Australians live longer, healthier lives. *South Australia's Health Care Plan* and *Aboriginal Health Care Plan* outline strategies to build a strong and responsive health care system for all, while also maintaining a focus on health promotion and prevention programmes. Despite this action, South Australians living in more disadvantaged areas are still more likely to report health risk factors and higher rates of chronic disease, and the Government of South Australia recognizes more must be done to address the social, environmental and economic determinants of health and well-being.

In order to address the social determinants of health and eliminate preventable health inequities, a new approach is required that not only frames health differently but also makes health everybody's business. *South Australia's Strategic Plan* and the recently released *Seven Strategic Priorities* provide the strategic blueprint for the Government of South Australia's joined-up policy responses to complex social, environmental and economic issues. Health in All Policies, overseen by the Department for Health and Ageing and the Department of the Premier and Cabinet, offers an effective, intersectoral framework for action on the social determinants of health.

The Government of South Australia has taken significant steps towards improving population health and well-being through the application of Health in All Policies to its planning and decision making processes, and has much to share from its experience. The 2011 South Australian Health in All Policies Summer School provided the opportunity to meet and exchange insights and experiences from around the world concerning how best to advance health and well-being in all of our communities.

This training manual takes forward the work of the World Health Organization's Commission on Social Determinants of Health, the 2010 International Meeting on Health in All Policies and the World Conference on Social Determinants of Health held in Rio de Janeiro in October 2011. South Australia has a well-established relationship with the World Health Organization and I would like to extend my thanks to the World Health Organization for its support of the Summer School and the development of this manual.

The training manual has been designed so that trainers may learn from South Australia's experience in developing and implementing a Health in All Policies approach. In sharing the success and challenges of Health in All Policies, and the tools and frameworks used in its implementation, we can build a community of practice that is supportive of action on the social determinants of health to address health inequities and improve population health and well-being.

David Swan

Chief Executive

Department for Health and Ageing

Government of South Australia

Adelaide, 2013

Foreword

It is with great pleasure we present the South Australian Health in All Policies Training Manual, developed by the Government of South Australia and the World Health Organization Headquarters and Western Pacific Regional Office.

Based on the 2011 South Australian Health in All Policies Summer School, the training manual is the latest in a series of actions the World Health Organization has been taking, in collaboration with partners, to implement the recommendations outlined in the Rio Political Declaration on Social Determinants of Health and the report of the Commission on Social Determinants of Health.

The Commission's report to the World Health Organization showed that inequities in health opportunities continue to exist, both between and within countries, and that many differences in health outcomes are preventable. Non-communicable diseases, in particular, present a significant challenge as their causes are complex and often sit outside the responsibility of the health sector. Addressing the determinants of health inequities requires intersectoral action and while the work of the Commission provided an evidence base on which to move forward, many Member States face difficulties in translating this evidence into practice through policies and actions that are relevant to their local needs.

In 2011, the World Conference on Social Determinants of Health was convened by the World Health Organization with the aim of building support for the implementation of action on the social determinants of health. The Rio Political Declaration which resulted from the Conference confirmed Member States' commitment to take action in five areas:

- Adopt improved governance for health and development
- Promote participation in policy making and implementation
- Further reorient the health sector towards promoting health and reducing health inequities
- Strengthen global governance
- Monitor progress and increase accountability.

A key priority for action is ensuring that the well-being of the population is improved through policies across all sectors—and, at the same time, that improved health contributes to the achievement of the goals in other sectors. Such action requires political commitment, partnerships and participation from all stakeholders, and Health in All Policies is one framework through which this action can be undertaken.

The World Health Organization and the Government of South Australia have a long-standing collaborative partnership on Health in All Policies. In 2010, the Health in All Policies International Meeting was held in Adelaide, co-sponsored by the World Health Organization and Government of South Australia. The Meeting resulted in the Adelaide Statement on Health in All Policies, which outlines the key elements of effective joined-up government approaches, and the values and principles which underpin them. Importantly, it moves the discussion around action on the social determinants of health forward, from concepts to practical methods for application.

The training manual is the latest outcome of the partnership between the World Health Organization and the Government of South Australia. The training manual offers the opportunity to learn from the South Australian experience of implementing Health in All Policies and to develop and practice the skills sets required for intersectoral work. It also examines Health in All Policies and the South Australian approach in the broader global context covering how the approach intersects with global shifts in health, national and subnational policy making and global governance for health.

Intersectoral work requires strong partnerships across government, academia and civil society to achieve action on the social determinants of health. We hope that the training manual transmits well the training experience of the 2011 Summer School, will provide you with new ideas and new tools for developing and implementing healthy public policy and thereby acting on the social determinants of health and improving health equity.

Dr Rüdiger Krech
Director, Department of Ethics and
Social Determinants of Health
World Health Organization
Geneva, 2013

Dr Henk Bekedam
Director, Health Sector Development
World Health Organization Regional Office
for the Western Pacific
Manila, 2013

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Welcome from the course directors

The growing global burden of non-communicable disease and an ageing population is driving governments to look for new ways to address health concerns, for new ways to reduce the escalating costs of health care and for new ways to improve population health and reduce health inequities.

Joined-up government and joined-up policy making are increasingly recognized as effective and important strategies to address these health challenges. To develop policies that act on the social determinants of health, the causes of the causes of non-communicable diseases must be addressed. Health in All Policies provides an important mechanism and vehicle to deliver healthy joined-up policy and contributes towards shared governance for health.

In 2007 South Australia, a subnational region of Australia, adopted a Health in All Policies initiative and has been systematically implementing the approach over the past five years. This has provided practical experience in how to work collaboratively across government sectors with a priority focus on the social determinants of health.

In November 2011, in response to growing international interest in South Australia's experience, the first Health in All Policies Summer School was held in Adelaide, South Australia. The Summer School was sponsored by the Government of South Australia and the World Health Organization Headquarters and Western Pacific Regional Office. We were pleased to be invited to convene the course as Course Director and Co-Director. The Summer School attracted more than 30 international and Australian participants, and drew upon a highly esteemed faculty of practitioners and academics who delivered a comprehensive and challenging curriculum.

The 2011 South Australian Health in All Policies Summer School curriculum was designed to provide participants, who came from a variety of countries and settings, with an understanding of both the theory and the context in which Health in All Policies operates. In addition, it sought to provide relevant and practical examples, allowing participants the opportunity to see and practice Health in All Policies in action.

The South Australian Health in All Policies Training Manual is based on our experience of planning and delivering the 2011 South Australian Health in All Policies Summer School and has been designed to be easily adapted by trainers to their own country context and audience needs.

We feel privileged and excited to be able to share the many lessons and insights learnt from convening the 2011 South Australian Health in All Policies Summer School with the public health community and encourage you to familiarise yourself with the contents of this manual.

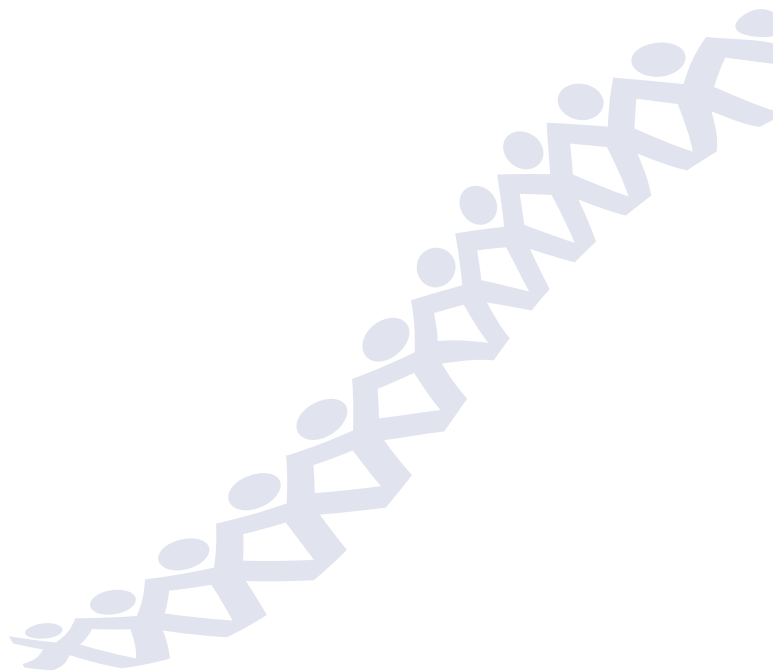
We also recognize that training and capacity building in Health in All Policies is relatively new and that practice is evolving. We welcome your suggestions and feedback on the manual. Please send your comments by email to hiap@health.sa.gov.au.

Finally, we would like to acknowledge the great support we have received from the World Health Organization Headquarters and Western Pacific Regional Office and the Government of South Australia, in particular the Health in All Policies unit, the great generosity and contribution of the Summer School faculty and the enthusiastic and committed participants; without their involvement the development of the training manual would not have been possible.

Professor Ilona Kickbusch
Course Director
Programme Director
Graduate Institute of International
and Development Studies
Geneva, 2013

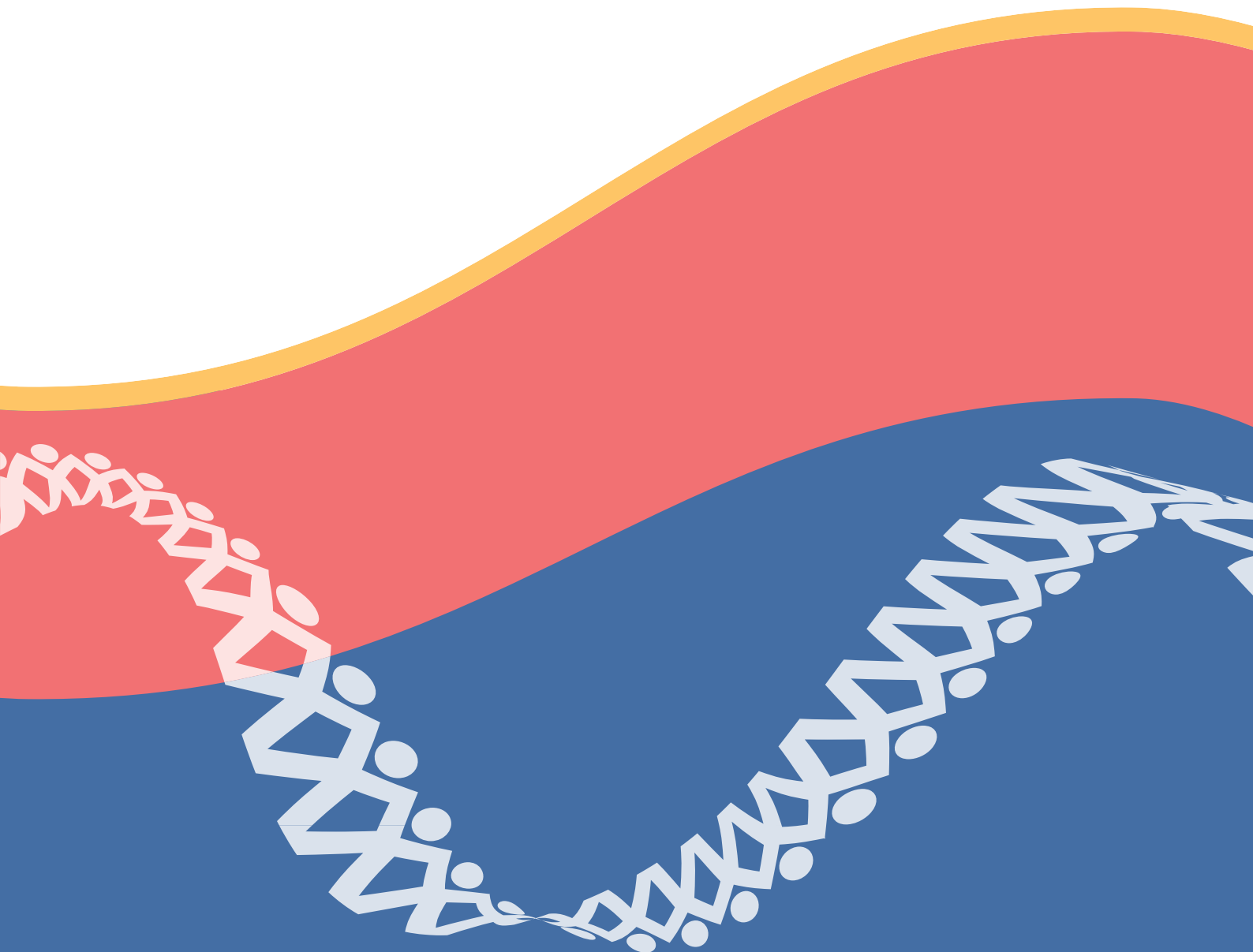
Carmel Williams
Course Co-Director
Manager, Health in All Policies
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Government of South Australia
Adelaide, 2013

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Section A

Background and Introduction



Health in All Policies in South Australia

Since 2008, the Government of South Australia has successfully developed, trialled and implemented a Health in All Policies approach to address the social determinants of health through improved joined-up policy making. The approach has been based on a strong partnership between the South Australian Department for Health and Ageing and the South Australian Department of the Premier and Cabinet. During its five years of operation, the South Australian Health in All Policies approach has been applied to a broad range of public policy issues, developed a suite of methodologies designed to tackle different types of policy problems, and formed strong collaborative partnerships with senior policy makers across government and within the health sector.

The emergence of a Health in All Policies “community of practice” is a positive outcome of this work. Senior policy makers from departments outside of health are regularly applying social determinants of health thinking to existing and new policy challenges. This has added a lot of value to public health work across Australia.

Internationally, there have also been achievements and building blocks too. South Australia has been able to take advantage of windows of opportunity appearing internationally, and synchronicities with the World Health Organization agenda for capacity strengthening in Health in All Policies. In 2010, the Government of South Australia partnered with the World Health Organization (Headquarters & Western Pacific Regional Office) to hold the Adelaide International Meeting on Health in All Policies – the first international World Health Organization meeting to focus on the topic. This opened up the opportunity for further collaborative work around agendas of mutual interest in relation to capacity building.

The 2011 Health in All Policies Summer School was convened as a joint initiative in follow-up to the Adelaide meeting, by the Government of South Australia with technical support from the World Health Organization (Headquarters & Western Pacific Regional Office). The 2011 South Australian Health in All Policies Summer School aimed to share the key lessons from South Australia’s experience with national and international policy makers and health professionals, and to support other agencies and jurisdictions to adopt a Health in All Policies approach to intersectoral action on the social determinants of health. In addition, the World Health Organization agreed that such a course would be an important step towards scaling up or “snow-balling” dissemination of Health in All Policies practice, and sought to help learn from the training experience for future training courses. It was also deemed important to show progress in view of the importance of capacity building in addressing the social determinants of health as a key theme of the agenda for the World Conference on Social Determinants of Health held in Rio de Janeiro (19-21 October 2011).

South Australia’s model is one of several approaches to implementing Health in All Policies that are currently in practice around the world. Nonetheless, it is clear that the different approaches draw on a common set of skills and knowledge. As reflected in the Adelaide Statement on Health in All Policies, action on the social determinants of health is complex and requires a joined-up cross sector approach. The 2011 Health in All Policies Summer School provided participants with the opportunity to learn about the generalities of this approach as well as about the South Australian approach to Health in All Policies. As time goes on different training courses will be developed.

The World Health Organization is publishing a complementary training manual, whose curriculum builds on and extends the template provided through the 2011 Health in All Policies Summer School. For future clarity, we have therefore referred to this summer school as the “2011 South Australian Health in All Policies Summer School”.

Purpose of the training manual

The South Australian Health in All Policies Training Manual is designed to assist **trainers** interested in conducting a course based on South Australia’s approach to applying Health in All Policies. It has been designed so that trainers and professionals worldwide can tailor the curriculum so that it is relevant to their country or regional context.

The training manual has been developed in response to the growing call for governments to act on the social determinants of health by applying a Health in All Policies approach. The World Conference on Social Determinants of Health held in Rio de Janeiro in October 2011 argued strongly for such an approach, stating that successful policy action for the social determinants of health requires intersectoral collaboration, a conducive policy framework, shared leadership, political support and an emphasis on shared values and interests.

Government and health policy makers understand what needs to be done to improve the social determinants of health, and health and well-being but know less about how to implement such an approach. This training manual aims to help people to plan and take the necessary steps to implement a Health in All Policies approach in their region or country. The training manual also is designed to support people in the fields of public health, health promotion and public sector policy making more broadly, to deliver a training course on Health in All Policies.

Audience

Action on the social determinants of health requires practitioners and policy makers within and outside the health sector, across all levels of government, as well as non-government organizations, to implement change. There are three key groups that should find this manual useful:

1. Health professionals and policy makers working in the clinical, public health and health promotion fields

Health decision makers are key stakeholders in the planning and allocation of limited health resources and personnel. They are able to influence the development of health policy and the allocation of resources to support the delivery of quality health promotion and public health practice. Gaining the support of these health sector leaders is critical to the adoption of Health in All Policies, and the training manual aims to highlight the links between health system performance and action on social determinants of health. The training manual outlines the role of the health system in the implementation of Health in All Policies and identifies how executives and clinical leaders can support its successful development and implementation.

In addition to health leaders, public health and health promotion professionals are responsible for promoting the health of their populations, and action on the social determinants of health is becoming an increasingly important part of their work. The training manual provides them with critical information to successfully argue for a Health in All Policies approach and to gain the necessary skills for implementation.

In some cases, health practitioners may be the initial catalyst for the start of a Health in All Policies approach. However, it is also anticipated that many public health and health promotion practitioners and policy makers will use the training manual as a guide to train policy makers from outside the health sector, and it is designed to allow adaption of the content for this purpose.

2. Professionals and policy makers outside of the health sector

Leadership from central government and other agencies such as transport, agriculture and education is critical to the success of action on the social determinants of health. Central government provides the leadership and support for a Health in All Policies approach to be applied to government policy making. Central government also provides the authority and legitimacy for cross government policy making, and can be valuable allies when health agencies want to engage with policy makers from outside of the health sector. In addition, an understanding of the social determinants of health and the "win-win" approach of Health in All Policies across other government agencies facilitates joined-up policy making.

The training manual identifies how Health in All Policies can be used to support central government priorities and those of other agencies, and how the approach can benefit their policy agendas. The curriculum has been designed to assist policy makers from across government see the value of Health in All Policies and understand their role.

3. Academic and other stakeholders

The academic community play a lead role in training the future generations of health professionals and policy makers. It will be valuable for public health, health promotion and other health graduates to have the knowledge, values and skills to be able to operate in such a complex and dynamic environment. The training manual has been designed to make it easy for those responsible for teaching professionals and students to incorporate aspects of the Summer School curriculum into their own courses thereby building a future workforce skilled in Health in All Policies. In addition, it is hoped that the training manual will be a useful resource for the non-government and not-for-profit community in training programme and policy staff. The training manual curriculum provides useful practical real life examples of intersectoral action for health, challenges and opportunities, as well as including a focus on the necessary skill set required to be able to work across sectors successfully.

Outline of the curriculum

The 2011 South Australian Health in All Policies Summer School curriculum was developed to assist participants to:

- Understand the theory and conceptual underpinning of the Health in All Policies approach
- Explore various approaches to implementation, with a particular focus on South Australia's experience
- Identify and provide opportunities to practice the skill sets required for intersectoral work
- Understand what Health in All Policies means for the health sector.

Importantly, the curriculum places the practice of Health in All Policies in a changing and dynamic global context. A range of teaching methodologies were used to meet the various learning styles of the participants, including lectures, interactive sessions, case studies and practical examples as well as site visits.

The five day programme was structured to introduce participants to the critical elements of Health in All Policies theory and practice. The participants had varying levels of experience of working on Health in All Policies and so the course was tailored to meet the needs of participants who had limited exposure to Health in All Policies. For some participants this meant that some aspects of the course covered areas that they knew well, such as the relationship between the social determinants of health and the population's health and well-being (Day 1, Session 3).

The curriculum was designed around five key themes, one for each day. A brief summary of each theme is provided below, outlining its purpose, key concepts and how the themes contributed to participants' learning and understanding of Health in All Policies.

Day 1: Concepts and foundations

Day 1 introduced participants to the key concepts underpinning a Health in All Policies approach, and led participants through the history of public health, health promotion and Health in All Policies. The day focused on highlighting the different approaches used over time to address the social determinants of health. Lectures on the social determinants of health and health inequities ensured that all participants had the necessary theoretical concepts and frameworks to be able to digest the following sessions and where necessary to help participants to filter the information through their own national, regional and/or local context.

Day 2: The two way approach to Health in All Policies - health lead and health partner

Health in All Policies can be applied in a number of different ways and at different levels of government: global, national, regional and local. Day 2 was designed to explore these different approaches. In particular it focused on the role the health sector plays, exploring whether health takes a lead role or a facilitating or partnering role and asks participants to compare the approaches, thinking through the context, language, stakeholders and goals used in each approach. The session used examples from recent global statements. The day also provided participants with an opportunity to hear about how to apply Health in All Policies at the local level, using a South Australian example and included a site visit and meeting with local (municipal) government decision makers.

Day 3: South Australia's approach to Health in All Policies

The course provided an opportunity for participants to learn about the philosophy and techniques that underpin South Australia's Health in All Policies model. Day 3 included presentations by members of the Health in All Policies team, as well as senior decision makers from central government and other government departments. Participants were able to question and discuss the approach with senior policy makers from across government hearing their views about the value, opportunities and challenges of working in partnership using the Health in All Policies approach. This day in particular provided an opportunity for participants to learn about a local practical example - at the 2011 course it was South Australia's model but in other courses relevant local examples should be used.

Day 4: Skills development

It is essential that the professionals applying Health in All Policies have the technical and relationship skills to work effectively across sectors. Many public health professionals have specialised technical skills and can be considered very helpful when working with policy makers from other disciplines. Day 4 of the Summer School exposed participants to a number of these skills sets by virtue of the health and determinants issues covered. However, at the 2011 Summer School, the skills development sessions were strongly focused on learning relationship and communication skills that are essential for successful intersectoral collaborations, such as negotiation and facilitation skills. A number of local examples were presented to participants to demonstrate that relationship and negotiation skills are important at all levels of policy making. Practical examples, especially if current and locally relevant, provide real life experiences for participants to explore, which in turn facilitates learning.

Day 5: Bringing it all together

The final day asked participants to consider the role of Ministries of Health and key health decision makers, and how they should respond to 21st century health challenges. Day 5 included both global and local level perspectives which highlighted the importance of moving towards a model of shared governance for health. In South Australia, participants were fortunate to hear from two internationally renowned guest lecturers, one a senior executive in a global health agency and the second a leading academic. Through their presentations they were able to connect the key elements of the Summer School curriculum covered in the previous sessions to recent global health responses and demonstrate that both global action and local action play important roles in supporting action for improved health. Later in the day, participants reflected on the value of the course, and considered how they would use what they had learned and apply it in their own circumstances and context.

How to use this manual

The South Australian Health in All Policies Training Manual is designed for trainers interested in delivering a course on Health in All Policies and action on the social determinants of health. The manual has four sections:

Section A: Background and introduction

Section A provides trainers with an overview of the purpose of the training manual, the background to its development, and a rationale for the content.

Section B: Planning a course

Section B is designed to provide trainers with a guide to course planning and organization. This section covers the logistical and administrative requirements associated with delivering a course on Health in All Policies.

Section C: Effective training techniques for adult learners

Section C outlines the theoretical concepts which underpin a participatory approach to adult learning and provides trainers with a range of teaching methodologies to support this approach.

Section D: South Australian curriculum

Section D contains the programme and curriculum from the 2011 South Australian Health in All Policies Summer School. Each session is designed to be self-contained to allow trainers to pick and choose the sessions and the order in which they are delivered.

Appendix 1

Appendix 1 contains supporting materials designed to assist trainers in the organization of a course.

Icons

The manual contains a range of icons designed to alert the trainer to particular aspects of each session, lecture and activity.



Reflections from South Australia

Key points to consider based on the reflections of the course organizers of the 2011 South Australian Health in All Policies Summer School.



Note to course organizers

Points to consider in the organization of a session, lecture or activity.



References

Reference list of content referred to in each of the session outlines, lectures and activities (where applicable).



Additional resources

List of suggested readings and electronically available content to support and provide information in addition to the lectures to which course organizers and/or participants may refer. Where possible, direct links to web based content (e.g. key international statements) have been provided.



Participant hand-outs

Key documents required by participants for the session, lecture or activity. These may include content available online or information provided in the training manual.

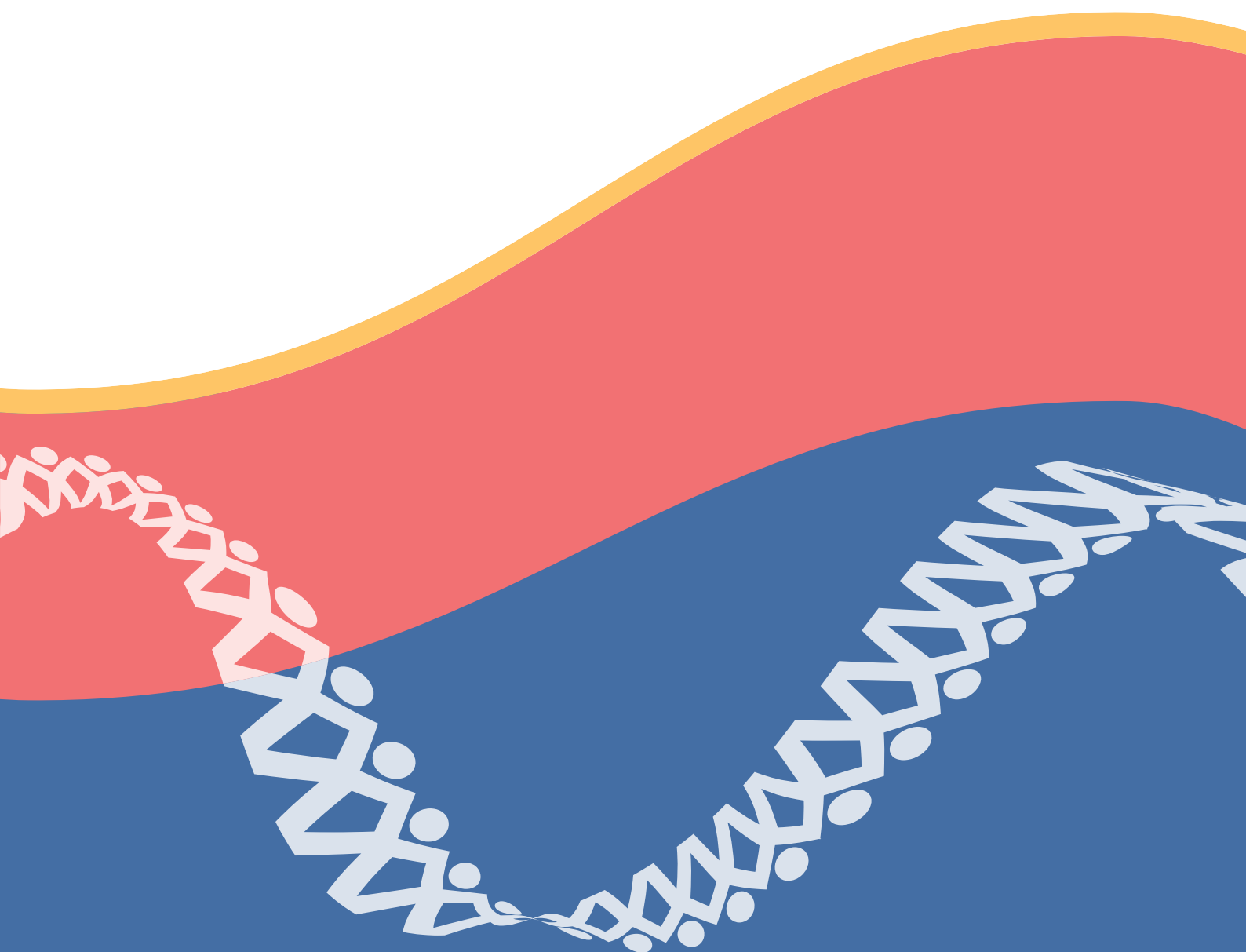


Trainer notes

Supplementary information to support the content of lectures and activities (where applicable).

Section B

Planning a Course



Introduction

The logistics of organizing a course are an important component of successful training. Section B describes the key points to be considered in organizing and delivering a training course on Health in All Policies, drawing on the experience of the 2011 South Australian Health in All Policies Summer School.

Acknowledgement

The authors wish to acknowledge the *Capacity Building in Global Health Diplomacy: a training manual* (Graduate Institute of International & Development Studies 2013) which guided the development of Section B.

Suggested timeline for planning

Planning a training course is an intensive process requiring input from course partners, faculty and administration staff. It is recommended that course organizers allocate as much time as practical to planning their training course. The 2011 South Australian Health in All Policies Summer School was planned over a 12 month period. The following timeline provides course organizers with an outline of each stage of planning, as a starting point for planning their own courses.





Figure 1. Suggested timeline for planning based on the 2011 South Australian Health in All Policies Summer School

Governance structures

Course Directors

The role of the Course Directors is to provide executive oversight and expert advice on the structure, content and delivery of the course. Course Directors should be selected based on their knowledge and expertise in the field of social determinants of health, health governance and/or Health in All Policies, and be able to identify key faculty and guest lecturers to present specific sessions. It is also important to have at least one Course Director who is familiar with the local or regional context to ensure the programme is locally relevant. The link to the local context is critical to engaging policy makers and experts from other sectors, as well as from the health sector. The Course Directors act as a key resource for the participants throughout the course and are responsible for, among other things, conducting sessions, leading discussion and facilitating panel sessions.

Organizing committee

Working in partnership is critical to the success of all training courses and in the case of Health in All Policies, is particularly important as it reflects the underlying principles of the initiative. The organizing committee should include representatives from each key partner or sponsoring organization. Preparatory work is extensive and time consuming, and needs to be planned well.

The 2011 South Australian Health in All Policies Summer School was a joint initiative between the Government of South Australia and the World Health Organization (Headquarters & Western Pacific Regional Office). This approach enriched the development of the course facilitating exchange of ideas on core content, target audiences and learning processes, and also reflected the understanding and partnership between the institutions. It was important to have representation from both World Health Organization Headquarters and the relevant regional office, to allow for both the global and regional perspectives on Health in All Policies to be incorporated into the Summer School, and ensure the Summer School reached its intended audience.

Administrative support

The support of at least one administrative officer before, during and after the course is recommended. This ensures the logistics of the course are taken care of and allows the Course Directors to focus on the training itself. It is helpful to include the administrative officer on the organizing committee. During the training administrative support officers can be responsible for recording group activities, summarising session evaluations and other tasks.

Selecting faculty and guest speakers

Faculty should be identified early in the course planning process to ensure they can provide expert input into the course content. Faculty members need to be well briefed before the course to guarantee a common approach and to ensure their presentations fit within the aims and goals of not just the session, but the course more broadly.

Guest speakers should be identified for particular sessions where content expertise is required, with local experts involved as much as possible. It is critical to have an interdisciplinary faculty representing different levels of organizations and to identify, where possible, Health in All Policies practitioners to share their experiences in working intersectorally.

Clarify expectations around the faculty and guest speakers' roles as early as possible in the curriculum development process, and confirm their expectations around issues such as copyright and payments of costs. Faculty and guest presenters should identify key readings for the sessions they are presenting, and provide their presentation to the organizers as far in advance as possible. Ensure that there are opportunities for faculty and guest lecturers to meet and discuss the curriculum prior to the course.

Participants

Selecting participants

Experience from the 2011 South Australian Health in All Policies Summer School showed that, ideally, the number of participants should not exceed 35, so that 'home groups' of 5-8 can be formed. Home groups are the tables at which the participants sit each day and complete many of the group exercises. Home groups encourage quality discussions and interaction, and facilitate dialogue between participants. When selecting participants and allocating participants to groups, the organizing committee and Course Directors should endeavour to balance the gender, sector, region of origin, country of origin, and employment type (e.g. student, practitioner, academic) of the participants. Generally a mix between early/mid-career and senior professionals helps to facilitate an environment of mutual learning.

Selection criteria are critical to ensuring a fair and transparent selection process. The selection criteria should consider the individual's work experience, level of influence in their home jurisdiction, interest in the Health in All Policies course, and their ability to take the concepts and principles from the course and apply them in their home context. Suggested selection criteria used for the 2011 South Australian Health in All Policies Summer School are included in Appendix 1.

Funding and scholarships

Confirm prior to the course whether funding and/or scholarships will be made available to participants, and clearly state this on the Expression of Interest form (refer Appendix 1 for example). Note exactly what the course fees will cover and provide an estimate of accommodation and other costs on the form.

Participants at the 2011 South Australian Health in All Policies Summer School were encouraged to identify and secure funding for their attendance at the course within their country and/or regional context. A small number of scholarships were also provided to cover the cost of the course fee and were preferentially offered to participants from lower income countries. The scholarship criteria were partially determined by the funding agency, the Course Directors and the organizing committee. When allocating scholarships, it is important to not only consider the participants' financial needs, but also the need to ensure equal representation from all regions (World Health Organization regions or otherwise), age, sex, experience, work type, sector and country.



Reflections from South Australia

It is particularly important in the application phase to identify whether individuals have active support and/or funding from their agencies to attend the course. This was not explicitly identified in the selection criteria used in the 2011 South Australian Health in All Policies Summer School and resulted in some confusion as to whether participants required funding or not. The Expression of Interest form provided in Appendix 1 has been revised to ensure the course organizers are able to distinguish between participants who do or do not have approval to attend, and those who do or do not have funding to attend.

Visas and travel permits

When organizing an international course, be aware that some participants may require a visa or travel permit to attend. If it is likely some or all of your participants will require a visa or travel permit, it is advisable to:

- Clarify expectations regarding visas with participants *as early as possible*;
- Provide participants with some guidance around the application process (e.g. link to immigration department website);
- Consider whether participants will require a visa and how long it may take for them to obtain a visa;
- Determine whether you will be required to provide a letter of invitation or letter of support to attend the training course and ensure their timely distribution.



Reflections from South Australia

If it is likely you will need to provide a letter of invitation or letter of support, check with immigration authorities as early as possible for the information required in the letters. In some cases, you may need to note the participants' passport number and other details. By ensuring you do this early in the process, the Expression of Interest form can be adapted to collect the information required.

Choosing a venue

The venue for the training should be as functional and comfortable as possible. While financial or other constraints may limit the selection of a venue, it is important to consider the following in determining your final selection. These issues may be of common concern for running any short courses, but we include them here as a checklist:

- Quality and location of the facilities (e.g. close to participant accommodation or city centre)
- Neutral, quiet location away from the workplace (e.g. conference centre)
- Ease of access, particularly via public transport
- Seating and room arrangements able to accommodate large and small group discussions, including the availability of break out rooms
- Availability of a separate faculty room
- Facilities and services for coffee/tea and lunch breaks
- Access to electrical outlets
- Business centre or facilities (telephone, photocopier, computers, wireless internet etc.) for course coordinators, Course Directors and participants
- Access to lecterns, microphones and poster boards
- Whiteboard and/or flip charts and markers
- Separate table for resources and course materials
- Registration desk
- Overhead projectors and computer for presentations
- Video conferencing facilities
- Availability of information technology support throughout the course
- Open area for lunch breaks, poster sessions etc.

Seating arrangements

For an interactive course that fosters group discussion, room setup and seating arrangements are very important. Consider the room set up when selecting a venue to ensure your desired lay out can be accommodated. For a group of approximately 30 participants, small group tables are most appropriate, ensuring that all participants have a clear line of sight to the front of the room. For smaller groups, a horseshoe shape may be more appropriate.

Participants should be divided into equally sized groups of 5-8 participants, in a way which ensures a diverse range of participants at each table. Take into consideration the age, work experience, sector, nationality, gender and if appropriate, region, when allocating participants to home groups. Provide opportunities for participants to interact with others outside their home group throughout the week. For example, you may wish to wait until half way through Day 1 to place participants into their home groups. Also consider switching groups around half way through the week. Groups can either be predetermined ahead of the course, or arranged accordingly after you observe some of the group dynamics.

Timing and organization

The course organizers should review the material ahead of time and plan the amount of time that is needed for particular sessions. The South Australian curriculum provided in Section D is designed to be a five day course however sessions may be selected and the timing changed based on the participants' requirements. For example, with an audience drawn primarily from outside the health sector, you may elect to allocate more time to the introductory lectures on the social determinants of health and governance for health. It is recommended that course organizers also provide a range of social functions for participants to allow for socialising and relaxing outside of the classroom. However, experience suggests keeping a balance between more theoretical or conceptual sessions and practical exchanges with policy makers. The 'programme at a glance' from the 2011 South Australian Health in All Policies Summer School, provided in Section D, can be used as a guide for the timing of such functions.

Social functions

Social functions organized throughout the course are important for a number of reasons. In addition to allowing participants to socialise outside the classroom and mix with local Health in All Policies practitioners, social functions are strategically important in that they can bring together key local decision makers at the event. For example, at the 2011 South Australian Health in All Policies Summer School a senior executive from the Department of the Premier and Cabinet was invited to open the Summer School.



Note to course organizers

The 2011 South Australian Health in All Policies Summer School included a range of social functions, which you may consider replicating depending on your audience and local context. These are summarised below and a template for developing and organizing your own social events is provided in Appendix 1.

Official opening

An official opening welcomes participants to the course, introduces key faculty and guest lecturers and also provides an opportunity to highlight the partnership between the sponsoring organizations. If possible, the opening should be held the night before the course commences. This will allow participants to meet their colleagues and collect their course materials prior to the first full day of teaching. Participants, guest lecturers and faculty should be invited to the opening. You may also wish to consider inviting key officials from strategically important partner organizations and course sponsors.



Reflections from South Australia

At the 2011 South Australian Health in All Policies Summer School, speakers at the opening were chosen to highlight the partnership between the World Health Organization and the Government of South Australia, and to emphasize the important role of central government in the South Australian Health in All Policies approach. An Indigenous welcome was also held to acknowledge the traditional owners of the land on which the function was held, providing international visitors with an important cultural opportunity.

Participant poster session

A participant poster session is a useful addition to teaching activities as it allows participants to show case and share examples of intersectoral work in their country in greater detail. It is recommended that the poster session be held on the first full day of teaching to facilitate interaction between the participants early in the course. It is also recommended that the session be held on-site at the same location as the course, as this allows participants, course organizers and presenters to attend, and also allows for ease of organization.

At the 2011 South Australian Health in All Policies Summer School participants were provided with guidelines for poster development upon acceptance into the course (Appendix 1). The development of posters was included as a pre-course requirement as a way of getting participants to start thinking about intersectoral work, and to recognize the importance of the work they were already doing. Participants' posters were collected on the first day of the course and displayed in the lunch area so that participants could view each other's work. The session itself was an informal gathering where participants explained their work to others. Food and drinks were provided.



Reflections from South Australia

While the poster session allowed participants to mingle on the first day of the course, feedback from participants suggested the posters would have been more valuable if they had been integrated fully into the course curriculum. Experience from the Summer School also highlighted the importance of flexibility in terms of poster development. As a number of participants were unable to develop posters prior to the course, they were permitted to submit short case studies (maximum of 4x4 pages) for display during the session.

Mayoral reception (Municipal government)

Depending on the context and audience of the course, course organizers may also consider including an event with local partner organizations.

The 2011 South Australian Health in All Policies Summer School included curriculum around Health in All Policies at the local level, developed in collaboration with the City of Marion, a local (municipal) government in Adelaide. A reception was held on the second evening of the course to provide participants with an opportunity to hear from and meet the Mayor and other staff from the City of Marion involved in partnering for health and well-being at the local level. Participants, guest lecturers and faculty were invited to attend the function.



Reflections from South Australia

At the 2011 South Australian Health in All Policies Summer School, an Indigenous cultural centre was selected as the function venue. This offered participants an opportunity to learn more about the Indigenous people of South Australia and specifically those whose traditional lands include Adelaide (the Kurna people). The selection of the location again provided another important opportunity to showcase the Australian Indigenous culture to international participants.

It is recommended that local functions are held off-site to allow participants to see and experience the local culture and area. However, if holding the function off-site, consider participants' transport options to and from the event and whether, for example, a dedicated bus may be required.

Course dinner

The course dinner provides an opportunity for participants, guest lecturers and faculty, the course organizers and representatives from sponsoring organizations to network and celebrate the course. The venue for the dinner should be easily accessible from the teaching venue and/or participants' accommodation. Course organizers may also like to consider providing transport to and from the function, and using the opportunity to have group photos of the participants taken.



Reflections from South Australia

The course dinner provided an opportunity to demonstrate the Government of South Australia's commitment to South Australia's Health in All Policies approach and support for the course. The Minister for Health and Ageing was invited to present at the event and time was allocated for participants to ask questions at the conclusion of the presentation. The National Wine Centre in Adelaide was selected as the function venue as it showcases the South Australian wine industry, an important tourist attraction in South Australia.



Note to course organizers

When planning your social functions, it is important to keep in mind the needs of your participants, particularly those who have travelled internationally or long distances to attend the course. The evaluation of the 2011 South Australian Health in All Policies Summer School revealed that while the participants enjoyed the social functions, the timing of the events may have been improved by spacing them out across the week. Participants commented that they would have preferred more 'down time' between the classroom and the social events, and this was considered particularly important for international participants who were recovering from jet lag.

Pre-course information

Course flyer

The course flyer should be sent out to relevant networks well in advance of the beginning of the course. It should include the course objectives, the target audience, general content, location, course faculty, and how to apply including key dates for the application process (refer Appendix 1). Other information to be provided includes the contact details of the course organizers, fees for the course (and what is and is not included), and any necessary preparatory work for participants.



Reflections from South Australia

In preparation for the 2011 South Australian Health in All Policies Summer School, the course flyer was circulated three times to key networks (first announcement, second announcement and final call for applications). Course details were modified on subsequent flyers as details of the faculty were confirmed.

Communicating with participants prior to the course

It is advisable to develop a communication strategy when organizing the course to ensure all of the participants receive information in a timely manner, and to avoid ad hoc communication between the course organizers and participants. Where possible, provide participants with information via email and a central online portal (website). The use of a single, generic inbox is advisable in order to streamline communication and ensure all emails are addressed in a timely manner.

Pre-readings

Course pre-readings provide participants with background information on the key concepts to be covered in the course, and all participants should be expected to read and be familiar with key concepts. It is helpful if the course organizers provide participants with an indication of the time commitment required to prepare for the course.



Reflections from South Australia

The 2011 South Australian Health in All Policies Summer School course organizers provided participants with a list of pre-readings via email with links to the documents online. This method was selected due to the ease of communication. The list of the pre-readings for the 2011 South Australian Health in All Policies Summer School is provided in Appendix 1 for your information.

Participant posters

The purpose of the participant posters was for participants to share their experiences or the experiences of others working on the social determinants of health in their country context. Participants then discussed and shared their experiences at a dedicated function at the conclusion of the first day of teaching.

Should you choose to include participant posters as part of your course, it is important that participants are provided with clear information around the expected content, format, purpose and expectations of the posters (Appendix 1 for poster guidelines). In addition, it is important that the posters are used to their full potential and participants continue to use the content they have developed throughout the course; consider this when developing group activities and discussion sessions.

Arrival information for participants

Arrival information should be provided to participants prior to the course and if possible, on a central website containing other information about the course and key documents (e.g. the list of pre-readings). While the information you provide to your participants will be tailored to the course's needs, you may wish to consider the following:

Description of the course location

- Provide an overview of the city or town in which the course is being held and the state/province attractions.

Venue information

- Name and location of the venue, including its distance from the city centre.

Transport

- Description of how to get to the venue using public transport
- Link to transport authority website with timetables (if applicable)
- Information on transport options from the airport to the city, including distance and cost.

Accommodation and sight seeing

- Recommended areas of the city for accommodation
- Guidance as to the cost of various types of accommodation
- Contact details of tourist information bureau or links to relevant tourist information websites.

Visas (if applicable)

- Statement clarifying expectations around visa applications etc.
- Contact details for the relevant immigration authority.

Course materials

Developing resources

Depending on the participants and available resources, it may be necessary for the course organizers to develop their own teaching materials such as 'readers' containing key background documents. In determining whether additional resources will need to be developed for your course, consider the following:

- Availability and accessibility of existing resources
- Need for the resource: is it a key document or supporting material?
- Time required to develop the resource and gain all of the relevant copyright approvals
- Time and cost of design work and printing.



Reflections from South Australia

Resource development will depend on your teaching needs and those of the participants. The 2011 South Australian Health in All Policies Summer School organizing committee recognized the need for a comprehensive reader containing the key global World Health Organization and United Nations-convened meeting statements on public health. The list of recommended global statements is included in Appendix 1.

Participant folders

A folder containing the key readings for each session and other critical information should be prepared for each participant. The folder should provide information and guidance on how to prepare for each session during the course and can be kept as a reference resource for future use.

The content of the folders should include:

- Faculty profiles
- Details of guest presenters
- Programme at a glance
- Session outlines for each day detailing the session aims and learning outcomes
- Required readings for each session and a list of suggested additional readings
- Consolidated bibliography
- List of useful websites.

The following should be distributed throughout the course:

- Paper copies of power points, hand-outs, case studies and other materials
- Working group instructions
- Evaluation forms.



Reflections from South Australia

Evaluation of the 2011 South Australian Health in All Policies Summer School indicated that participants preferred electronic copies of readings where possible, and it was suggested that providing them on a USB would have been preferable to the paper format. As such, it is worth considering how the content may be provided to participants so that it is not just useful but also portable.

Participant packs

Participants should be provided with a 'participant pack' prior to the start of the course, containing all of the relevant information and materials to complete the course successfully. This may include:

- Name tag
- Final programme including details of break arrangements, field visits etc.
- Participant folder
- Pre-readings and relevant readings for each session
- Notebook
- Pen and highlighter
- Supporting material for the site visits.

Course fees

The course fee will be determined based on the length of the course, catering requirements, course materials and the range of social functions available to participants. In addition, the course fee will be determined by the host organization's need to cover their costs, fund local participants and offer scholarships (if applicable). The 2011 South Australian Summer School was run as a not-for-profit course however this may not always be the case depending on the host organization. It is recommended that an indication of the total cost of the course be included on the course flyer for the applicants' information and that the currency in which the course is advertised is considered if international applicants are expected to apply.



Reflections from South Australia

The course fees for the 2011 South Australian Health in All Policies Summer School were advertised on the course flyer in US dollars rather than Australian dollars as the former is more readily used internationally.

Processes for invoicing and the payment of course fees will be determined by the host organization's needs. It is advisable to determine the length of time required for invoice processing when setting timelines for payment to ensure outstanding fees can be reconciled in a timely manner.

Photography

Whilst not essential, organizing a photographer to document the course and its social functions provides both the course organizers and participants with a memorable keepsake from the course. For example, you may wish to document the certificate ceremony or provide participants with a group photo at the completion of the course.

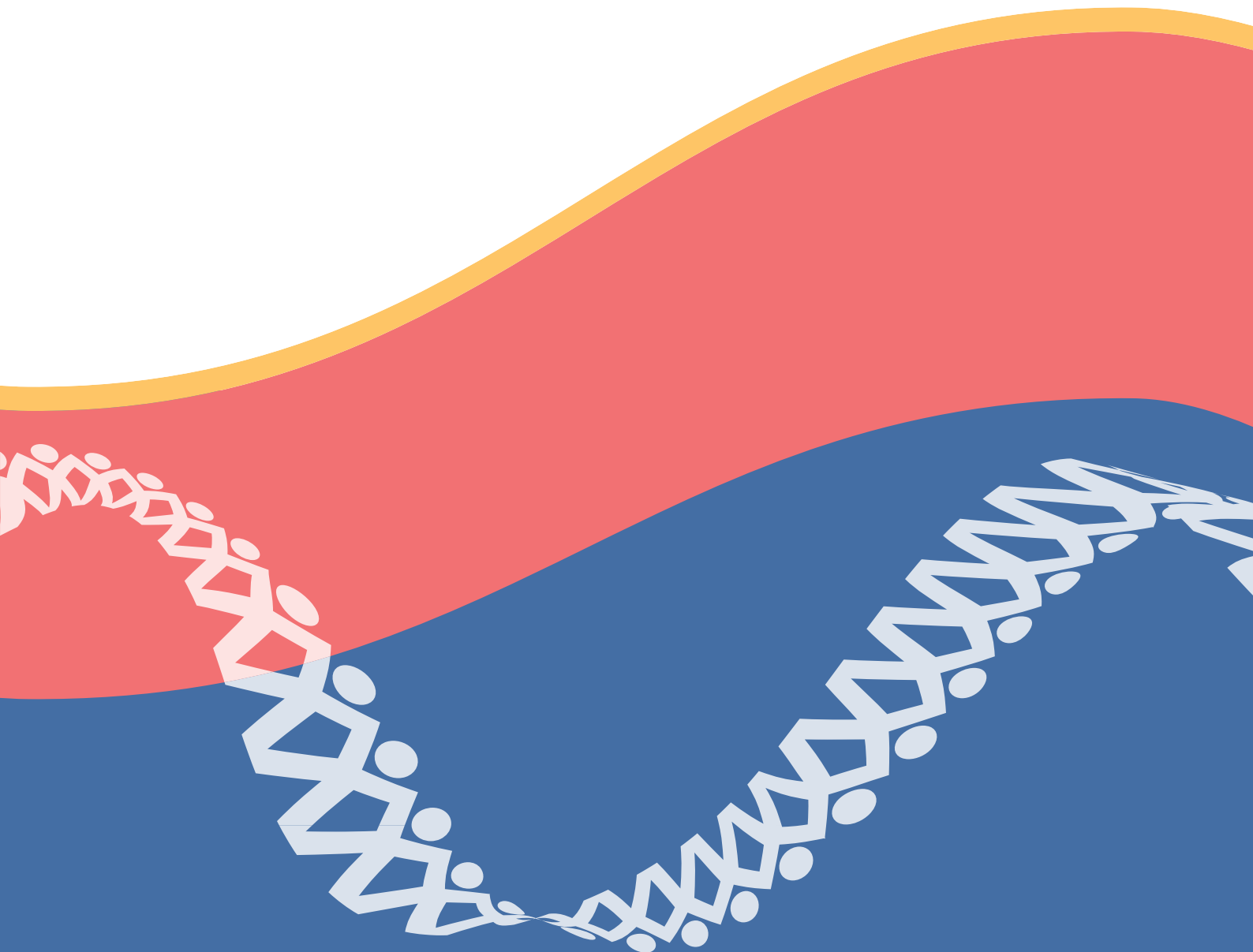


References

The Graduate Institute of International and Development Studies 2013, *Capacity Building in Global Health Diplomacy: a training manual*, The Graduate Institute of International and Development Studies, Geneva.

Section C

Effective Training Techniques for Adult Learners



Introduction

In planning the curriculum and associated activities, it is important to understand the fundamentals of adult learning and recognize how a participatory approach can encourage more effective learning and add value to the course as a whole. Section B – Effective Training Techniques for Adult Learners outlines the theoretical concepts which underpin a participatory approach and details a range of teaching methodologies which support its use.

Acknowledgement

The content of this section is drawn from the Graduate Institute of International and Development Studies' training manual *Capacity Building in Global Health Diplomacy* (2013).

Developing a curriculum for adult learners

Principles of adult learning

The Knowles theory of adult learning identifies six assumptions of adult learning:

1. Adults need to know the reason for learning something.
2. Experience (including error) provides the basis for learning activities.
3. Adults need to be responsible for their decisions on education, and be involved in the planning of their instruction and the evaluation of the process.
4. Adults are most interested in learning subjects that have immediate relevance to their work and/or personal lives.
5. Adult learning is problem-centred rather than content-oriented.
6. Adults respond better to internal rather than external motivators.

Adult learning (andragogy) and the act of training differ markedly from child learning (pedagogy) and teaching, as described in Table 1.

Table 1. Differences between pedagogy and andragogy

	Pedagogy – teacher centred (teaching)	Andragogy – learner centred (training)
Climate	Authority oriented	Informal, mutually respectful, collaborative
Planning & needs assessment	Teacher led planning and diagnosis of needs	Planning done with some level of collaboration with participants
Learner	Dependent on teacher	Self-directed and independent
Learning orientation	Subject-oriented	Task or problem centred
Motivation	Reward and punishment	Internal motivation, profession incentives, willingness to solve problems and to enhance skills

Active learning: learning through participation and engagement

A participatory, learner-centred approach is widely considered most appropriate for adults hence the increasing use of the term *learning* rather than *training*. This also informs the need to organize the course from the learner's perspective rather than from the trainer's viewpoint. Table 2 summarises the key differences between a trainer-centred approach and a learner-centred approach to learning.

Table 2. Characteristics of trainer-centred and learner-centred approaches

	Trainer – centred <i>passive</i> learning	Learner – centred <i>active</i> learning
Training characteristics	<ul style="list-style-type: none"> • Heavily cognitive • Presentation of theories, concepts, information and facts • Students expected to memorise and recall information by hearing or reading it 	<ul style="list-style-type: none"> • Focus on the process of learning, actively involving learners • Students learn through participation and exploration • Attitudinal, behavioural and emotional dimensions are integrated
Trainer's role	<ul style="list-style-type: none"> • Trainer has expertise • Trainer delivers content 	<ul style="list-style-type: none"> • Trainer has expertise about topics and guides learners into acquiring new knowledge • Trainer guides the participants to actively understand, memorise and implement the new knowledge or skills
Types of activities	<ul style="list-style-type: none"> • Heavy focus on lecture type sessions 	<ul style="list-style-type: none"> • Range of activities, with a focus on interaction

In summary, a learner-centred approach emphasises:

- Active involvement in the learning process and experience
- Personal responsibility for the learning
- Engagement through activity – “learning by doing”
- Engagement that is both intellectual and emotional
- A non-judgmental, informal environment provides the best conditions for learning.

“Tell me...I forget, show me... I remember, involve me... I understand”

Ancient Chinese proverb

The learning pyramid (Figure 2) highlights the importance of using a variety of interactive techniques to encourage retention of course content. Of the activities listed, active learning occurs most effectively when participants are given the opportunity to teach others, practice what they learn and discuss key concepts and course related topics.

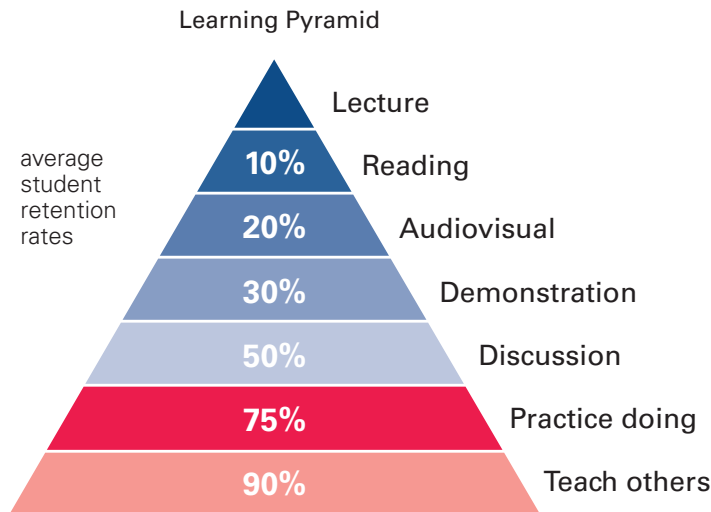


Figure 2. Learning pyramid – retention rates by type of teaching methodology (adapted from National Training Laboratories, no date)

Importantly, the focus on the bottom part of the pyramid does not exclude the use of presentations, readings and demonstrations but rather illustrates that they are less effective as training tools. Instead, trainers should be encouraged to make sessions as interactive as possible and where appropriate, use presentations to summarise and highlight key information rather than deliver large amounts of new content.

Teaching methodologies

There are a range of teaching methodologies available to trainers, many of which were incorporated into the 2011 South Australian Health in All Policies Summer School. This section outlines some of the more common methodologies and their role in the course, and identifies those which encourage effective adult learning.

Presentation or lecture

Presentations or lectures can be used to outline key theories and concepts to participants. Where possible, the presentation or lecture should engage the audience through a variety of methods, such as the use of audio-visual content, to maintain their interest and retain their attention. The content should fit within the course framework and objectives and be delivered by a trainer experienced in the field. The use of locally or regionally relevant examples is encouraged (where possible).

Readings

Readings are generally provided to participants as supporting material and can be helpful in providing greater contextual detail or an in depth perspective on the issue at hand. A familiarity with and understanding of the course pre-readings (refer Appendix 1) is considered the *minimum essential preparation* required to attend the course. Required and optional readings are listed for each session to support the delivery of the course content and are provided as a guide. It is recommended that trainers seek out the most recent publications relevant to the field.

Participant posters

Posters provide an opportunity for participants to demonstrate and share their own experiences of working across sectors. Developing a poster prior to attending the course encourages participants to reflect on Health in All Policies principles and practice, and activities currently occurring in their jurisdictions focused on intersectoral policy development.

Case studies

Case studies provide the participants the opportunity to see how theory is applied through real-life examples. Case studies also assist participants in developing their analytical and problem solving skills. Where possible, it is best to use case studies which are locally or regionally relevant and reflect the learning requirements of your participants.

Field visit

Field visits are a crucial component of engaging participants in Health in All Policies practice. They offer an opportunity to demonstrate Health in All Policies practice in action at the local level, and allow participants to put into practice some of the skills and knowledge they have acquired throughout the course.

The field visit should focus on the operation of Health in All Policies in the local context and its outcome(s). As with all other events related to the course, it is important to involve the key stakeholders in the field visit – this may include the local team responsible for the project. A lecture or presentation prior to the field visit is helpful to provide participants who are not from the local area with an understanding behind the project, and trainers should be on hand to explain and clarify issues during the visit. An opportunity to mingle with the local team is also important to facilitate discussion and reflection on the part of the partner group and participants. Ensure you take into consideration the length of the visit, any refreshment breaks required and travel time when planning the field visit itinerary.

Group discussion

Discussion either in small groups or plenary sessions encourages participants to share their thoughts on the issue at hand, to build on their understanding of the content through the experiences of others, and to clarify key concepts. Importantly, group discussions assist in the development of participants' analytical skills and foster the development of new ideas. Discussions should be short, time limited and focused. All participants should be encouraged to contribute to the discussion and ideas arising from the discussion should be noted, with those requiring further clarification flagged for follow up. Participants are encouraged to note key points in their course work books for later reflection. While feedback is not necessary for all discussion sessions, you may wish to build in additional discussion time into your curriculum if required, or programme 10-15 minutes for 'questions and discussion' at the end of each of your sessions.

Role plays

Role plays allow participants to put into practice the principles and skills critical to a Health in All Policies approach using practical examples. The use of different scenarios in the role plays allows participants to examine policy issues from different perspectives; i.e. a health agency, and another key agency outside of the health sector.

Practical exercises

These exercises provide participants with the opportunity to practice the skills necessary for a Health in All Policies approach, refine and reflect on their skills, and build confidence for practice in the field. Practical exercises may be done as individuals or in groups, depending of the requirements of the task, and trainers should be available to guide participants through the exercise.

Key points to remember

- Engagement in the learning process is not limited to the delivery of sessions – it starts the moment participants enter the training room and continues until they leave.
- Focus on optimising the amount of time learners participate and reducing the amount of time the trainers spend talking.
- Increase learners' retention through activities and co-learning with other participants.
- Use a variety of learner-focused activities to optimise learner involvement, interest and motivation.
- Encourage participants to contribute to the training.



Reflections from South Australia

Participants at the 2011 South Australian Health in All Policies Summer School made a number of suggested improvements to the teaching methodologies used including:

- *Providing participants with more opportunities to work outside of their 'home groups' – suggested group compositions included by region or country, prior knowledge or type of work.*
- *Inclusion of a trainer in each group – these may include guest lecturers and faculty present at the session.*
- *Inclusion of more case studies relevant to less developed countries.*
- *Providing more time for group feedback – feedback time was not always included following group activities.*
- *The inclusion of more practical exercises e.g. developing a project proposal.*
- *Using a wider variety of adult learning exercises e.g. debates, hypotheticals.*
- *Greater use and integration of the participant posters throughout the course.*
- *Delivering a contextual lecture or field visit overview prior to the field visit, rather than delivering key content during the field visit/on the bus.*

Developing participatory learning sessions

1. Start the training session with icebreakers and/or daily reviews

Icebreaker exercises are useful for creating a positive group environment by breaking down cultural and social barriers, and facilitating name-learning. It is important that participants are given ample opportunities to work with colleagues from a variety of backgrounds as it can help foster "thinking outside the box," and energise and motivate participants (Refer to page 37 for the icebreaker exercise used on Day 1 of the 2011 South Australian Health in All Policies Summer School).

Daily reviews at the beginning of each day's session are useful for reiterating key concepts and highlights from previous sessions, and to give participants a sense of continuity of the learning process. Daily reviews also help identify the relevance of content to the curriculum and provide an opportunity to ask questions or clarify issues of importance.

2. Ask open ended questions

Open ended questions encourage participants to provide a meaningful answer by drawing on their own knowledge and experiences, rather than a single-word or short response characteristic of closed questions. Phrase your questions so that participants have to come up with a detailed answer rather than a one word answer.

3. Effective facilitation techniques

Remain calm and patient

It is important to recognize that participants may not be familiar with the content the trainer is delivering and as such, may have doubts that must be respected. It is the trainer's role to assist participants and answer all of the questions they may have, even if they appear to be obvious or require the same answer to be explained more than once. If confusion is apparent, the trainer should rephrase their answer or take a different approach (e.g. tell a story rather than revisiting the concept).

Do not panic when the group is silent

Participants will require time to reflect on the content being delivered and silence should not be confused with lack of understanding or lack of interest.

Guide participants through activities

Ensure that participants have a clear understanding of the activity requirements. Start by explaining the activity and all of its learning objectives. Once the activity has begun, walk around to the different groups and make yourself available to provide guidance if required. Guidance is most often required at the start of an activity.

Maintain a relaxed environment and motivate participants

The course will be most successful in a calm, friendly and respectful environment. The trainer should show enthusiasm for the subject and reflect on its importance to the course as a whole.

Accept criticism and suggestions

The trainer should be open to suggestions and ideas that arise during the course of the sessions. Criticism should be accepted seriously as it can highlight areas where further explanation or a different approach may be required.

Be an active listener

The trainer has a dual role during the sessions – both in facilitating the learning and also as an active listener. It is important that the trainer provides a summary of the discussion and, where necessary, rephrases key messages, so that everyone is clear on the message.

Refrain from assuming an authoritative role

Adopt a learner-centred, participatory approach that emphasises participant engagement.

Give guidance if the performance is unsatisfactory and praise satisfactory performance

When the performance is not satisfactory, the trainer should avoid showing irritation or criticising participants, as the participants are in the process of learning. The trainer should also be aware of satisfactory performance and comment on it with enthusiasm – people feel good when they are praised and it gives them the necessary confidence and stimulation to carry on.

Always remain neutral, open and honest

The trainer should be open to a diversity of views and be aware of the need to balance sometimes opposing views.

Body language is important!

Trainers should be consciously aware of their body language – making eye contact, standing up and moving around the room, speaking slowly, smiling and considering language barriers are important to building a relationship with the participants.

Stick to the main message of the session

The trainer should ask questions and address issues/concerns raised by the participants but also encourage them to refocus on the main topic when an argument dominates the discussion.

4. Make lectures and power point presentations interactive

As noted earlier, presentations and lectures have a role in a participatory, learner-centred approach. However, participants must be at the centre of each session and as such, interactive activities are necessary to ensure the session is not just information delivery.

Outline, present and summarise

Explain what you are going to tell the participants, tell them, and tell them what you have just said – reinforcement of concepts and examples is one of the most effective ways of retaining new information.

Utilise 10 to 20 minute segments

Participants' attention starts to diminish after 10 to 20 minutes. As a consequence, when longer presentations are needed, information should be split up into 10 to 20 minute segments. At the end of each segment, involve the learners in a one minute review (see below), questions or an activity.

One minute reviews

One minute reviews of content just covered can be useful in deepening participants' understanding of the material, clarifying any issues and helping participants link the information to content with which they are already familiar. They also provide the opportunity for a break in which participants can assess what they have learned so far.

Only include "need to know" information in your presentations

Review presentations and identify content that is critical to participants' understanding, and what is excess "nice to know" information. Stream lining content to "need to know" information assists participants with retention and helps them to identify what they really need to remember.

5. Energise participants

Provide participants with the opportunity to stand up and move around regularly during and between sessions (coffee breaks only are not sufficient). Activities to energise participants could include:

- Ice-breaker activities, for example, break participants into two teams and ask them to arrange themselves by different characteristics (e.g. region of residence, height, birthday month, same number of children or number of languages spoken);
- Stretch breaks between the sessions or lectures;
- Changing groups every time you have an activity so that participants have to move and interact with others;
- Encourage participants to stand up for a while whilst listening to presentations – this helps keep people alert and reduces sitting time.

6. Manage your time effectively

Time is a precious resource in training and it is the trainer's role to make sure that it is used wisely and within the timeframe that has been defined and agreed upon with the participants. Ensure that sessions run on time to avoid 'eating' into breaks.

Techniques to optimise training time management include:

- When planning your training sessions, estimate the duration of all training activities. Very often they last more than expected, so be generous with time allocation (e.g. plan 1.5 hours of activities for a 2 hour session).
- Respect the time allocated for each activity. If you do not, it means you will have less time for the following activity.

- Avoid 'catching up' on lost time by extending sessions – this impacts on breaks and can result in tired, bored participants.
- Ensure you start each session on time and allocate time at the beginning to reflect on the previous session.
- Before breaks, indicate what time you expect participants to be back and when the next session will start. Thank the participants for being on time and do not start any later than 15 minutes later than the scheduled time.
- Each day, appoint a time keeper who will help bring participants back from the breaks.
- Indicate the time available for activities when giving instructions and where there are multiple parts to an activity, the time that should be allocated to each part. Let participants know throughout the activity and a few minutes before the end how much time they have left. If they require more time, see if you can allocate some more time without delaying the rest of the course.

7. Understand the power of story telling

The act of storytelling is a simple, effective way to share experiences, emotions and insights. Story telling helps the trainer connect with the participants and it can highlight complex issues. Using a narrative element in the training will help capture the participants' attention, allow you to share experiences and will help participants to connect more conceptual information with their own situation.

Pre- and post-training assessment

A pre-training assessment of participants' knowledge and understanding of concepts critical to the course is useful in tailoring the sessions to the learning needs of your participants. Information collected in the Expression of Interest (refer Appendix 1) can assist in evaluating participants' educational status, professional role and sector of expertise. For example, a course whose participants are drawn predominately from sectors other than health may need additional time allocated to the fundamentals of public health and health promotion which underpin a Health in All Policies approach.

A post-training assessment is conducted just prior to the completion of the final session, with the aim of identifying the abilities and skills obtained by the participants during the course. At the 2011 South Australian Health in All Policies Summer School, the post-training assessment was incorporated into the final course evaluation.

Structure

In structuring a course on Health in All Policies, it is important to consider the learning needs of your audience and incorporate a variety of interactive learning methodologies. Using an active learning approach, courses should be structured to provide participants with short, conceptual lectures, multiple and varied opportunities for interaction and group work, sharing of their own experiences and 'hands on' application of the skills they have acquired.



Note to course organizers

The South Australian curriculum in Section D has been structured to allow trainers to 'pick and choose' sessions based on their participants' training needs and the focus of the course. With the exception of the South Australian content on Day 3, each session is designed to be self-contained so that it may be delivered in the suggested sequence or at an alternative time as determined by the course organizers.

Evaluation

Evaluation is a necessary component of any training course to identify 'what worked' and areas for improvement. An evaluation can provide course organizers with invaluable feedback from participants regarding administrative issues, technical sessions, trainers' support and field visits, and make suggestions for improving future training courses. Course organizers may choose to do day-by-day evaluations in addition to an overall course evaluation; these can be useful in capturing participants' thoughts on the content and activities of the day while still fresh in their minds. Examples of a day evaluation and overall course evaluation from the 2011 South Australian Health in All Policies Summer School are included in Appendix 1.



References

National Training Laboratories n.d. *Learning pyramid – retention rates by type of teaching methodology*, National Training Laboratories, Maine.

The Graduate Institute of International and Development Studies 2013, *Capacity Building in Global Health Diplomacy: a training manual*, The Graduate Institute of International and Development Studies, Geneva.

Section D

Course Curriculum

Based on the

2011 South Australian
Health in All Policies Summer School

27 November – 2 December 2011

Adelaide, South Australia



The 2011 South Australian Health in All Policies Summer School

The Government of South Australia in partnership with the World Health Organization Headquarters and the Western Pacific Regional Office convened the South Australian Health in All Policies Summer School from 28 November – 2 December 2011. The course was the first of its kind to be held on Health in All Policies. The Summer School aimed to build capacity for joined-up governance for health with an audience of local, national and international policy makers; to share key lessons from South Australia and other countries on how to implement a Health in All Policies approach; and to provide participants with skills to apply the Health in All Policies approach in their country context. The Course Directors were fortunate to be joined by several highly esteemed practitioners and academics, and a diverse range of participants over five days which included site visits and an interesting social programme.

Programme at a glance

Day 1 Concepts and foundations

The focus of the first day of the Summer School was to provide participants with an overview of key concepts and terminology that was used throughout the course. This included a brief history of Health in All Policies, the changing nature of policy making and implications for governance and health. Importantly, Day 1 also included an outline on the social determinants of health and health equity.

Day 2 Two-way approach to Health in All Policies: health lead and health partner

Participants were asked to consider the different roles that the health system can play in progressing different health agendas including health taking the lead or acting as a facilitator and partner. Two current topical examples were used to highlight the different approaches; the non-communicable disease agenda and the Health in All Policies approach. Day 2 also included a site visit and time to reflect on the important role local government plays in improving health and well-being and participants went on to identify how the social determinants of health operate in a local context.

Day 3 South Australia's approach to Health in All Policies

Day 3 gave participants time to examine the principles and strategies used to establish and maintain South Australia's Health in All Policies model including the important role of central government. Part of the day was dedicated to participants hearing from and questioning policy makers who work outside of health, about their experience with Health in All Policies in South Australia.

Day 4 Skills development

Policy makers require a diverse range of skills if they are to successfully implement Health in All Policies, including those traditionally associated with public health such as research, evaluation and Health Impact Assessment, which need to be complemented with relationship and communication skills such as diplomacy and negotiation. Day Four 4 dedicated to helping participants learn about and develop capacity in these areas.

Day 5 Bringing it all together

The final day of the Summer School examined and discussed the changing role of the Ministry of Health and participants were asked to comment on their own experiences in working within or with health systems. The formal content concluded with an outline of global action on social determinants of health and Health in All Policies. Participants were asked to reflect on the Summer School, what had they learnt and on how they intended to apply these new ideas in their own regional or country context.

Content structure

The content in Section D is structured using a three-tiered hierarchy. Each day contains an overarching theme, as described above. Within each day, four 90 minute sessions were developed to drill down into specific topics relating to the theme. For example, Day 1 – Concepts and Foundations contains sessions focusing on the social determinants of health, the foundation of Health in All Policies.

Each session contains a range of lectures and activities. The lectures are designed to clearly outline the key theories and concepts to participants and engage the participants through the use of case studies and examples. Activities allow participants to practically apply the content and knowledge they have gained from the lectures and in turn, develop their skills.



Note to course organizers

The power point slides contained in Section D are provided as a guide only and should be adjusted to your training requirements, audience needs and trainer expertise. It is recommended that, where possible, locally relevant case studies are used to illustrate the key concepts and ideas contained in the lectures.

Programme Day 1

Day 1 Concepts & Foundations

Registrations		08:00 – 09:00
Session 1		Welcome and introductions
	Time	09:00 – 10:30
	Aim	<ul style="list-style-type: none"> • To introduce participants to course faculty • To provide an opportunity for course participants to meet each other • To provide participants with an overview of the course content and objectives • To provide participants with an understanding of the history and context for Health in All Policies.
	Content	Activity 1: Meet and Greet Lecture 1: Overview of course content and general housekeeping Lecture 2: Health in All Policies – the origins
Break		10:30 – 11:00
Session 2		How has governance for health changed?
	Time	11:00 – 12:30
	Aim	<ul style="list-style-type: none"> • To describe the changing face of health governance in the 21st century • To describe the changing nature of policy making and how this has impacted on health • To provide participants with an opportunity to learn about governance for health in different settings through discussion in their working groups.
	Content	Lecture 3: Governance for health Activity 2: Adelaide Statement on Health in All Policies Activity 3: Lunchtime meet and greet
Lunch		12:30 – 13:30

Session 3	Time	The social determinants of health agenda – how do we take it forward? 13:30 – 15:00
	Aim	<ul style="list-style-type: none"> To provide participants with an improved understanding of the social determinants of health (including the importance of political commitment) through critical assessment of the content of the Rio Political Declaration on Social Determinants of Health To provide participants with an opportunity to discuss the Rio Political Declaration on Social Determinants of Health in their working groups particularly in terms of the political and bureaucratic challenges in implementation To provide participants with an opportunity to explore the challenges of acting on the social determinants of health.
	Content	<p>Lecture 4: From the Commission on Social Determinants of Health to the Rio Political Declaration on Social Determinants of Health</p> <p>Lecture 5: Participating in the development of the Rio Political Declaration on Social Determinants of Health</p> <p>Activity 4: Interviewing</p> <p>Activity 5: Role play of intersectoral work</p>
Break		15:00 – 15:30
Session 4	Time	Addressing the equity challenges in health 15:30 – 17:00
	Aim	<ul style="list-style-type: none"> To provide participants with an in-depth understanding of the widening gap in socioeconomic status and the implications of this for health and well-being, drawing on a range of international experiences To describe the issue of equity in health To provide participants with an understanding of Indigenous perspectives on equity challenges in health To provide an opportunity for participants to assess how different understandings of the causes of health inequities are reflected in policies to address health inequity in their home countries.
	Content	<p>Lecture 6: The concept of health inequities</p> <p>Lecture 7: An Indigenous perspective</p> <p>Discussion</p>
Close		17:00
Social event		17:30 – 18:30
Participant poster session		

Day 1

Session 1: Welcome and Introductions

Introduction to session

The purpose of this session is to introduce the course organizers and for participants to meet one another. The session also provides a brief overview of the course content and objectives, and the history of Health in All Policies from an international perspective.

Learning objectives and experiences

At the end of this session, participants should:

- Have met a number of other participants
- Have been introduced to the Course Directors, faculty and guest lecturers
- Have heard a brief overview of the course as a whole and its objectives
- Be familiar with the history of Health in All Policies including the key milestones
- Have a clear understanding of the terminology and definitions that will be used throughout the course.

Content

Indigenous Welcome

10 minutes

At the 2011 South Australian Health in All Policies Summer School an Indigenous welcome by a person from the Kurna community, the original inhabitants of the Adelaide area, was included as a sign of cultural respect for the traditional owners of the land in South Australia.



Note to course organizers

Whether or not an Indigenous welcome is appropriate will depend on the context of the country hosting the training course.

Welcome by course organizer(s)

15 minutes

The welcome by the course organizer(s) brings together the participants and allows the course organizers to acknowledge where the participants have come from and their academic or working backgrounds. The welcome also provides an opportunity for the guest lecturers to be introduced with some context about their involvement with Health in All Policies and/or the social determinants of health. Other points that should be covered include:

- Why the Health in All Policies course is being held
- Who is supporting the course
- What it is hoped will be achieved as a result of the course.



Note to course organizers

If all of the guest lecturers are not present it may be appropriate to have a power point or hand-out with a photo of each guest speaker and a brief biography.

Activity 1: Meet and Greet

30 minutes

A short 'meet and greet' activity gives participants the opportunity to get to know each other before the teaching starts.

Lecture 1: Overview of course content and general housekeeping

15 minutes

This lecture outlines the course aims and structure, provides an overview of course location and covers any housekeeping issues.

Lecture 2: Health in All Policies – the origins

20 minutes

This introductory session on the foundations of Health in All Policies highlights the critical movements in the development of Health in All Policies, from 19th century public health to the importance of World Health Organization statements and in particular, the Adelaide Statement on Health in All Policies and the World Conference on Social Determinants of Health in 2011.

Key points to remember

- The Health in All Policies approach has its origins in 19th century public health.
- Since the second half of the 20th century there has been increasing international acknowledgement that health is about physical, mental and social well-being, not just the absence of illness and disease.
- Consequently, action for health must cover all aspects of life and hence requires intersectoral action.
- Health in All Policies is increasingly being seen as an effective way to implement such intersectoral action.

Key terms

- Intersectoral action
- Health in All Policies
- Public health
- Health promotion
- Social determinants of health.



Reflections from South Australia

We recommend that course organizers highlight the readings and what is expected of participants, particularly in terms of preparation for the next day.



Note to course organizers

It is recommended that course organizers provide locally relevant information in the introductory lecture if hosting participants from outside the region and/or country (e.g. the political and social context of the host location, main tourist attractions).



Additional resources

Department for Health and Ageing 2013, *Health in All Policies*, Department for Health and Ageing, Adelaide. www.sahealth.sa.gov.au/healthinallpolicies

European Commission 2013, *Public health - health in all policies*, European Commission, Brussels. http://ec.europa.eu/health/health_policies/policy/index_en.htm

Kickbusch, I 2010, 'Health in All Policies: the evolution of the concept of horizontal health governance', in Kickbusch, I & Buckett, K (eds), *Implementing Health in All Policies Adelaide 2010*, Government of South Australia, Adelaide, pp. 11-12.

Krech, R, Valentine, NB, Tucker Reinders, L & Albrecht, D 2010, 'Implications of the Adelaide Statement on Health in All Policies', *Bulletin of the World Health Organization*, vol. 88, pp. 270.

Public Health Agency of Canada, Commission on Social Determinants of Health & Regional Network for Equity in East and Southern Africa 2007, *Crossing sectors – experiences in intersectoral action, public policy and health*, Public Health Agency, Canada. <http://www.unnaturalcauses.org/assets/uploads/file/Canada-Crossing%20Sectors.pdf>

Sihto, M, Ollila, E & Koivusalo, M 2006, 'Principles and challenges of Health in All Policies', in T Ståhl, M Wismar M, E Ollila, E Lahtinen & K Leppo (eds), *Health in All Policies: prospects and potentials*, Ministry of Social Affairs and Health, Finland, pp. 3-20.

World Health Organization 2011, *Social determinants of health*, World Health Organization, Geneva. www.who.int/social_determinants/en/

World Health Organization & Government of South Australia 2010, *Adelaide Statement on Health in All Policies*, World Health Organization & Government of South Australia, Adelaide. http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf

World Health Organization Regional Office for Europe 2011, *Governance for health in the 21st century*, World Health Organization Regional Office for Europe, Copenhagen. http://www.euro.who.int/__data/assets/pdf_file/0010/148951/RC61_InfDoc6.pdf

Day 1 - Session 1

Activity 1: Meet and Greet

Description of Activity

Purpose

The purpose of the Meet and Greet activity is to provide participants with an opportunity to meet fellow participants.

Groups

Participants are to form their own groups based on the instructions below.

Instructions

We are going to ask you a series of three separate questions, and ask people to get into groups according to your answers. While you are in your groups, take the opportunity to introduce yourself to a few people in the group.

Question 1 (10 minutes)

Are you:

- A policy maker?
- An academic?
- A programme worker/practitioner?

Question 2 (10 minutes)

Which continent are you from?

- Australia
- Europe or Asia
- North America or South America
- Africa.

Question 3 (10 minutes)

How long have you been involved in working on the social determinants of health?

- Less than 3 years
- Between 3 and 5 years
- Between 5 and 7 years
- More than 7 years.



Note to course organizers

Where possible, provide participants with the questions on an overhead or power point slide to refer to during the activity.

Day 1 - Session 1

Lecture 1: Overview of course content and general housekeeping

Acknowledgement

This presentation was delivered at the 2011 South Australian Health in All Policies Summer School by Professor Ilona Kickbusch, Programme Director, Graduate Institute of International Development Studies and Carmel Williams, Manager Health in All Policies, South Australian Department of Health.

Introduction

This lecture has three purposes (i) to outline the course aims and structure, (ii) to provide an overview of South Australia (or the host location for the course), and (iii) to cover any housekeeping issues. Whilst the slides below will need to be tailored for the specific course being run, they provide an example of the broad overview of the course provided.

What needs to be covered in the housekeeping section will be determined by the context of the course.

However, possible points to cover include:

- Reminders about social occasions and their dress codes
- Information about transport to and from the venue, including transport for any field visits or social functions off-site
- Security of personal belongings at the venue.

Slides

Health in All Policies

Course Aims

- Explore Health in All Policies concepts and approaches including how to act on the social determinants of health and health equity
- Identify and define frameworks and tools that underpin Health in All Policies approaches
- Examine national and regional approaches to shared health governance and Health in All Policies
- Review and share efforts of Health in All Policies practice from participants' own experiences.

Slide 1

Notes


Provide participants with an overview of the course and in particular, the course aims.

Health in All Policies

Participant Outcomes

At the end of the course, participants will:

- Have an increased knowledge and understanding of the Health in All Policies approach
- Have learnt about the range of skills required to apply a Health in All Policies approach
- Have been exposed to a variety of examples of Health in All Policies in action
- Have had an opportunity to meet and interact with likeminded policy makers from across the world.



Slide 2

Notes

This slide should contain the key concepts and knowledge the participants can expect to acquire during the course.



Note to course organizers

It is recommended that course organizers also provide participants with a general course overview in the first lecture, identifying the focus of each day and the social functions on each day.

Day 1 - Session 1

Lecture 2: Health in All Policies - the origins

Acknowledgement

This presentation was delivered at the 2011 South Australian Health in All Policies Summer School by Professor Ilona Kickbusch, Programme Director, Graduate Institute of International and Development Studies.

Introduction

Working across sectors to achieve good public health outcomes is not a new concept. Health in All Policies is built on the foundations of public health from the 19th and 20th century, and has emerged as the next iteration of conceptual thinking and strategic practice to bring about improved population health. To truly understand Health in All Policies it is necessary to reflect on previous movements and practice within the public health and health promotion fields. In particular, it is important to examine where efforts to improve population health have been made to stretch beyond the health sector.

This introductory session on the foundations of Health in All Policies highlights the critical movements in the development of Health in All Policies, from 19th century public health to the importance of World Health Organization statements and in particular, the *Adelaide Statement on Health in All Policies* http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf (World Health Organization & Government of South Australia 2010) and the World Conference on the Social Determinants of Health in Rio de Janeiro, Brazil in October 2011.

"Medicine is a social science, and politics is nothing else but medicine on a large scale. Medicine, as a social science, as the science of human beings, has the obligation to point out problems and to attempt their theoretical solution: the politician, the practical anthropologist, must find the means for their actual solution."

(Rudolf Virchow cited in Sigerist 1941)



Note to course organizers

A course reader was developed for the 2011 South Australian Health in All Policies Summer School which showcased the key World Health Organization and United Nations declarations and statements relevant to Health in All Policies. You may wish to develop something similar for your course, ensuring the latest declarations and statements are included.



References

Sigerist, H 1941, *Medicine and Human Welfare*, Yale University Press, New Haven, pp. 93.

World Health Organization & Government of South Australia 2010, *Adelaide Statement on Health in All Policies*, World Health Organization & Government of South Australia, Adelaide.

http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf



Slides

Health in All Policies

The Foundations of Health in All Policies

19th century public health

- Housing
- Water and sanitation
- Mandatory schooling
- Nutrition
- Workers rights
- Economic development
- Improved living conditions
- Social security

Slide 1

Notes


Public health in the 19th century was underpinned by a social understanding of health and the role of multiple sectors (Baum 2002). For much of the post Second World War curative medicine was the focus though importantly, in 1948 the World Health Organization took a broader approach with the development of its constitution.

Health in All Policies

The Foundations of Health in All Policies

World Health Organization Constitution 1948

- Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity
- Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.




Slide 2

Notes

The *Constitution of the World Health Organization* (World Health Organization 1948) conceptualises health as being more than the absence of disease, illness and physical health. Fundamentally, health is about physical, mental, and social well-being, and it is understood that health and well-being can be adversely affected by social policies.


Health in All Policies

Moving Forward – intersectoral action 1978



Alma Ata Declaration 1978

Health is a fundamental human right and the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector... it involves, in addition to the health sector, all related sectors and aspects of national and community development...and demands the coordinated efforts of all those sectors.



Slide 3

Notes

The concepts behind Health in All Policies have their origin in the *Declaration of Alma Ata* http://www.paho.org/english/dd/pin/alma-ata_declaration.htm (World Health Organization 1978), where the importance of intersectoral action for health was first acknowledged. It recognized that health and well-being is influenced by the decisions and policies of outside of health sectors, and that to achieve significant health gains the health sector would need to work in partnership across sectors. The Declaration of Alma Ata set the scene for the future development of key global policy statements from the World Health Organization including the now classic *Ottawa Charter for Health Promotion* <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/> (World Health Organization 1986).

Health in All Policies

Moving Forward – Prerequisites for health



Ottawa Charter for Health Promotion 1986

The fundamental conditions and resources for health are:

- Peace
- Shelter
- Education
- Food
- Income
- Stable eco-system
- Sustainable resources
- Social justice
- Equity.



Slide 4.1

Notes

The World Health Organization organized its first International Conference on Health Promotion in Ottawa, Canada, in 1986, which resulted in the Ottawa Charter for Health Promotion. The Charter launched a series of actions to achieve the goal of 'Health for All' by the year 2000 and beyond through better health promotion.


The World Health Organization convened a second International Conference on Health Promotion in Adelaide in 1988, which focused on building healthy public policy. The conference produced the *Adelaide Recommendations on Healthy Public Policy* <http://www.who.int/healthpromotion/conferences/previous/adelaide/en/index.html> (World Health Organization 1988), highlighting the influence of government policy on health, including the policy decisions made by sectors other than health.

Health in All Policies

Moving Forward – Healthy Public Policy

Ottawa Charter for Health Promotion 1986

Health promotion...puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health...including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments.



Slide 4.2

Notes

Refer to notes for Slide 4.1

Health in All Policies

Towards Health in All Policies



Finnish presidency of European Union 2006

- Concerns have often risen about health impacts of European Union policies such as aspects of the Common Agriculture Policy
- Finnish experts believe the core of 'Health in All Policies' is to examine health determinants that are mainly controlled by policies of sectors other than health. They seek to address policies in the context of policy-making at all levels of governance in Europe - European Union, national, regional and local.



Slide 5

Notes


During the Finnish Presidency of the European Union, Health in All Policies was formally introduced to elevate health concerns into the policy considerations of other European Union sectors. Since 2006, the Health in All Policies approach has been endorsed as a lead theme and was incorporated into the European Health Strategy *Together for Health: a strategic approach for the EU 2008-2013* http://europa.eu/legislation_summaries/public_health/european_health_strategy/c11579_en.htm (Commission of European Communities 2007).

Health in All Policies

Highlighting Evidence and Equity

Commission on Social Determinants of Health (2005-2008) Final Report

The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.



Slide 6

Notes

In 2005 the World Health Organization established the *Commission on Social Determinants of Health* http://www.who.int/social_determinants/thecommission/en/ to support countries and global health partners to address the social factors leading to ill health and inequities. It drew the attention of society to the social determinants of health and adopted the focus on healthy public policy in its landmark report *Closing the Gap in a Generation* http://www.who.int/social_determinants/thecommission/finalreport/en/index.html (World Health Organization 2008).


Health in All Policies

Towards Health in All Policies 2007-2010

South Australia adopts a Health in All Policies approach in 2007-08 and hosts the International Meeting on Health in All Policies in 2010.

Adelaide Statement on Health in All Policies 2010

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.



Slide 7

Notes

Professor Ilona Kickbusch introduced Health in All Policies to South Australia while she was the 2007 Adelaide Thinker in Residence.¹ In 2010, the Government of South Australia and the World Health Organization co-hosted the International Meeting on Health in All Policies in Adelaide, which produced the *Adelaide Statement on Health in All Policies* http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf (World Health Organization & Government of South Australia 2010).

¹ The Adelaide Thinkers in Residence programme was an initiative of the Government of South Australia from 2003-2013. It brought leading policy experts to the state to develop new ideas and innovative solutions to policy issues. Further information can be found at *Adelaide Thinkers in Residence* (<http://www.thinkers.sa.gov.au/>).

Health in All Policies

International momentum

- Moscow Declaration (World Health Organization 2011a)
- Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non- communicable Diseases (United Nations 2011)
- Rio Political Declaration on Social Determinants of Health (World Health Organization 2011b)
- Health 2020 (World Health Organization Regional Office for Europe – in draft)

**Slide 8****Notes**

Health in All Policies is being acknowledged internationally as one of the effective ways of implementing intersectoral action on the social determinants of health and health inequities. However, while the work on social determinants of health, health equity and Health in All Policies has been 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 outside of health sectors. This has been the theme in more recent international meetings and their subsequent declarations and statements, such as the ones listed on this slide.



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Additional resources

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Day 1

Session 2: How has governance for health changed?

Introduction to session

This session describes the challenges facing the health system and explores the important role that policy makers and decision makers from outside of health sectors and parts of society play in building and maintaining healthy communities.

The traditional role of the health system has expanded. It can no longer afford to be inward looking, nor just be the provider of health care and treatment services. In the 21st century societies are dealing with a number of significant health challenges across both the developing and developed world, such as climate change, food insecurity, widening economic and health disparities, increasing rates of chronic disease and new and emerging infectious diseases.

Governments and health systems are struggling to cope. Problems, such as the obesity epidemic, will not be resolved using traditional medical health care approaches, and advances in medical care and treatment, although very important, will not be enough to prevent the human and economic costs associated with the growing global burden of chronic disease and illness. Health systems need a different and more outward looking approach, one that acknowledges and responds to the complex causes of the new 21st century health challenges. It needs to share the responsibility and accountability for health with other parts of government and broader society. This will in turn lead to shared governance models for health, where all of government work towards improved health and well-being for their population.

Learning objectives and experiences

At the end of this session, participants should:

- Understand the shift in the nature of policy making
- Understand that the shift in policy making applies to a range of different policy settings, including but not limited to health
- Be aware of and understand the Adelaide Statement on Health in All Policies
- Be aware of and understand the 10 new orientations for health, whole of government approaches to policy making, and whole of society approaches to governance
- Begin to explore the skills and experience required to set up and run a Health in All Policies approach at the governance level.

Content

Lecture 3: Governance for Health

40 minutes + 20 minutes question and answer

This lecture introduces key concepts on joined-up policy making, governance for health and whole of government/whole of society approaches to governance.

Activity 2: Adelaide Statement on Health in All Policies

30 minutes

This activity is designed to familiarise participants with the Adelaide Statement on Health in All Policies and be exposed to other participants' experiences and reflections on intersectoral action on the social determinants of health.

Activity 3: Lunchtime Meet and Greet

60 minutes

This activity is designed to encourage participants to mingle and meet others in the course, as well as meet their home group colleagues.

Key points to remember

- The traditional role of health is changing due to the emergence of “wicked” policy problems such as obesity. Governments are increasingly looking for whole of government approaches to address these problems, and to work across sectors to develop joined-up policy solutions.
- Health has become an increasingly important marker of government decision making, along with the economy, in the 21st century.
- Health is becoming a key driving force in government policy debates and decision making, as it impacts on broader societal and economic policies. As a consequence, governments are placing health considerations higher on the political and policy making agendas.

Key terms

- Wicked problems
- Whole of government
- Whole of society
- Joined-up policy making
- Governance for health.

Day 1 - Session 2

Lecture 3: Governance for health

Acknowledgement

This presentation was delivered at the 2011 South Australian Health in All Policies Summer School by Professor Ilona Kickbusch, Programme Director, Graduate Institute of International and Development Studies.

Introduction

Governments around the world are facing major societal challenges; issues that stretch across national boundaries, cross sector divides, impact on economic, social and environmental goals, and fail to respond to traditional government policy solutions. Issues, like climate change and obesity, have been termed “wicked” problems as they have complex causes and require innovative, collaborative solutions to be applied systemically if they are to be resolved. This means governments need to rethink the way they do business, they need to encourage collaboration across sectors and promote joined-up government responses to wicked policy problems.

Slides

Health in All Policies

Changing nature of policy making

- **Forward looking** – takes a long term view, based on statistical trends and informed predictions, of the likely impact of policy
- **Outward looking** – takes account of factors in the national, European and international situation and communicates policy effectively
- **Innovative and creative** – questions established ways of dealing with things and encourages new ideas; open to comments and suggestions of others
- **Using evidence** – uses best available evidence from a wide range of sources and involves key stakeholders at an early stage
- **Inclusive** – takes account of the impact on the needs of all those directly or indirectly affected by the policy

Adapted from Government of Northern Ireland 1999

Slide 1a

Notes


Health systems cannot just be inward looking – improving the delivery and reach of their health services alone – they must also reach out to policy makers in sectors outside of health such as the economic, transport, security, and food sectors and assist these sectors to develop policies and services that have a positive impact on health. This slide shows the changing nature of policy making, and how new approaches to governance are emerging to support health systems take on this new and expanded role (adapted from Government of Northern Ireland 1999).

Health in All Policies

Changing nature of policy making

- **Joined-up** – looks beyond institutional boundaries to the government’s strategic objectives; establishes the ethical and legal base for policy
- **Evaluates** – builds systematic evaluation of early outcomes into the policy process
- **Reviews** – keeps established policy under review to ensure it continues to deal with the problems it was designed to tackle, taking account of associated effects elsewhere
- **Learns lessons** – learns from experience of what works and what doesn’t

Adapted from Government of Northern Ireland 1999



Slide 1b

Notes

Refer to notes from slide 1a.

Health in All Policies

Governance for health and its determinants

- positions health and well-being as **key features of what constitutes a successful society and vibrant economy** in the 21st century and grounds its policies and approaches in values such as human rights and equity
- promotes **joint action** of health and non health sectors, of public and private actors and of citizens for a common interest
- requires a **synergistic set of policies** many of which reside in sectors other than health as well as outside of government and need to be supported by structures and mechanism which enable collaboration
- gives **strong legitimacy** to ministers and ministries of health and public health agencies to reach out and to **perform new roles** in shaping policies which promote health and well-being – at all levels of governance.



Slide 2

Notes

The increasingly complex problems have made governments aware that horizontal or joined-up policy making and implementation is necessary. This slide shows examples of the directions that governance for health is taking, and how it is addressing the wider determinants of health.

Health in All Policies

Whole of government

- The whole of government approach emphasizes not only the need for better coordination and integration of government activities, **but aims for this coordination and integration to be centered on overarching societal goals** of the government
- **Health in All Policies** is one type of whole of government approach to prioritize governance for health and well-being involving more than the health sector and working in all directions. The approach considers the impact of non-health sectors on health and the impact of health on other sectors and synergistic policies for greater well-being.



Slide 3

Notes

As a result of this recognition of the need to improve governance, some governments – like South Australia – have produced a strategic plan which sets out common goals, integrated responses and increased accountability across government departments. The policy documents produced around the world use terms such as horizontal governance, joined-up government or whole of government.

The clustering of wicked problems in the health area is one of the reasons why the concept of health in all policies has gained such prominence as an innovative approach to health governance. The new role of health changes the health policy debate because health is everywhere: every decision a government makes impacts on health and at the individual level every behavioural choice also has a health consequence.

Health in All Policies

Reorienting health

Traditional approach	Reorientation
Put health first	Health as part of the synergy – social protection
Health as the goal	Health, well-being and fairness as the goal
Health in the lead	Health as an integral dimension of other policies
Health Impact Assessment	Joint strategic assessment of policy issues
Hierarchical state focus	Smart governance
Technical policy focus	Politically astute policy action

Slide 4

Notes

The challenge facing health policy makers is how to engage with other parts of government to develop good public policy and a shared model of governance so that society is directed towards positive health outcomes and that these outcomes are recognized as common societal goals. As public health policy makers have gained improved understanding about what creates healthy communities, so too have economic policy makers gained a better understanding about what drives economic growth. The key lesson has been that health outcomes and economic policy outcomes are closely intertwined.

- Health in All Policies
- ### 10 New Orientations for Health
1. Health at the forefront of democratisation
 2. Health at the forefront of new systemic and regulatory tools
 3. Health at the forefront of local orientation and the involvement of municipalities
 4. Health at the forefront of global responsibility
 5. Acting as citizens, consumers and patients to demand health
-

Slide 5.1

Notes

Health has become everybody’s business in both a symbolic and real sense. The owners and managers of businesses, as diverse as retailers, restaurants and transport companies, can all play a role in supporting good health. Everyday places need to become “healthy” settings and this can be achieved when citizens, local and national governments and business leaders make a commitment to standards of behaviour where health concerns are placed at the forefront of decision making. Health becomes a priority for the whole of society.

Health in All Policies

10 New Orientations for Health

6. Health at the forefront of new public governance
7. Health at the forefront of new types of leadership
8. Health at the forefront of systemic approaches
9. Health at the forefront of an agenda for better synergistic government
10. Health at the forefront of an agenda of transparency and accountability



Slide 5.2

Notes

Governance for health in the 21st century is evolving along with our notions of health, democracy and the roles of the state and society. The ten new orientations for health place health and well-being at the centre of good governance. Governance for health requires whole of government and whole of society approaches and new positioning of the role for health ministers and health ministries.

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Day 1 - Session 2

Activity 2: Adelaide Statement on Health in All Policies

Description of Activity

Purpose

The purpose of this activity is for participants to become familiar with the *Adelaide Statement on Health in All Policies* http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf (World Health Organization & Government of South Australia 2010), meet other course participants from the wider group (i.e. beyond their home groups) and be exposed to other participants' experiences and reflections regarding intersectoral work. At the time of the 2011 South Australian Health in All Policies Summer School, the Adelaide Statement on Health in All Policies was the most up to date internationally agreed outline of Health in All Policies – what it is, why it is important and how it can be applied.

Groups

Participants are to be placed in working groups rather than their home groups for this activity.

Instructions

- Read the Adelaide Statement on Health in All Policies and answer the questions provided (15 minutes)
- Turn to your neighbour and discuss your answers. Look for similarities and differences, and discuss why views differ (15 minutes).



Participant hand-out

- World Health Organization, Government of South Australia 2010, *Adelaide Statement on Health in All Policies*, World Health Organization, Government of South Australia, Adelaide. http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf
- Activity 2 questions (page 55)

Day 1 - Session 2

Activity 2: Adelaide Statement on Health in All Policies



Participant hand-out

Questions

1. What are the key things that you thought were interesting or important about the Adelaide Statement on Health in All Policies?

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2. Reflect on what you see as relevant to your own context in the Adelaide Statement (and any comments on anything less relevant)

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Day 1 - Session 2

Activity 3: Lunchtime Meet and Greet

Description of Activity

Purpose

The purpose of this activity is for participants to mingle and meet others in the wider course group, as well as meet their home group colleagues.

Groups

Not applicable. This activity is designed for the lunch break where participants can mingle.

Instructions

- Prior to the break, let participants know they have been divided into groups and that their name tags have a coloured sticker on the back indicating their 'home' group for the rest of the course (refer to *Note to course organizers* below)
- Instruct participants to seek out their home group colleagues during the lunch break and to introduce themselves.



Note to course organizers

Course organizers should allocate participants to groups prior to the course starting. When doing so, consider the participants' country of origin, work type (e.g. professional, student, academic), sector and gender when allocating groups. Note that some movement may be required between groups to achieve the desired balance. Place coloured stickers on the back of the participants' name badges to identify their home group.

Day 1

Session 3: The social determinants of health agenda – how do we take it forward?

Introduction to session

Sessions 1 and 2 examine the return at the international level to a focus on the wider context of health and well-being, beyond just ill health and disease. These sessions outline the importance of understanding the wider context in which health and well-being occurs – the social, economic, environmental conditions which affect the health of the population. The main purpose of Session 3 is to expand on the concept of the social determinants of health. It also explores how to take effective action on the social determinants of health and what are contemporary developments on this agenda within the international context.

“A social view of health implies that we must intervene to change those aspects of the environment which are promoting ill health, rather than continue to simply deal with illness after it appears, or continue to exhort individuals to change their attitudes and lifestyles when in fact, the environment in which they live and work gives them little choice or support for making such changes.”

(South Australian Health Commission in Davies & Kelly 1993)

Learning objectives and experiences

At the end of this session, participants should:

- Have an improved understanding of the social determinants of health
- Be able to articulate the more recent developments in the international arena on the social determinants of health, particularly since the World Health Organization’s Commission on Social Determinants of Health.

Content

Lecture 4: From the Commission on Social Determinants of Health to the Rio Declaration on Social Determinants of Health

30 minutes

The purpose of this lecture is to explain why the social determinants of health are important for health, how they are shaped and who has influence over them.

Lecture 5: Participating in the development of the Rio Political Declaration on Social Determinants of Health

10 minutes (Commentary)

Professor Ilona Kickbusch spoke about her personal involvement in the development of the Rio Political Declaration on Social Determinants of Health.



Note to course organizers

If guest lecturers are not available to provide international insight on the social determinants of health, you may wish to use the time allocated for the commentary on Activity 4.

Activity 4: Interviewing

10 minutes

This activity provides participants with an opportunity to reflect on the social determinants of health in their own country context.

Activity 5: Role play on intersectoral work

40 - 50 minutes

This activity provides participants with the opportunity to put into practice their understanding of the social determinants of health by explaining the links between health and the other policy area of interest.



Reflections from South Australia

This was a very full session and in the end there was only time for one activity (Activity 5). The role play activity was highly effective in demonstrating the complexities of engaging across sectors for action on the social determinants of health. However, participants expressed a desire to debrief about the scenarios with the whole group, particularly what people found challenging and what they found easy about the role plays in terms of negotiating action on the social determinants of health.

Key points to remember

- People's health is affected by their living conditions not just their genetic or behavioural choices.
- Recognize the role of social determinants of health in determining and influencing population health. International global statements such as those produced by the World Health Organization are an important way to stimulate debate and action by Member States.

Key terms

- Social determinants of health.



References

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Additional resources

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Day 1 - Session 3

Lecture 4: From the Commission on Social Determinants of Health to the Rio Political Declaration on Social Determinants of Health

Acknowledgement

This presentation was delivered at the 2011 South Australian Health in All Policies Summer School by Professor Sharon Friel, National Centre for Epidemiology and Public Health, Australian National University.

Introduction

The purpose of this lecture is to explain why the social determinants of health are important for health, how they are shaped and who has influence over them.

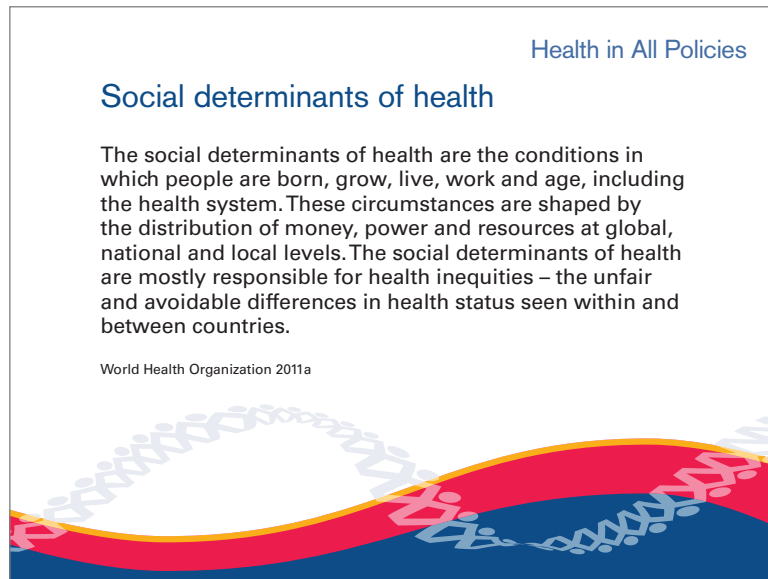


Note to course organizers

This lecture should include not only general information on the social determinants of health but also local and regional examples of the role of social determinants of health in determining the population's health and well-being. The slides below use examples from Australia to illustrate this point.

At the time of the 2011 South Australian Health in All Policies Summer School, the Rio Political Declaration on Social Determinants of Health was the most recent statement or declaration addressing the social determinants of health agenda. Course organizers should identify and include the most recent documents for this session in future courses.

Slides

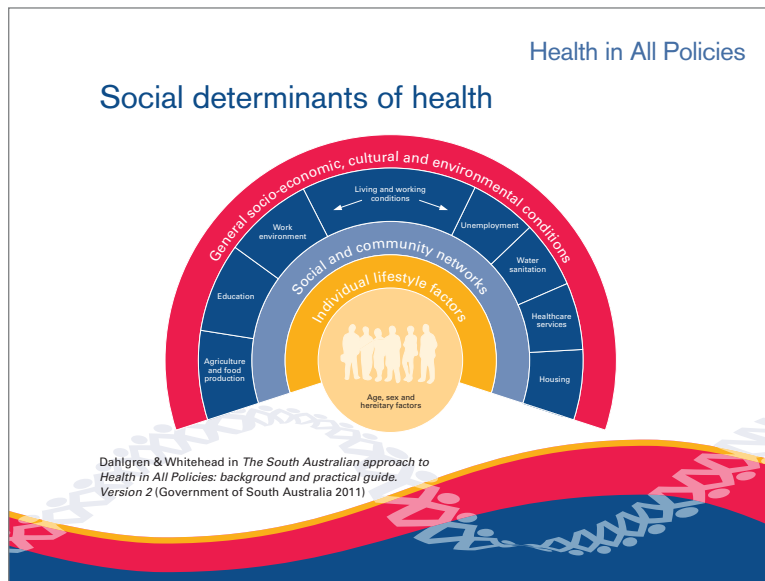


Slide 1

Notes

This slide contains the World Health Organization definition of the social determinants of health (World Health Organization 2011a). As pointed out in this quote, the social determinants of health matter because they set the conditions for the health of individuals, communities and populations and if the social determinants of health are not distributed fairly, they can lead to health inequities. We will deal with the issue of health inequity and health inequality in the session that follows this one.

The social determinants of health are multi-layered and range from societal to individual factors. Dahlgren and Whitehead describe layers of influence on health, as depicted on the following slide.

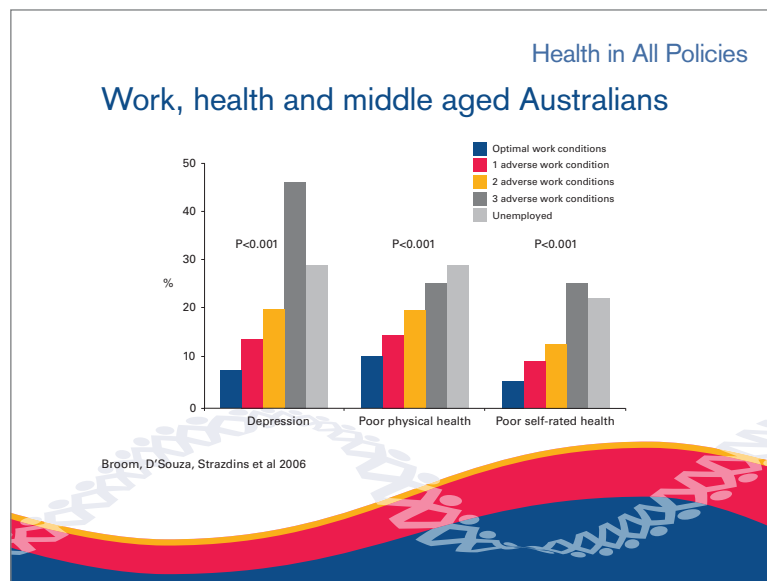


Slide 2

Notes

Dahlgren and Whitehead’s model maps the relationship between the individual, their environment and disease. Individuals are at the centre with a set of given genes. Surrounding them are influences on health that can be modified.

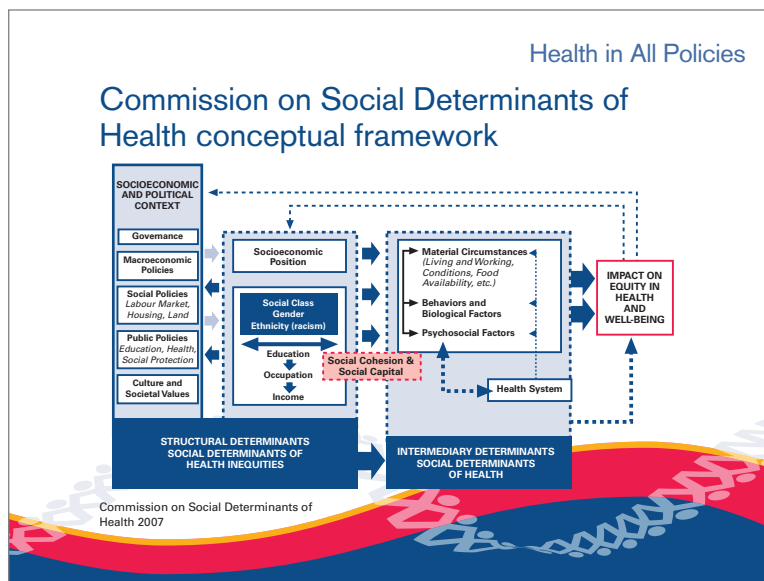
The first layer is personal behaviour and ways of living that can promote or damage health, for example, the choice to drink alcohol or not. Individuals are affected by friendship patterns and the norms of their community. The next layer is social and community influences, which provide mutual support for members of the community in unfavourable conditions but they may also fail to provide support or have a negative effect. The third layer includes structural factors: housing, working conditions, access to services and provision of essential facilities. The fourth layer captures the broader political, cultural and environmental conditions in which all these other factors occur. Importantly, this model captures the inter-relationship between the layers affecting an individual’s health and recognizes the importance of access to health services.



Slide 3

Notes

This graph represents the impact of working conditions on three adverse health outcomes – depression, poor physical health and poor self-rated health (Broom, D'Souza, Strazdins et al 2006). From the graph, it can be clearly seen that those with the poorest working conditions are more likely to suffer from depression, have poor physical health and have poor self-rated health status. Those who are unemployed fare better than those experiencing adverse working conditions, with the exception of poor physical health. This indicates that the working environment can substantially contribute to individual health and well-being.



Slide 4

Notes

In response to increasing concern around the impact of social conditions on health and disparities in health status, the World Health Organization established the Commission on Social Determinants of Health http://www.who.int/social_determinants/thecommission/en/ in 2005 to provide advice on how to reduce them. The Commission's final report http://www.who.int/social_determinants/thecommission/finalreport/en/index.html was launched in August 2008 and includes a conceptual framework through which to understand the social determinants of health, as described on this slide (Commission on Social Determinants of Health 2007; World Health Organization 2008).

This slide illustrates how the socioeconomic and political context, including governance, policy and cultural and societal values, has a role in determining the position of an individual in society. For example, social policy influences access to education, secure housing and employment (the 'structural determinants'), all of which have an important role in creating the conditions for health and well-being. One's access to employment determines material circumstances and can influence behaviour and psychosocial functioning ('intermediary determinants'). As we saw in the previous slide, employment and the conditions in which someone is employed can contribute to their overall health status. It is important to note that this process does not happen in a purely top-down fashion – as the figure depicts, there is constant feedback and interaction across the different levels of determinants. In particular, the health system bridges both the intermediary determinants and individual health and well-being.

Health in All Policies

The Solid Facts

The World Health Organization publication "The Solid Facts" identified the following areas as important social determinants where action can be taken to reduce inequities:

1. The social gradient	6. Unemployment
2. Stress	7. Social support
3. Early life	8. Addiction
4. Social exclusion	9. Food
5. Work	10. Transport

Wilkinson & Marmot 2003



Slide 5

Notes

Which social determinants are included in the list for action to address health inequities tends to vary slightly over time. We will see in a later session that the *United Nations High-level Meeting on Non-Communicable Disease Prevention and Control* <http://www.un.org/en/ga/president/65/issues/ncdiseases.shtml> (United Nations 2011) and the *First Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control* http://www.who.int/nmh/events/moscow_ncds_2011/en/ (World Health Organization 2011b) identify slightly different social determinants. Nevertheless, the acknowledgement that action is needed on the social determinants to address health inequities is shared.

The Commission on Social Determinants of Health emphasised that interventions and policy approaches to reduce health inequities need to address the structural determinants by focusing on the structural mechanisms that produce an inequitable distribution of the determinants of health among population groups, and not limit efforts to the intermediary determinants.

Health in All Policies

Commission on Social Determinants of Health

The World Health Organization's Commission on Social Determinants of Health final report contains three overarching recommendations:

1. Improve daily living conditions
2. Tackle the inequitable distribution of power, money and resources
3. Measure and understand the problem and assess the impact of action

World Health Organization 2008



Slide 6

Notes

The final report of the Commission on Social Determinants of Health contained three overarching recommendations, outlined on this slide.

Health in All Policies

World Health Organization “Themes”

The World Health Organization website lists “themes” for action which stem out of the Commission on Social Determinants of Health’s Knowledge Networks. The themes are as follows:

1. Early childhood development	6. Priority public health conditions
2. Employment conditions	7. Measurement and evidence
3. Globalization	8. Women and gender equity
4. Social exclusion	9. Urbanization
5. Health systems	

World Health Organization 2011a



Slide 7

Notes

At an international level, much has been happening in recent years to advance and support action on the social determinants of health.

In October 2011, the World Health Organization convened the World Conference on Social Determinants of Health in Rio de Janeiro to build support for the implementation of action on the social determinants of health. This produced the *Rio Political Declaration on Social Determinants of Health* http://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf (World Health Organization 2011c).

These international documents show an increasing focus on the question of “how” to take action to address the social determinants of health. Indeed Health in All Policies is mentioned a number of times throughout the Rio Political Declaration on Social Determinants of Health as an example of important intersectoral work. We saw in Session 1 that there has been increasing international recognition of the need for intersectoral action on the social determinants of health, and on Health in All Policies as an example of such action.

There has been other high level international activity that intersects with the social determinants of health agenda. For example, the United Nations held a High-level Meeting on Non-communicable Disease Prevention and Control in September 2011. In addition, the First Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control was held in Moscow in April 2011. We will discuss the links between the non-communicable disease agenda and the social determinants of health agenda in a later session. In addition, the *Millennium Development Goals* <http://www.un.org/millenniumgoals/> (United Nations 2010) for 2015 onwards are under development and the links between the social determinants of health and the development agenda are being discussed at the international level (which is particularly clear from the United Nations High-level Meeting on Non-communicable Disease, Prevention and Control as will be discussed in the later session).



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World Health Organization 2011c, *Rio Political Declaration on Social Determinants of Health*, World Health Organization, Geneva. http://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf



Additional resources

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Day 1 - Session 3

Lecture 5: Participating in the development of the Rio Political Declaration on Social Determinants of Health (Commentary)

Introduction

At the 2011 South Australian Health in All Policies Summer School we were fortunate to have the Course Director, Professor Ilona Kickbusch, speak about her personal involvement in the development of the *Rio Political Declaration on Social Determinants of Health* http://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf (World Health Organization 2011). This provided an opportunity for discussion about the political nature of international documents, the different roles played by different policy actors, and provided a 'hands-on' practical example of developing international documents.



Note to course organizers

If guest lecturers with such experience are available to provide international insights, then you may wish to invite them to provide a brief overview of their experiences. If not, this time could be spent on Activity 4, which we did not have time for in the 2011 South Australian Health in All Policies Summer School.



References

World Health Organization 2011, *Rio Political Declaration on Social Determinants of Health*, World Health Organization, Geneva. http://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf

Day 1 - Session 3

Activity 4: Interviewing

Description of Activity

Purpose

To provide participants with an opportunity to reflect on the social determinants of health in their own country context, action that is being taken to address the social determinants of health and how they themselves could act using the *Rio Political Declaration on Social Determinants of Health* http://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf (World Health Organization 2011) as a guide.

Groups

Participants are to stay in their home groups for this activity.

Instructions

Break into pairs and interview each other using the questions on the following page. Record your answers in your workbook.



Reflections from South Australia

This activity was not completed at the 2011 South Australian Health in All Policies Summer School due to time constraints. If you are unable to access lecturers to facilitate Lecture 5, you may wish to spend more time on this activity.



Participant hand-out

- World Health Organization 2011, *Rio Political Declaration on Social Determinants of Health*, World Health Organization, Geneva. http://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf
- Activity 4 questions (see page 71).

Day 1 - Session 3

Activity 4: Interviewing



Participant hand-out

Questions

1. Which determinants of health are being addressed in your country already?
2. What partner agencies do you already work with?
3. Using the Rio Political Declaration on Social Determinants of Health as a guide, how would you act to address these determinants?

Day 1 - Session 3

Activity 5: Role play of intersectoral work

Description of Activity

Purpose

To provide participants with the opportunity to put into practice their understanding of the social determinants of health by explaining the links between health and the other policy area of interest.

Groups

It is suggested that participants work in their home groups for this activity.

Instructions

Pair with a partner different to who you were paired with in Activity 4. Each pair takes a role play scenario and decide who will play person 1 and who will play person 2.

Preparation (10 minutes)

Read the scenario related to your person only – do not read your partner's scenario. Consider how you will approach the meeting you are about to have with your partner (see 'Questions to consider').

Role Play (30 minutes – 6 minutes for each pair)

Each pair has six minutes to read the scenario to the whole group and 'role play' their meeting while the other pairs watch.



Reflections from South Australia

Based on participant feedback at the 2011 South Australian Health in All Policies Summer School, it is suggested that an additional 10 minutes be allocated to providing feedback time to the wider group to reflect on participants' experiences and thoughts on the activity.



Note to course organizers

Place the role play scenarios for Activity 5 in four envelopes for each table and label them with their relevant scenario.



Participant hand-out

- Questions to consider (page 73)
- Scenarios (pages 74-81)

Day 1 - Session 3

Activity 5: Role play of intersectoral work



Participant hand-out

Questions to consider

1. What do you want to get out of the meeting?
2. What do you think they will want from you?
3. What can you offer or ask for?
4. How will you introduce yourself?
5. Who else could be invited to future meetings?

Day 1 - Session 3

Activity 5: Role play of intersectoral work



Participant hand-out

Scenario 1 – Health and Transport

This is a developed country.

The Department of Health has called a meeting with the Department of Transport to discuss obesity.

The Department of Health takes a significant amount of the national budget. Whilst the Department of Transport still receives a large fiscal allocation each year, over the past ten years it has slowly been reduced at about the same rate as the health budget has increased.

Person 1

You work in the Department of Health.

You have responsibility for reducing the obesity rates in your country. You are aware that a significant amount of the Department of Health's budget is spent on non-communicable diseases, such as obesity.

You are keen to work with the Department of Transport to increase the rates of cycling and walking and have made a meeting with a representative from the Department of Transport.

You have never worked with the Department of Transport before but have heard from a colleague that their main priority is to build roads that support non-stop driving.

Day 1 - Session 3

Activity 5: Role play of intersectoral work



Participant hand-out

Scenario 1 – Health and Transport

This is a developed country.

The Department of Health has called a meeting with the Department of Transport to discuss obesity.

The Department of Health takes a significant amount of the national budget. Whilst the Department of Transport still receives a large fiscal allocation each year, over the past ten years it has slowly been reduced at about the same rate as the health budget has increased.

Person 2

You work for the Department of Transport. Your responsibility is the road and pedestrian network and supporting all forms of mobility. There has recently been an increase in the number of deaths and serious injuries on the roads, and an analysis of the data suggests that the crashes have involved a car and either a pedestrian or cyclist.

You have been invited to a meeting with the Department of Health to discuss obesity. You do not know much more about this meeting. However, you have previously had contact with the Department of Health about burst water drains on roads and the potential of polluted water causing harmful health outcomes. They were rather domineering and continually talked about your legal requirements.

Day 1 - Session 3

Activity 5: Role play of intersectoral work



Participant hand-out

Scenario 2 – Health and Correctional Services

This is a middle income country.

The Department of Health has requested a meeting with the Department for Correctional Services about the high rates of mental illness amongst prisoners.

Person 1

You are from the Department for Correctional Services. You are aware that prison staff are overwhelmed by their day to day duties to, as they see it, 'control' the prisoners. Indeed, there is general consensus that the behaviour of the prisoners is getting more and more difficult to handle.

Your responsibilities are for the facilities and programmes provided for prisoners. You currently offer access to a library and opportunities for further study.

You have been called to a meeting with the Department of Health about the mental health issues of prisoners. You are not sure why you have been invited to this meeting because the prison offers a counselling service and it would seem more appropriate if a staff member from that division was attending. You have heard that the counselling service is under pressure and would love to reduce their work load – indeed this would free up much needed resources.

Day 1 - Session 3

Activity 5: Role play of intersectoral work



Participant hand-out

Scenario 2 – Health and Correctional Services

This is a middle income country.

The Department of Health has requested a meeting with the Department for Correctional Services about the high rates of mental illness amongst prisoners.

Person 2

You work in the Mental Health Division of the Department of Health.

You have requested a meeting with the Department of Correctional Services, specifically with the person responsible for facilities and programmes offered to prisoners.

You have been speaking to the prison counsellors and are concerned about the high rates of mental health issues amongst prisoners, a group you see as particularly vulnerable.

You are aware that mental health serves as a predictor of recidivism – released prisoners returning to prison. You are also aware that exposure to green spaces and physical activity significantly reduces mental health issues.

Day 1 - Session 3

Activity 5: Role play of intersectoral work



Participant hand-out

Scenario 3 – Education and Child and Maternal Health

This is a developed country.

The Department of Education and Child Development has requested a meeting with the Maternal and Child Health services in Department of Health.

In a recent portfolio reshuffle responsibility for early childhood has been added to the Department of Education's portfolio. It is known that this is an issue of particular concern to the recently appointed Premier.

Person 1

You are from the Department of Education and Child Development.

You have had responsibility for the early school years in the Department of Education for a number of years. Prior to that you were a junior primary teacher and have long been convinced that whilst schools can assist disadvantaged children, these children already arrive at school shaped by their experiences and circumstances of their early years of life.

Hence you are very excited about the recent incorporation of early childhood development into your duties.

You have requested a meeting with the maternal and child health services division of the Department of Health. This is because you are aware of the impact of maternal health, prenatal health and birth circumstances on the developmental potential of children. You are excited about exploring options for joint initiatives between the Department of Education and Child Development and the Department of Health.

You are particularly keen to explore options for offering a universal care service to first time mothers for the first 6 months after birth, which would provide guidance on the centrality of parents/carers to positive child development outcomes.

Day 1 - Session 3

Activity 5: Role play of intersectoral work



Participant hand-out

Scenario 3 – Education and Child and Maternal Health

This is a developed country.

The Department of Education and Child Development has requested a meeting with the Maternal and Child Health services in Department of Health.

In a recent portfolio reshuffle responsibility for early childhood has been added to the Department of Education's portfolio. It is known that this is an issue of particular concern to the recently appointed Premier.

Person 2

You work in Maternal and Child Health Services in the Department of Health. You have been invited to a meeting with the Department of Education and Child Development.

You do not want to attend this meeting but have been told to go by your manager. Your manager has said that the new Premier is interested in early childhood development and used to be the Minister of Education and hence she thinks it would be strategic to understand this early childhood agenda.

You are in the service delivery side of Health and a key part of your role is dealing with the day to day needs of pregnant and birthing women. You are aware that the policy people in central office have spoken about the importance of child and maternal health for overall population health but have never really understood the connections, nor particularly cared about what policy people talk about.

Day 1 - Session 3

Activity 5: Role play of intersectoral work



Participant hand-out

Scenario 4 – Health and Housing

This is a developing country.

There is a large poor population in this country and many families live in slums. There is enormous demand for community housing, for which the government has allocated only limited resources. The Department of Housing has responsibility for building these houses.

The Department of Health has asked for a meeting with the Department of Housing about environmental concerns regarding the community houses.

Person 1

You work for the Department of Housing on the community housing agenda. You feel overwhelmed with providing people in need with basic housing and are aware that there are long waiting lists and many homeless people.

You have limited resources and hence have decided to try and build as many houses as possible as cheaply as possible, including by buying the cheapest land and using the cheapest materials. You believe that as long as you ensure basic hygiene and facilities for cooking and sleeping, these people are far better off than when living in the slums.

Day 1 - Session 3

Activity 5: Role play of intersectoral work



Participant hand-out

Scenario 4 – Health and Housing

This is a developing country.

There is a large poor population in this country and many families live in slums. There is enormous demand for community housing, for which the government has allocated only limited resources. The Department of Housing has responsibility for building these houses.

The Department of Health has asked for a meeting with the Department of Housing about environmental concerns regarding the community houses.

Person 2

You are from the Environment section in the Department of Health.

You have asked for a meeting with the Department of Housing regarding their community housing programme and the environmental and health impacts of these.

It has come to your attention that these houses are being built in areas that are bad for health, such as on contaminated sites, close to high polluting industries, and near very busy and loud areas. These all have serious impacts on individual's health and are likely to increase the incidence of non-communicable diseases in the community housing population.

Furthermore, the community houses are using building materials that are detrimental to global warming and you are concerned that it is becoming increasingly apparent that climate change will have a devastating effect on population health. For example, these community houses are not using energy saving technology.

You are seriously concerned and a little angry, if you are honest, about this blatant disrespect for people's health.

Day 1

Session 4: Addressing the equity challenges in health

Introduction to session

This session explores the concept of health inequities and different approaches to addressing health inequities as well as the implications of different approaches. The session also explores an Indigenous perspective of health inequities, which is particularly pertinent in the Australian context where Indigenous Australians have much poorer health outcomes than non-Indigenous Australians.



Note to course organizers

Please note that the following lecture outline provides a lot of detail. How much is presented to participants will depend on an assessment of their prior knowledge about health inequities and on what angle or focus the course organizer wishes to take.

Learning objectives and experiences

At the end of this session, participants should:

- Have a clear understanding of the concept of health inequities, the debates around their causes, and the debates around how best to address such inequities
- Have a clear understanding of the distribution of health inequities globally and in Australia and the Asia Pacific region in particular
- Have a clear understanding of explanations for the existence of health inequities
- Have considered how these understandings affect policies on health inequities in their home countries
- Have considered the importance of political commitment to addressing health inequities
- Have considered which policies have shown most promise in reducing health inequities.

Content

Lecture 6: The concept of health inequities

45 minutes

During this lecture the differences between health inequalities and health inequities are explained. Importantly, health inequities are avoidable being created by structural and political processes and decisions that affect the everyday living conditions of individuals and populations.

Lecture 7: An Indigenous perspective

25 minutes

Two Indigenous people from South Australia working within the health system gave their professional and personal experience of health inequities. One of the speakers gave the perspective from inside of government whilst the other spoke from a community based health organization perspective.

Question time

20 minutes

Key points to remember

- The social determinants of health have a differential and unfair impact on the health of population groups – whether socioeconomic, geographic, cultural or gendered groups.
- Health inequities are avoidable and unfair.
- The causes of health inequities can be interpreted in different ways which lead to different types of actions to address these inequities.
- Actions to address health inequities can focus on addressing those worst off, on reducing the gap between the worst and best off, and on reducing the social economic gradient.

Key terms

- Equity
- Health inequality
- Health inequity
- Social gradient
- Risk factors
- Relative risk
- Proportionate universalism.



Additional resources

Asia Pacific Health Global Action for Health Equity Network 2011, *An Asia Pacific spotlight on health inequity: Taking action to address the social and environmental determinants of health inequity in Asia Pacific*, Asia Pacific Health Global Action for Health Equity Network. http://www.wpro.who.int/topics/social_determinants_health/ehgAPHealthgaenreport.pdf

Australian Medical Association 2007, *Aboriginal and Torres Strait Islander Health: Institutionalised inequity not just a matter of money*, Australian Medical Association, Canberra. <https://ama.com.au/2007-ama-indigenous-health-report-card-%E2%80%93-institutionalised-inequity-%E2%80%93-not-just-matter-money>

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Day 1 - Session 4

Lecture 6: The concept of health inequities

Acknowledgement

This presentation was delivered at the 2011 South Australian Health in All Policies Summer School by Professor Fran Baum, Director, Southgate Institute for Health, Society and Equity, Flinders University of South Australia and is based on Part 4 (Health inequities: profiles, patterns and explanations) of her book *The New Public Health*.

Introduction

Health inequities are avoidable – they are created by structural and political processes and decisions that affect the everyday living conditions of individuals and populations.



Note to course organizers

The slides below are designed to illustrate health inequities both internationally and in Australia. It is recommended that locally and regionally relevant examples are used where possible.

Slides

Health in All Policies

Health equity

The World Health Organization defines health equity as:

“The absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically.”

World Health Organization 2008

Slide 1

Notes

This slide contains the World Health Organization definition of health equity (World Health Organization 2008). Health inequities are health differences which are: socially produced, systematic in their distribution across the population, and unfair. Identifying a health difference as inequitable is not an objective or material description, but necessarily implies an appeal to ethical norms (United Nations 2011).

Health inequities matter because health is directly constitutive of a person’s well-being and health enables a person to function as a social agent. In addition, and conversely, inequity in health is a result of social, economic and cultural disadvantage. In addition, there is an economic benefit in addressing health inequities because these lead to: productivity losses, reduced tax revenue, higher welfare payments, and increased treatment costs.



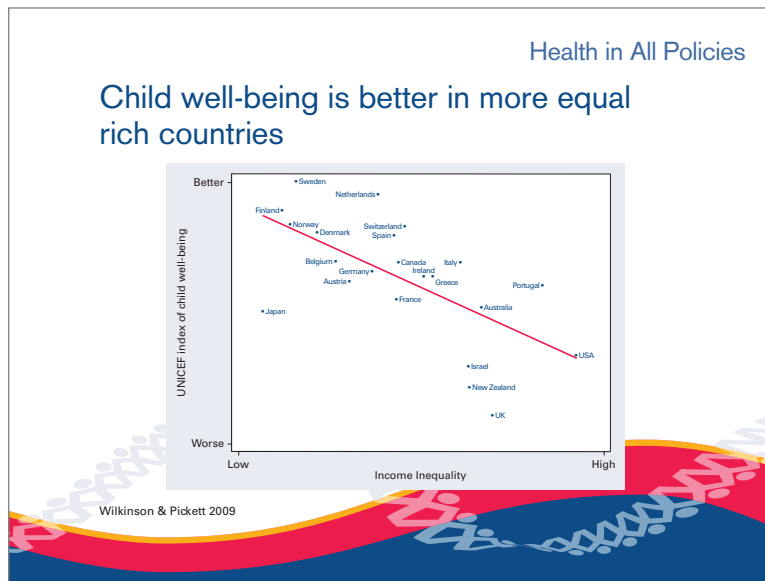
Slide 2

Notes

It was concern about health inequities that spurred the World Health Organization to establish the *Commission on Social Determinants of Health* http://www.who.int/social_determinants/thecommission/en/. The Commission's final report - *Closing the Gap in a Generation* http://whqlibdoc.who.int/hq/2008/WHO_IER_CSDH_08.1_eng.pdf - is directly focused on addressing health inequities between and within countries (World Health Organization 2008).

Importantly, health inequities tend to follow a social gradient. One's socioeconomic position is among the most important individual-level determinant, and one's overall well-being tends to improve at each step up the economic and social hierarchy. Thus, people with a higher income generally enjoy better health and longer lives than people with a lower income (Marmot 2002). The rich are healthier than the middle classes, who are in turn healthier than the poor. This is known as 'the social gradient'.

Furthermore, this gradient exists for a wide range of other outcomes – from coping behaviours, to literacy and mathematical achievement (Frank & Mustard 1994). The gradient is evident whether one looks at differences in current socioeconomic status or in that of family of origin. These effects seem to persist throughout the lifespan, from birth, through adulthood and into old age, and possibly to the next generation (Keating & Hertzman 1999).

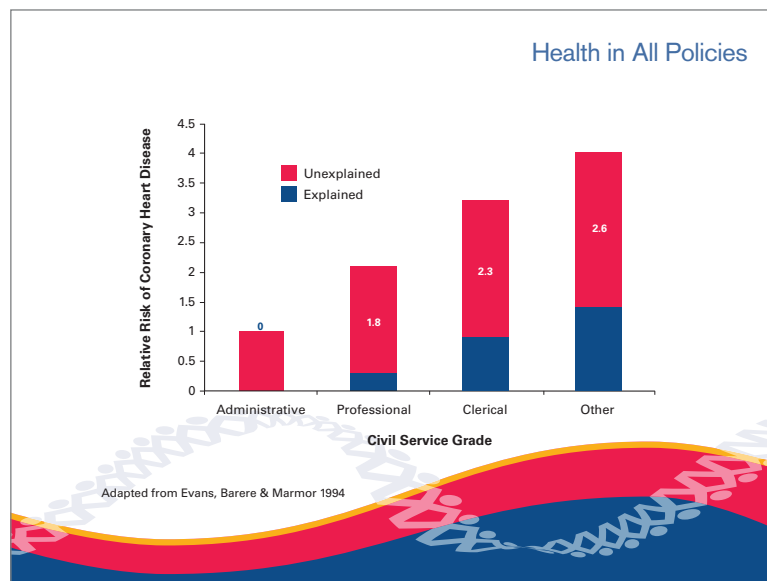


Slide 3

Notes

This slide shows the relationship between income inequality and child well-being (Wilkinson & Pickett 2009). The United States of America has high levels of income inequality and poor child well-being compared to Scandinavian countries such as Finland, where income inequality is low and child well-being is high.

Marmot and colleagues in the United Kingdom looked at British public servants, categorised them according to their levels in the Civil Service – Administrative, Professional, Clerical and Other - and followed their mortality over the next 10 years. They also monitored known risk factors such as blood pressure and smoking (Marmot, Shipley & Rose 1984).



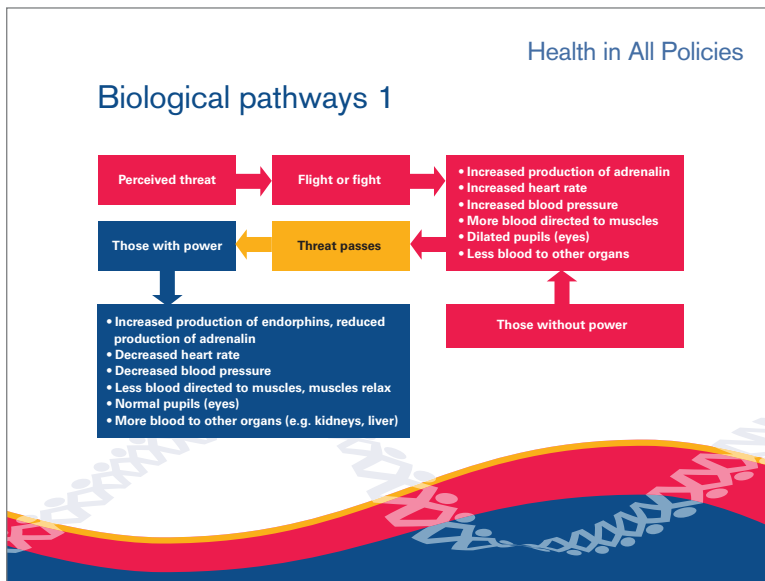
Slide 4

Notes

Marmot et al analysed their data taking account of risk factors such as smoking. After allowing for this they still found a graduated difference in death rates. This graph shows the results for coronary heart disease deaths in the four groups after analysing them according to those deaths that can be explained by known risk factors and those that can't.

Relative risk is a way of measuring the difference between different groups. One group's death rate (in this case the Administrators) is defined as one, and the other groups' death rates are measured according to how many times greater (or less) their death rates are compared to the first group. Thus the professional group has a death rate from heart attacks a little more than twice that of the Administrators, and the Other group has more than four times the rate (Evans, Barere & Marmor 1994). However this graph also shows the relative risk of both explained and unexplained deaths. There is a gradient for both types with people in the Other group experiencing both increased deaths from explained causes (i.e. increased exposure to risk factors) and increased deaths from unexplained causes.

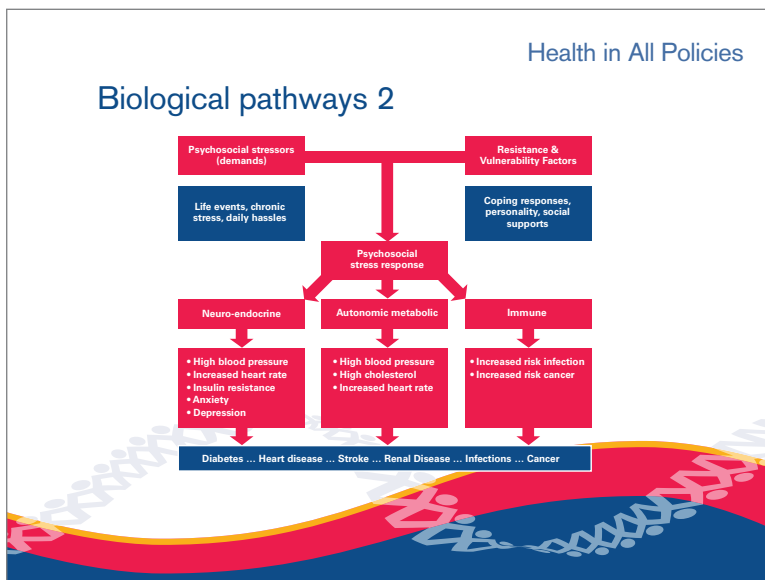
Further research indicates that this gradient of mortality independent of known risk factors is due to the degree of control people have over their lives, both collectively and individually. This is related to the nature of stress. Whilst stress can be a healthy and protective phenomenon when one has the power and resources to act appropriately to remove the source of a threat, chronic stress is decidedly not healthy and seems 'dose' related.



Slide 5

Notes

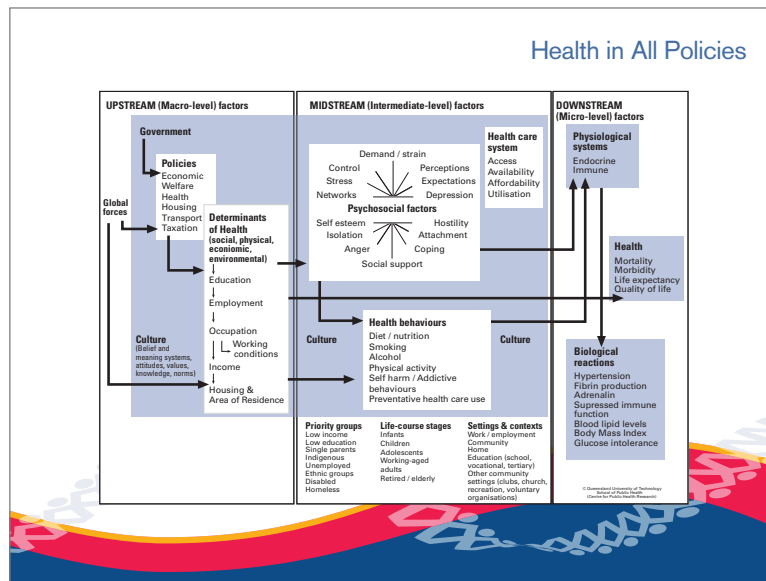
The ‘flight or fight’ phenomenon is illustrated here showing some of the physiological reactions involved (adapted from Marmot & Wilkinson 1999). These reactions are designed to effectively prepare the body to either fight or run. The evidence suggests that those who are in powerful positions are able to revert their body’s physiology to a relaxed state after the threat has passed. However, those with less power, find it difficult to turn off this fight or flight reaction. Their blood pressure and heart rate stays high, the adrenalin keeps circulating.



Slide 6

Notes

This slide illustrates the pathways to poor health (adapted from Marmot & Wilkinson 1999). It shows the three main systems affected – endocrine system, nervous system and immune system. It shows that individual factors may play some role – individual vulnerabilities that explain why some people cope better than others in similar stressful environments however, the major impact is from the environment.



Slide 7

Notes

Action to reduce health inequities – assisting the worst off, closing the gap, addressing the gradient

A further concept that needs to be understood in the health inequities discussion is that of the difference between absolute health disadvantage, the health gap and the health gradient. In tackling health inequalities and inequities, we can aim to:

1. improve the health of the poorest groups, that is aiming to reduce disadvantage;
2. reduce the difference between poorer and better off groups, that is tackling the gap between social groups or;
3. lift the levels of health across the socioeconomic hierarchy closer to those at the top, that is tackling the health gradient (Graham & Kelly 2004).

The figure contained on this slide (Turrell, Oldenberg, McGuffog et al 1999) illustrates how action on the social determinants of health can improve the health and well-being of society's most vulnerable by addressing disadvantage.



Note to course organizers

Further information on tackling health inequalities and health inequities can be found in the participant hand-out for this session.



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Additional resources

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Day 1 - Session 4

Lecture 6: The concept of health inequities



Participant hand-out

Acknowledgement

The content contained in this hand-out is from a presentation delivered by Associate Professor John Glover, Director, Public Health Information Development Unit, University of Adelaide, at the National Meeting on Social Determinants of Health held in Adelaide, 5 December 2011.

Tackling health inequalities and health inequities

In tackling health inequalities and inequities, we can aim to:

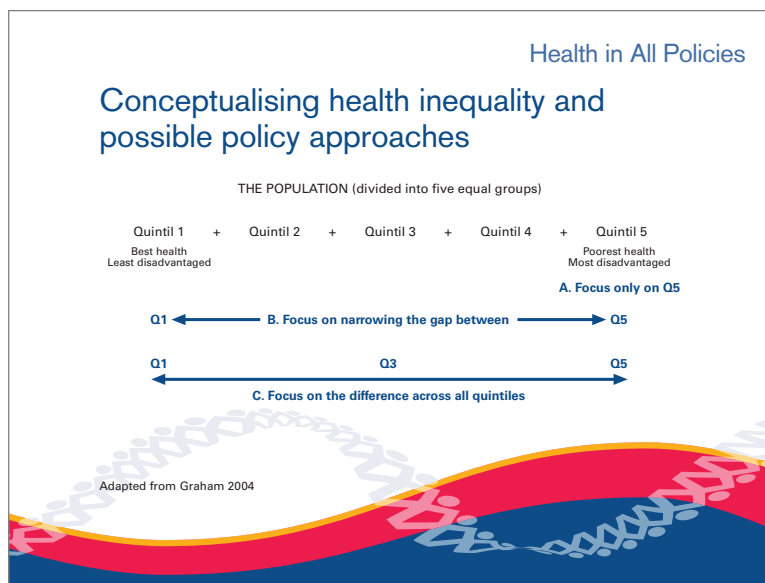
1. improve the health of the poorest groups, that is aiming to reduce disadvantage;
2. reduce the difference between poorer and better off groups, that is tackling the gap between social groups or;
3. lift the levels of health across the socioeconomic hierarchy closer to those at the top, that is tackling the health gradient (Graham & Kelly 2004).

While these are of course all related, there are important differences in the three approaches with correspondingly different outcomes.

1. The first approach suggests a targeted strategy for those groups that are the most disadvantaged. Whilst such programmes may be necessary and worthwhile it is important to note that they are about minimising harm, not about changing causal factors and addressing fundamental health inequity.
2. The second approach refers to the gap between the best and worst off in society. Narrowing the health gap is about improving the health of the poorest groups, and doing it at a rate that outstrips the improvements in the health of the overall population, that is "raising the health of the poorest, fastest" (Graham & Kelly 2004).
3. An example of this is a public housing policy which provides housing on a needs basis to those on low incomes, but is not directly targeted to the most disadvantaged, e.g. welfare recipients. It has been demonstrated that the provision of public housing has the capacity to contain what would be potentially higher levels of poverty through lower housing costs (Carson & Martin 2001).
4. The third approach looks at the health continuum whereby health improves at each step up the socioeconomic ladder – where the health of any group is better than the group below, and worse than the group above. Action focused on reducing the health gradient "is associated with (i) improvements in health (or a positive change in its underlying social determinants) for all socioeconomic groups up to the highest, and (ii) a rate of improvement which increases at each step down the socioeconomic ladder. ... a differential rate of improvement is required: greatest for the poorest groups, with the rate of gain progressively decreasing for higher socioeconomic groups" (Graham & Kelly 2004).

The last approach widens the frame of health inequality policy in three ways:

- Firstly, it looks for the causes of health inequality in the systematic differences that are associated with people's unequal positions.
- Secondly, addressing health inequalities becomes a population-wide goal that includes every citizen.
- Thirdly, 'reducing health gradients' provides a comprehensive policy goal: one that encompasses remedying disadvantages and narrowing health gaps within the broader goal of equalising health chances across all the socioeconomic groups.



Slide 1

Notes

Policies and programmes which reduce the gradient are those which are population-based approaches. An example could be the policy to add fluoride to the water supply. This reduces dental caries across the population, but as dental caries have a socioeconomic gradient, with low socioeconomic groups having higher rates and less ability to afford dental treatment, it has the potential to positively impact more on low socioeconomic groups. This is a whole population-based approach which advantages the whole population but advantages the poorest the most, thus reducing the gradient. Other examples include progressive taxation policies and a universal health care system such as Medicare.

Policies and programmes which reduce the gradient, that is make the greatest improvement to the health of the least well off, will also narrow the health gap and reduce disadvantage. Population strategies are the most likely to lower the gradient and improve the health and well-being of the whole population, including low socioeconomic groups.

However, it must be acknowledged that higher socioeconomic groups have more resources and capacity to take advantage of some types of population-based strategies, and therefore careful consideration of the impact of these strategies on low socioeconomic groups needs to be undertaken prior to implementation. Indeed, attention must be paid to the nature of any action that is taken to improve the community's well-being, to ensure that social and economic inequalities are not increased. Some programmes, by their very success, can widen the gap between groups in the population; for example, they may be more attractive to those who are already healthier, or not as effective for certain groups with poorer health, less education or other aspects of disadvantage.

In one smoking cessation initiative, it was found that the prevalence of smoking decreased predominately in those adults with higher education, thus increasing the existing difference with those who were more disadvantaged (Osler, Gerdes, Davidsen et al 2000). While smoking prevalence in Australia has reduced considerably over the last 20 years, attributes such as lower education and occupational status, unemployment, rented housing, and living in disadvantaged areas reflect a higher probability of reporting tobacco expenditure. As a result, the tax revenue from the sale of tobacco products is being disproportionately drawn from the poorest households and represents a greater proportion of their household budget (Siahpush et al undated).

Proportionate Universalism

Improving the health of poor groups and improving their position relative to other groups are necessary elements in a strategy to reduce the socioeconomic gradient. However, neither is sufficient on its own. To reduce the socioeconomic gradient, health in other socioeconomic groups also needs to improve at a faster rate than in the highest group. Thus, policies to remedy health disadvantages, to close health gaps and to reduce health gradients need to be pursued together, and not at the expense of each other. Marmot's approach of proportionate universalism reflects this desired outcome (see Marmot, Allen, Goldblatt et al 2008).



References

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Marmot, M, Allen, J, Goldblatt, P, Boyce, T et al. 2008, *Fair Society Healthy Lives (The Marmot Review)*, UCL Institute of Health Equity, London.

Osler, M, Gerdes, LU, Davidsen, M et al. 2000, 'Socioeconomic status and trends in risk factors for cardiovascular diseases in the Danish MONICA population, 1982-1992', *Journal of Epidemiology and Community Health*, vol. 54, pp.108-13.

Siahpush, M, Borland, R & Scollo, M 2002, *Smoking, socioeconomic status, and household expenditure on food, alcohol, gambling and insurance*, VicHealth Centre for Tobacco Control, Melbourne.

Day 1 - Session 4

Lecture 7: An Indigenous perspective

Acknowledgements

This presentation was delivered at the 2011 South Australian Health in All Policies Summer School by April Lawrie-Smith, Director, Aboriginal Health Branch, South Australian Department of Health and Mary Buckskin, Chief Executive Officer, Aboriginal Health Council of South Australia.

Introduction

At the 2011 South Australian Health in All Policies Summer School, the Course Directors invited two Indigenous South Australians working within the health system to give their professional and personal experience of health inequities. This was very important as Indigenous health in Australia is dramatically worse than non-Indigenous health. One speaker gave a perspective from within government whilst the other spoke from a community based health organization perspective.



Note to course organizers


It may or may not be appropriate to have an Indigenous perspective in future training courses. However, it may be worth seeking out a speaker from one particularly disadvantaged group in terms of health equities.

Slides

Health in All Policies

Indigenous people of South Australia

- Approximately 26,000 Indigenous (Aboriginal) people live in South Australia
 - 36% of population under 15 years old; 3% are aged 65 years+ (Australian Bureau of Statistics 2007)
 - In 2008-09 State Government of SA spent \$6,743 per Aboriginal person compared with \$2,277 per non-Aboriginal person (Australian Institute of Health and Welfare 2011)
- Aboriginal women have more children and at a much younger age
 - 20% of Aboriginal mothers are teenage mothers (Department of Health 2011)
- High rates of low birth weight babies (Department of Health 2011)
- Life expectancy approximately 10 years less than other Australians (Australian Bureau of Statistics 2009)



Slide 1

Notes

This slide provides a snapshot of the demographics for Aboriginal South Australians. There are approximately 26,000 Aboriginal people living in South Australia (2.5% of the State population), split between metropolitan Adelaide (50%) and country, regional and remote areas (50%). The Aboriginal population is also much younger than the State population, with 36% aged 15 years and younger and only 3% aged 65 years and older.

In terms of health care spending, the Government of South Australia spends approximately 3 times as much on the care of an Aboriginal person each year than the care of a non-Aboriginal person.


Statistics indicate that Aboriginal women are more likely to give birth at a younger age (20% are teenage mothers) and are more likely to have low birth weight babies. Adverse infant outcomes have been attributed to high smoking rates, poor nutrition, trauma and poor access to antenatal services.

Health in All Policies

National Indigenous Life Expectancy

Australian Aboriginal people are dying much younger than Indigenous people in the United States, Canada and New Zealand based on a 10 year study by Canada's University of Western Ontario published in 2004.

- **Canada's** Indigenous community = highest life expectancy of **72.9 years** at birth
- **New Zealand's** Maori community = **72.1 years** at birth
- **United States** African American community = **70.6** at birth
- **Australia's** Indigenous community = **59.6 years** at birth



Slide 2

Notes

This slide provides an international perspective on the challenges of health inequities in Australia. Australian Aboriginal people are dying much younger than Indigenous people in the United States, Canada and New Zealand based on a 10 year study by Canada's University of Western Ontario (Cooke, Mitrou, Lawrence et al 2007).

Australia, Canada, New Zealand and the United States experience a better quality of life compared to nearly all other nations and feature in the top 10 countries identified in "The Better Life Index". On the national stage, Australia performs poorly compared to similar nations.

Health in All Policies

Challenges

- Coordinated whole of government response is needed
- All government policies can have a positive effect on Aboriginal health
- Improving health of Aboriginal people will require sustainable mechanisms that support cross government collaboration
- The most pressing health problems for the Aboriginal population require long-term policy and budgetary commitment as well as innovative budgetary solutions



Slide 3a

Notes

Improved health is influenced by a wide range of factors – such as changes to the natural and built environments and to the social and working environments. The impacts of health determinants are not equally distributed among population groups, particularly Aboriginal people and efforts to improve health outcomes for Aboriginal people will require sustainable culturally inclusive mechanisms that support government agencies to work collaboratively to develop integrated solutions to current and future policy and planning. In this respect, we need to acknowledge that many of the most pressing health problems of the population require long-term policy and budgetary commitment as well as innovative budgetary approaches. Further, we need to recognize that the 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.

Health in All Policies

Challenges

- Effective consultation with citizens to link policy changes with wider social and cultural change
- Developing strong working partnerships that link policy implementation across all levels of government and with scientific, academic, business and professional organizations.



Slide 3b

Notes

There is also a need to regularly consult with citizens to link policy changes with wider social and cultural changes around health and well-being. Sustained change will require partnerships for policy implementation between governments at all levels, science and academia, business, professional organizations and non-governmental organizations.



References

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Australian Bureau of Statistics 2009, *Deaths, Australia, 2008*, catalogue no. 3302.0, Australian Bureau of Statistics, Canberra. <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3302.02008?OpenDocument>

Australian Institute of Health and Welfare 2011, *Expenditure on health for Aboriginal and Torres Strait Islander people 2008-09*, Australian Institute of Health and Welfare, Canberra. <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737419253&libID=10737419252>

Cooke, M, Mitrou, F, Lawrence, D, Guimond, E & Bevan, D 2007, 'Indigenous well-being in four countries: An application of the UNDP's Human Development Index to Indigenous Peoples in Australia, Canada, New Zealand and the United States', *BMC International Health & Human Rights*, vol. 7, no. 9.

Department of Health, Pregnancy Outcome Unit 2011, *Pregnancy outcome in South Australia 2009*, Department of Health, Adelaide. <http://www.health.sa.gov.au/pehs/pregnancyoutcome.htm>



Additional resources

Australian Institute of Health and Welfare 2012, *Indigenous Australians*, Australian Institute of Health and Welfare, Canberra. <http://www.aihw.gov.au/indigenous-health/>

Edith Cowen University, *Australian Indigenous HealthInfoNet*, Edith Cowen University, Western Australia. <http://www.healthinfolnet.ecu.edu.au/>

Programme Day 2

Day 2

Two-way approach to Health in All Policies: health lead and health partner

Session 5		
Session 5	Time	The non-communicable disease agenda and Health in All Policies 09:00 – 10:30
	Aim	<ul style="list-style-type: none"> • To explore how Health in All Policies is an integral part of the non-communicable diseases agenda • To compare different approaches to addressing the non-communicable diseases agenda through an exploration of the Moscow Declaration and the outcome of the United Nations High-level Meeting on the Prevention and Control of Non-Communicable Diseases • To provide participants with an opportunity to discuss how the approaches described differ from what they have in their own contexts.
	Content	<p>Lecture 8: Non-communicable diseases and their causes – the international context</p> <p>Activity 6: Comparing the Moscow Declaration with the outcome of the United Nations High-level Meeting on Non-Communicable Diseases – approaches and implementation.</p> <p>Group feedback</p> <p>Summary and reflections</p>
Break		
10:30 – 11:00		
Session 6		
Session 6	Time	Tackling wicked problems – obesity 11:00 – 12:30
	Aim	<ul style="list-style-type: none"> • To provide participants with an understanding of the complexity of wicked problems and the multifaceted approach necessary to address them • To provide participants with a practical opportunity to apply Health in All Policies thinking to the obesity agenda.
	Content	<p>Lecture 9: Defining and working with wicked problems</p> <p>Lecture 10: South Australia's approach to the obesity epidemic</p> <p>Question time</p> <p>Activity 7: World café</p> <p>Feedback from World Café</p>
Lunch		
12:30 – 13:30		

Session 7	Time	Partnering for health and well-being at the local level 13:30 – 15:00
	Aim	<ul style="list-style-type: none"> • To describe how Health in All Policies is applied at the local government level in South Australia to address the social determinants of health with local government • To provide participants with an opportunity to explore the social determinants of health at the local government level through experiential learning • To provide an opportunity for course participants to see some of the local community itself and consider the local issues more deeply.
	Content	Activity 8: Site visit
Break		15:00 – 15:30
Session 8	Time	Partnering for health and well-being at the local level 15:30 – 17:00
	Aim	<ul style="list-style-type: none"> • As for Session 7
	Content	Activity 8: Site visit (continued)
Close		17:00
Social event		17:00 – 18:30
Local government reception		

Day 2

Session 5: The non-communicable disease agenda and Health in All Policies

Introduction to session

The context in which policy decisions are made is important, and the different perspectives, understanding and interpretation individuals bring to policy analysis and policy making influences the outcomes - *where you stand determines what you see*.

It is important to capture the role that individuals' beliefs, values and attitudes have in influencing how they view a policy issue or situation. Individuals from similar backgrounds are more likely to have common perspectives. Further, the role and responsibilities of individuals, and organizational differences, also influence policy outcomes. Heads of State have a different context and set of political and policy drivers when compared with Ministers for Health. These differences can be seen in the framing of an issue and the language used in policy statements. A comparison of the *Moscow Declaration* http://www.un.org/en/ga/president/65/issues/moscow_declaration_en.pdf (World Health Organization 2011) and the *Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases* <https://www.un.org/en/ga/ncdmeeting2011/> (United Nations 2011) illustrates how these factors can influence policy statements at the global level.

Opening remarks - First Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control, Moscow, Russian Federation.

"...this ministerial conference on healthy lifestyles and non-communicable disease control... is the first such meeting of its kind, and it sends a powerful signal on at least three fronts.

First, it speaks to the significance of these diseases as one of the most serious, and most prevalent, threats to health in the 21st century.

Second, it places a rightful emphasis on promoting healthy lifestyles. And third, it stresses the vital need to engage multiple sectors in the fight to combat these diseases....

This brings me to the third point, the need to engage multiple sectors when devising population-wide preventive measures that contribute to healthy lifestyles. Promoting healthy lifestyles is best done at the policy level. Though the health sector bears the brunt of these diseases, most preventive policies fall within the domain of non-health sectors, like trade, agriculture, customs, industry affairs, urban design, and education. Good policies in these sectors represent a whole-of-government approach that makes healthy choices the easy choices."

(Chan 2011)

The problem of non-communicable diseases is receiving increasing attention at the international level, evidenced by recent international summits and declarations. In 2011 there was the development of the Moscow Declaration by the World Health Organization and the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases by the United Nations. While it is generally recognized that non-communicable diseases – especially cancers, cardiovascular diseases, diabetes and chronic lung diseases – are a significant cause of death and suffering across the world there is not general consensus on how to best address these conditions. Indeed, the two documents referred to above embody different approaches to addressing non-communicable diseases – politics, personalities and influence can shape the non-communicable diseases agenda.

Some approaches to addressing non-communicable diseases emphasise the way in which non-communicable diseases are caused and exacerbated by the way in which people live, study and work – by the social determinants of health. The emphasis then becomes how to address these determinants. This type of approach then stresses the way in which both government (across sectors) and society (again across sectors) can influence and shape the social determinants. This approach has connections with Health in All Policies and its emphasis on multi-sectoral action to address the social determinants of health.



Note to course organizers

At the time of the 2011 South Australian Health in All Policies Summer School the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and the Moscow Declaration were the most recent international documents addressing non-communicable diseases. These documents recognized the importance of intersectoral approaches such as Health in All Policies as a mechanism to reduce the impact of non-communicable diseases on population health. Depending on when you hold your course you may need to identify recent global or international documents and consider whether these demonstrate differences in approaches to addressing non-communicable diseases and how they account for intersectoral approaches such as Health in All Policies.

Learning objectives and experiences

At the end of this session, participants should:

- Understand the importance of context and values in the development of policy
- Understand how the non-communicable disease agenda is being addressed in different settings
- Understand the connections between the non-communicable disease agenda and Health in All Policies – particularly in terms of addressing the social determinants of health and in the emphasis on multi-sectoral action
- Recognize the different roles the health sector plays in the non-communicable disease and Health in All Policies agenda – as lead and as a partner.

Content

Lecture 8: Non-communicable diseases and their causes – the international context

10 minutes

This lecture outlines why non-communicable diseases have become a major health issue internationally and the global response, focusing on the Moscow Declaration and the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases.

Activity 6: Comparing the Moscow Declaration with the outcome of the United Nations High-level Meeting on Non-Communicable Diseases – approaches and implementation.

Declaration – approaches and implementation

70 minutes (including 30 minutes for group feedback)

This activity provides participants with an opportunity to reflect on the Moscow Declaration and the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, and the differences between the two statements.

Summary and reflections

10 minutes

Key points to remember

- The concepts of whole of government and whole of society are important in reframing the role of the health sector to act as a partner, rather than as a leader, in addressing the social determinants of health.

Key terms

- Whole of government
- Whole of society
- Non-communicable diseases.



Reflections from South Australia

At the 2011 South Australian Health in All Policies Summer School, the lecturer did not use slides for the initial and ending 10 minute discussions, preferring to draw on their experience and knowledge of the development of both international documents and provide this context.



Note to course organizers

In concluding the session, draw together the observations made by the participants. If they have not addressed one of the main points from the trainer's notes (refer Activity 6 trainer notes), make these points in the concluding comments. The session trainer would then discuss the connections between Health in All Policies and the non-communicable disease agenda, with a particular focus on the social determinants of health, multi-sectoral action, whole of government and whole of society approaches, and the role of the health sector as a partner rather than a leader.



References

Chan, M 2011, 'The worldwide rise of chronic non-communicable diseases: a slow-motion catastrophe', opening remarks at the First Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control, Moscow, Russian Federation.

http://www.who.int/dg/speeches/2011/ministerial_conf_ncd_20110428/en/index.html

United Nations 2011, Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, United Nations, New York.

www.un.org/en/ga/ncdmeeting2011/

World Health Organization 2011, Moscow Declaration, World Health Organization, Geneva. http://www.who.int/nmh/events/moscow_ncds_2011/conference_documents/moscow_declaration_en.pdf



Additional resources

Australian Public Service Commission 2004, *Connecting government: Whole of government responses to Australia's priority challenges*, Australian Public Service Commission, Canberra.

http://www.apsc.gov.au/__data/assets/pdf_file/0006/7575/connectinggovernment.pdf

Australian Public Service Commission 2007, *Tackling wicked problems: a public policy perspective*, Australian Public Service Commission, Canberra. http://www.apsc.gov.au/__data/assets/pdf_file/0005/6386/wickedproblems.pdf

Christensen, T, Lægreid, P 2007, 'The whole of government approach to public sector reform'. *Public Administration Review*, vol. 67, no. 6, pp. 1059-1066.

World Health Organization 2012, *A comprehensive global monitoring framework including indicators and a set of voluntary global targets for the prevention and control of non-communicable diseases second World Health Organization discussion paper*, World Health Organization, Geneva. http://www.who.int/nmh/events/2012/discussion_paper2_20120322.pdf

World Health Organization 2012, *Non-communicable disease and mental health*, World Health Organization, Geneva. <http://www.who.int/nmh/en/#story-04>

Day 2 - Session 5

Lecture 8: Non-communicable diseases and their causes – the international context

Acknowledgement

This presentation was delivered at the 2011 South Australian Health in All Policies Summer School by Professor Ilona Kickbusch, Programme Director, Graduate Institute of International and Development Studies.

Introduction

The rise of non-communicable diseases during the latter half of the 20th century has seen them take on an increasingly important role in the health system. Efforts to reduce the incidence and impact of illnesses such as cardiovascular disease, chronic obstructive lung disease and musculo-skeletal diseases, to name a few, have been the focus of population level interventions and research for several decades. In recent years, links between non-communicable disease risk factors and the social determinants of health have been clearly established. Health systems and national governments have responded with increasing calls for intersectoral action to influence the underlying determinants of non-communicable disease. The lecture provides participants with an overview of international responses to reduce non-communicable diseases through whole of government or multi-sectoral responses and in particular compares two recent declarations, one from a heads of government perspective and one from a Ministry of Health perspective.

Slides

Health in All Policies

Non-communicable diseases

- Leading cause of morbidity, disability and mortality
- Four main non-communicable diseases: cancer, respiratory disease, heart disease and diabetes
- More than 36 million people die from non-communicable disease each year
- Non-communicable diseases cause great socioeconomic harm within all countries, particularly developing nations
- Main risk factors: smoking, lack of physical activity, poor diet and harmful use of alcohol
- The role of social determinants of health and inequity
- Multi-sectoral action: whole of government and whole of society approaches

World Health Organization 2011a

Slide 1

Notes

This slide outlines why non-communicable diseases have become a major health issue internationally, in both developed and developing states. Importantly, it highlights the complex nature of governmental and societal responses to non-communicable diseases – the fact that the social determinants of health are implicated in the development and maintenance of non-communicable diseases means that a multi-sectoral policy response is required.

There has been an increased focus on non-communicable diseases at the international level and 2011 saw the development of two high level international documents on non-communicable diseases; the *Moscow Declaration* http://www.un.org/en/ga/president/65/issues/moscow_declaration_en.pdf (World Health Organization 2011b) and the *Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases* <https://www.un.org/en/ga/ncdmeeting2011/> (United Nations 2011).

Health in All Policies

The Moscow Declaration

- The first ministerial conference on healthy lifestyles and non-communicable disease control
- The conference was primarily attended by national health ministers
- The Moscow Declaration was primarily negotiated and developed by health bureaucrats
- There was some pressure from industry – particularly the tobacco and alcohol industries



Slide 2

Notes

The *Moscow Declaration* http://www.un.org/en/ga/president/65/issues/moscow_declaration_en.pdf was the outcome of the First Global Ministerial Conference on healthy lifestyles and non-communicable disease control held in April 2011 in Moscow. It was an important event as it brought together the key health decision makers to consider how best to address lifestyle and non-communicable diseases. The Moscow Declaration made an important contribution to progressing action to reduce non-communicable diseases globally. The declaration called for a paradigm shift to include action to address in addition to the biomedical causes of non-communicable diseases, the social, environmental and economic causes, through multi-sector and multi-level action.

Health in All Policies

The United Nations Summit

- The summit was attended by leaders from across the globe, not just health bureaucrats

“The summit in September in New York is our chance to broker an international commitment that puts non-communicable diseases high on the development agenda, where they belong.”

Ban Ki-moon
Secretary-General, United Nations

United Nations 2011



Slide 3

Notes

The United Nations General Assembly called the High-level Meeting on the Prevention and Control of Non-communicable Diseases in September 2011 in New York. The meeting presented a unique opportunity for the international community to take action against the epidemic of non-communicable disease. It drew together the heads of state and governments to consider the impact of non-communicable disease on global health and well-being and promote a broad range of actions designed to improve global health.

The General Assembly adopted by consensus the resolution titled *Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases* <https://www.un.org/en/ga/ncdmeeting2011/>. This was an important milestone as it placed critical health issues on to the agenda of governments, not just the health system, making their resolution a joint responsibility, requiring coordinated multi-sectoral action.



References

United Nations 2011, *Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases*, United Nations, New York. www.un.org/en/ga/ncdmeeting2011/

World Health Organization 2011a, *Noncommunicable diseases – fact sheet*, World Health Organization, Geneva. <http://www.who.int/mediacentre/factsheets/fs355/en/index.html>

World Health Organization 2011b, *Moscow Declaration*, World Health Organization, Geneva. www.un.org/en/ga/president/65/issues/moscow_declaration_en.pdf

Day 2 - Session 5

Activity 6: Comparing the Moscow Declaration and the outcomes of the United Nations High-level Meeting on Non-communicable Diseases – approaches and implementation

Description of Activity

Purpose

This activity provides participants with an opportunity to reflect on the *Moscow Declaration* http://www.who.int/nmh/events/moscow_ncds_2011/conference_documents/moscow_declaration_en.pdf and the *Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases* <http://www.un.org/en/ga/ncdmeeting2011/>, and consider important differences between the two and the reasons for this, including the roles of context and values in the development of the two statements.

Groups

It is suggested that participants remain in their home groups for this activity.

Instructions

1. Individually, consider the Moscow Declaration and the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (10 minutes).
2. At your table discuss and compare the different approaches to addressing the non-communicable disease agenda between the Moscow Declaration and the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. Reflect, in particular, on the whole of government and whole of society approaches. Nominate a scribe who will prepare notes on key learnings on the flip chart paper provided (15 minutes).
3. Now, consider how the approaches to non-communicable diseases in the Moscow Declaration and the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases compare to the approaches to non-communicable diseases in your own settings. The scribe continues to prepare notes on key learnings on the flip chart paper provided (15 minutes).
4. Tables will be asked to report back to the whole group using their notes (30 minutes, 5 minutes for each table).



Note to course organizers

Ensure large sheets of blank paper (butchers' paper) are provided for each table for note taking. A summary of the key differences between the documents can be found in the trainer notes at the end of the session.



Participant hand-out

United Nations 2011, *Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases*, United Nations, New York.
www.un.org/en/ga/ncdmeeting2011/

World Health Organization 2011, *Moscow Declaration*, World Health Organization, Geneva.
www.un.org/en/ga/president/65/issues/moscow_declaration_en.pdf

Day 2 - Session 5



Trainer notes

Comparison of the *Moscow Declaration* http://www.who.int/nmh/events/moscow_ncds_2011/conference_documents/moscow_declaration_en.pdf (World Health Organization 2011) and the *Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases* <http://www.un.org/en/ga/ncdmeeting2011/> (United Nations 2011).

Format

- The Moscow Declaration includes higher level principle based statements, whereas the United Nations declaration provides more detailed, specific strategies to address the issue of non-communicable diseases.

Country emphasis

- The Moscow Declaration states an emphasis on low and middle income countries but provides higher level statements that could apply to all countries; the United Nations declaration states an emphasis on developing countries.

Non-communicable diseases and communicable diseases

- Both documents note the double burden of disease produced by the interrelationship of communicable diseases and non-communicable diseases.

Impact of non-communicable diseases

- Both note the effect non-communicable diseases have on productivity, individuals, families, communities, the impact on health services and health care costs and the health workforce.

Risk factors

- The Moscow Declaration makes small references to the risk factors of non-communicable diseases (e.g. tobacco use, alcohol, unhealthy diet), committing to strengthening policy coherence to maximise positive impacts and minimize negative impacts of policies of outside of health sectors, and to monitoring risk factors.
- The United Nations declaration also mentions risk factors and is more expansive regarding potential strategies to address the risk factors.

Social determinants and broader context of non-communicable diseases

- Both documents refer to the broad social context in which non-communicable diseases occur, and commit to monitoring the determinants and to adopting multi-sectoral approaches to preventing and controlling non-communicable diseases.

Equity

- Both documents note the inequity in the burden of non-communicable diseases and in access to prevention and control of non-communicable diseases within and between countries, and that the poor and vulnerable are disproportionately affected by non-communicable diseases.

Promotion, prevention and control and clinical health

- The Moscow Declaration provides higher level broad statements about prevention and control. It acknowledges the importance of multi-sectoral work and addressing the risk factors and the determinants, and calls for population-wide health promotion and disease prevention strategies.
- The United Nations declaration elaborates on specific strategies in addressing non-communicable diseases. These tend to be directed at the risk factors and emphasise health promotion and education and preventative measures directed at producing behaviour changes.

Implementation of action

- Both documents call for multi-sectoral action – health sector and ‘non-health sectors’, emphasising partnerships and whole of government action. Health in All Policies is specifically mentioned by the United Nations declaration.

Global community, whole of government and whole of society

Global

- The United Nations declaration appears to place more of an emphasis on the international context and the international development agenda than the Moscow Declaration.

Whole of government

- Both emphasise whole of government action across sectors. The United Nations declaration notes the primary role and responsibility of government and the essential need for the efforts and engagement of all sectors of society.

Whole of society

- The Moscow Declaration calls for active and informed participation and leadership of individuals, families and communities, civil society organizations, private sector where appropriate, employers, health care providers and the international community.
- The United Nations declaration calls for efforts and engagement of all sectors of society. It includes the following as relevant stakeholders: individuals, families, and communities, intergovernmental organizations and religious institutions, civil society, academia, media, voluntary associations, and, where and as appropriate, the private sector and industry.

Role of Ministry of Health

- Both documents appear to leave the Ministry of Health as the central player in combating non-communicable disease, and place emphasis on strengthening primary health care and health information systems.

Commitment to action

- The Moscow Declaration separates its commitments into those made at the whole of government level, those at the Ministry of Health level and those made at the international level.
- The United Nations declaration divides its commitments into those directed at reducing risk factors and creating health-promoting environments, through whole of government multi-sectoral action, calling upon the private sector to take action, strengthening national policies and health systems, and international cooperation and collaborative partnerships.
- The United Nations declaration focuses primarily on the risk factors and articulates commitment to specific strategies outlined in various international frameworks and documents. These tend to have a behavioural change emphasis.
- The United Nations declaration international level commitments are primarily directed at supporting the development agenda and providing basic clinical care resources such as medicines, vaccines, and diagnostic technologies.



References

United Nations 2011, *Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases*, United Nations, New York.
www.un.org/en/ga/ncdmeeting2011/

World Health Organization 2011, *Moscow Declaration*, World Health Organization, Geneva.
www.un.org/en/ga/president/65/issues/moscow_declaration_en.pdf

Day 2

Session 6: Tackling wicked problems – obesity

Introduction to session

Most 21st century health problems (in particular those that deal with the social determinants of health) are 'wicked problems' or 'social messes' – that is, they are ill- defined, ambiguous and associated with strong moral, political and professional issues.

Health related wicked problems occur within very complex political environments. Wicked problems usually involve complex systems with multiple stakeholders, vested interests and politics –and they are highly sensitive. Often health organizations lack knowledge of the political process and the political culture making it even more difficult to tackle these problems. This notion of wicked problems is explored through the example of the problem of obesity.

“Complex adaptive systems ...made up of many individual, self-organizing elements capable of responding to others and to their environment. The entire system can be seen as a network of relationships and interactions, in which the whole is very much more than the sum of the parts. A change in any part of the system, even in a single element, produces reactions and changes in associated elements and the environment. Therefore, the effects of any one intervention in the system cannot be predicted with complete accuracy, because the system is always responding and adapting to changes and to the actions of individuals”

(Glouberman et al 2003)

Learning objectives and experiences

At the end of this session, participants should:

- Have a clear understanding of the different roles the health sector plays in addressing health related wicked problems– e.g. dual role of health as a lead agency and a partner in addressing the obesity epidemic
- Have been able to successfully apply Health in All Policies thinking to the problem of obesity.

Content

Lecture 9: Defining and working with wicked problems

10 minutes

This lecture provides participants with an introduction to wicked problems – how they are defined, their complexity and the challenges associated and mechanisms required to address them using public policy.

Lecture 10: South Australia's approach to the obesity epidemic

20 minutes

This lecture provides an overview of the Government of South Australia's policy and programme response to rising rates of overweight and obesity in the South Australian population.

Question time

15 minutes

Activity 7: World café

15 minutes

This activity is designed to encourage further discussion around the wicked problem of obesity, approaches to address obesity and the role of Health in All Policies and intersectoral action in addressing obesity.

Feedback from World Café

15 minutes

Key points to remember

- Wicked problems are complex and multi-causal, requiring system wide responses from health and outside of health sectors.

Key terms

- Wicked problems
- Social messes.

**Note to course organizers**

The 2011 South Australian Health in All Policies Summer School used a local example for this session, South Australia's Eat Well Be Active Strategy 2011-2016 <http://www.sahealth.sa.gov.au/wps/wcm/connect/e8f366804951e78bb999fb3b73084503/EWBA-Strategy-PHCS-HealthPromotion-20111207.pdf?MOD=AJPERES&CACHEID=e8f366804951e78bb999fb3b73084503> (Government of South Australia 2011). The strategy is a government strategy to address the obesity epidemic and provides a good example of the health sector acting as both lead and partner on different aspects of the obesity problem.

Trainers may choose to use the South Australian example or select a more locally relevant example. Considerations in making a selection include ensuring that the strategy takes a multifaceted approach to dealing with the issue in question and that there is a degree of multi-sectoral action on the issue. Depending on the context, an international example may be more appropriate than a local example.

**References**

Glouberman, S, Campsie, P, Gemar, M & Miller, G 2003, *A toolbox for improving health in cities: a discussion paper*, The Caledon Institute of Social Policy, Ontario.

Government of South Australia 2011, *Eat Well Be Active Strategy 2011-2016*, Department of Health, Adelaide. Available from www.sahealth.sa.gov.au



Additional resources

Butland, B, Jebb, S, Kopelman, P, McPherson, K, Thomas, S, Mardell, J, & Parry, V for the Foresight Programme 2008, *Tackling obesities: future choices*, Government Office for Science, United Kingdom. <http://www.bis.gov.uk/assets/foresight/docs/obesity/17.pdf>

Finegood, DT, Merth, TDN & Rutter, H 2011, 'Implications of the Foresight obesity system map for solutions to childhood obesity', *Obesity*, vol. 18, pp. S13-S16.

Gortmaker, S, Swinburn, BA, Levy, D, Carter, P et al 2007, 'Changing the future of obesity: science, policy and action', *Lancet*, vol.378, no. 9793, pp. 838-847.

Marteau, T, Ogilvie, D, Roland, M, Suhrcke, M, & Kelly, M 2011, 'Judging nudging: can nudging improve population health?', *British Medical Journal*, vol. 342, pp. d228.

Public Health Agency of Canada & World Health Organization 2009, *The case of ActNowBC in British Columbia*, Public Health Agency of Canada.

http://www.bchealthyliving.ca/sites/all/files/WHO_PHAC_ActNowBC_anbc_eng.pdf

Day 2 – Session 6

Lecture 9: Defining and working with wicked problems

Acknowledgement

This presentation was delivered at the 2011 South Australian Health in All Policies Summer School by Professor Ilona Kickbusch, Programme Director, Graduate Institute of International and Development Studies.

Introduction

This lecture provides an introduction to the complexity of wicked problems, how they are defined and approaches to addressing them through policy.

Slides

Health in All Policies

Wicked Problems	Social messes
<p><i>Complex, continually developing and mutating social, organizational and policy planning problems</i></p> <p><small>(Rittel & Webber 1973)</small></p>	<p><i>A social or organizational planning problem (usually long term) that is vaguely defined, ambiguous and reactive “they fight back”</i></p> <p><small>(Ackoff 1974)</small></p>

Slide 1

Notes


Most health related problems are wicked problems or social messes – they are complex, and ambiguous, with no simple cause and no simple solution.

Health in All Policies

Complexity

“Complex, adaptive systems...made up of many individual, self-organizing elements capable of responding to others and to their environment. **The entire system can be seen as a network of relationships and interactions, in which the whole is very much more than the sum of the parts.** A change in any part of the system, even in a single element, produces reactions and changes in associated elements and the environment. Therefore, the effects of any one intervention in the system cannot be predicted with complete accuracy, because the system is always responding and adapting to changes and to the actions of individuals.”

(Glouberman et al. 2003)



Slide 2

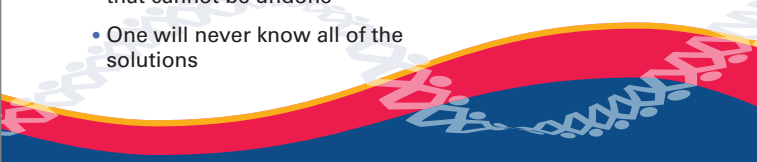
Notes

It is important, as a first step, that wicked problems be recognized as complex systems as described in the quote above. Successfully tackling wicked problems requires a broad recognition and understanding, including from governments and ministers, that there are no quick fixes and simple solutions. Wicked problems also require cross-sectoral work.

Health in All Policies

Criteria for wicked problems

- There is no definite formulation of wicked problems
- Wicked problems have no stopping rules – you never get THE answer
- Solutions are not true or false but better or worse
- There is no immediate or ultimate test for a solution to a wicked problem – there are waves of consequences
- Every solution to a wicked problem is a one-shot operation – you cannot learn by trial or error – each leaves “traces” that cannot be undone
- One will never know all of the solutions



Slide 3.1

Notes


Understanding the complexity and messiness of wicked problems provides some insight into the need for a multifaceted and intersectoral approach to addressing them.

Health in All Policies

Criteria for wicked problems (continued)

- Every wicked problem is essentially unique
- Every wicked problem is a symptom of another wicked problem
- The causes of a wicked problem can be explained in numerous ways

(Rittel & Webber 1973)



Slide 3.2


Notes

See notes for slide 3.1.

Health in All Policies

Problem solving

- The traditional wisdom for solving complex problems has distinct phases:
 - Understand the problem - from all perspectives
 - Gather evidence
 - Synthesize information (...creative leap)
 - Work out solutions
- Wicked problems are about people and politics
- One needs to understand the context of the problem
- All stakeholders need to see their perspective included in the solution space



Slide 4

Notes

Building a shared understanding of the problem is a key step towards developing solutions. With wicked problems this is less likely to be achieved, with stakeholders often coming with fixed understandings of the problem. However, it is important to work towards all stakeholders understanding each other's position well enough that they can engage in meaningful discussion about the problem (Conklin 2005; Tyler in Swanson & Bhadwal 2009). Collaboration becomes the new imperative to solve wicked problems.

Health in All Policies

Platforms

- Structure the problem space
- Synthesize the solution spaces
- Explore multiple solutions on the basis of different drivers and interests
- And in stakeholder structures
- Stakeholders do not have to agree on a single common solution but need to understand each other's positions and contexts – second order consensus



Slide 5

Notes


Wicked problems have multiple stakeholders often with diverging interests and perspectives. Understanding this complexity is essential to enable a collective understanding of the issue and positions to be developed. Once this has been achieved it becomes possible to facilitate potential solutions. When considering potential solutions to wicked problems, it is important that there is a space that accounts for all stakeholders' perspectives/understandings of the problem and likely solutions, even though they are often likely to be different. This *solution space* then becomes the focus for stakeholders to work towards a collective and intelligent solution (Grint 2008; Conklin 2005).

Health in All Policies

How to tackle wicked problems

- Accommodate multiple, alternative perspectives rather than prescribe single solutions
- Function through group interactions and iteration rather than back office calculations
- Generate ownership of the problem formulation through transparency
- Facilitate a graphical visual representation for the systematic, group exploration of a solution space
- Focus on relationships between discreet alternatives
- Concentrate on possibility rather than probability

(Rittel & Webber 1973)



Slide 6

Notes

"In dealing with complex societal problems, far more effective results will be achieved when these problems are framed, and solutions created and understood, by the people who are impacted by the problems i.e. the various stakeholders" (Ritchey 2011). Authority rests with the collective rather than with individuals (Grint 2008).



References

Ackoff, RL 1974, *Redesigning the future: a systems approach to societal problems*, Wiley & Sons, New York.

Conklin, J 2005, *Dialogue mapping: building shared understanding of wicked problems*, Wiley & Sons, West Sussex, England.

Glouberman, S, Campsie, P, Gemar, M & Miller, G 2003, *A toolbox for improving health in cities: a discussion paper*, The Caledon Institute of Social Policy, Ontario, Canada.

Grint, K 2008, 'Wicked problems and clumsy solutions: the role of leadership', *Clinical Leader*, vol. 1, no. 11.

Ritchey, T 2011, *Wicked problems – social messes: decision support modelling with morphological analysis*, Springer, Berlin.

Rittel, H & Webber, M 1973, 'Dilemmas in a general theory of planning', *Policy Sciences*, vol. 4, pp. 155-169.

Rosenhead, J 1996, 'What's the problem? An introduction to problem structuring methods', *Interfaces*, vol. 26, no. 6, pp. 117-131.

Swanson, D & Bhadwal, S 2009, *Creating adaptive policies: A guide for policy-making in an uncertain world*, Sage Publications, New Delhi.

Day 2 – Session 6

Lecture 10: South Australia's approach to the obesity epidemic

Acknowledgement

This lecture was delivered at the 2011 South Australian Health in All Policies Summer School by Michele Herriot, Director, Health Promotion Branch, South Australian Department of Health.

Introduction

This lecture is designed to provide participants with an overview of the Government of South Australia's response to the rising rates of overweight and obesity in the South Australian population.



Note to course organizers

The presenter of this session may wish to provide some slides on the data from their case study. South Australia has data identifying the current and projected weights of various populations. It is important to capture the equity factor in the presentation of data: what are the obesity levels in different population groups? For example, in South Australia those from the lowest economic quintile have the highest rates of obesity. South Australia also has data on physical activity levels, sedentary behaviour and consumption of fruit and vegetables. The presenter showed a number of slides demonstrating trends in these areas over the last 10 years.

Slides

Health in All Policies

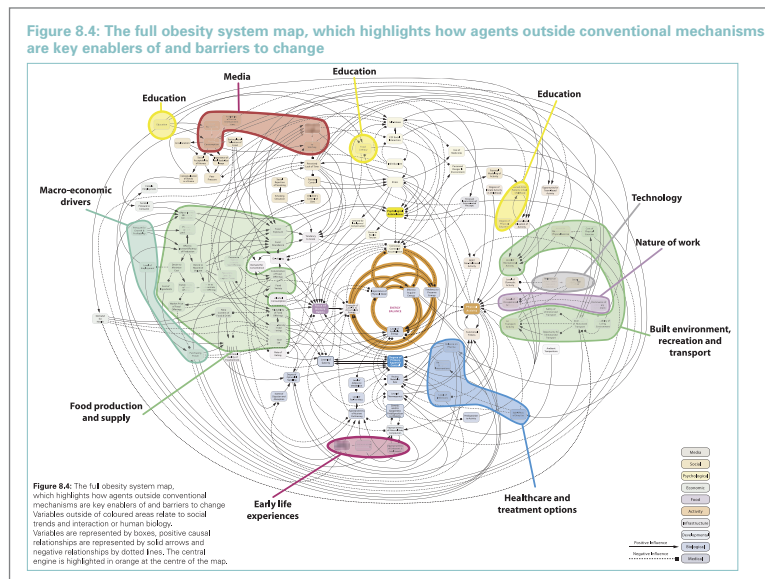
Obesity is a wicked problem

- Difficult to clearly define
- Interdependencies and multi causal
- Addressing wicked problems leads to unforeseen consequences
- Problem is not stable – moving target
- No clear solution
- Socially complex
- Not the responsibility of any one organization
- Involves changing behaviour
- Can seem intractable

Slide 1

Notes

Considering what we know about wicked problems, it is clear that the global obesity epidemic fits the criteria for being a wicked problem.



Slide 2

Notes

This slide demonstrates diagrammatically the complexity of the ‘obesity system’ and highlights the important role that systems and structures not usually associated with health and well-being have in the creation and maintenance of obesogenic environments (Butland, Jebb, Kopelman et al 2007).

Health in All Policies

Multiple supports for obesity action:

- South Australian Health Care Plan
- South Australia’s Strategic Plan target
- Thinkers in Residence – Prof Kickbusch, Fred Hansen, Andrew Fearne etc
- Additional funding
- South Australia’s Public Health Act
- National priority

Slide 3

Notes

Within the South Australian context, there was a clear opportunity to address obesity through a multifaceted approach. There were a number of plans, targets, and policy directions that supported action on the obesity epidemic – these are identified in the slide above.

Health in All Policies

**Healthy eating and physical activity
– positive benefits for...**

Individuals	South Australian economy
Education system	Health system
Environment	Municipal government
Communities	Horticulture

...and many more



Slide 4

Notes

This slide identifies those sectors that will benefit from reduced obesity levels and can contribute to reducing obesity – obesity is a problem for all of society. It also indicates that any action on obesity needs to be multi-pronged: there is no simple solution.

Health in All Policies

*The South Australian
Eat Well Be Active
Strategy 2011–2016*
is a 5-year blueprint
for action to promote
healthy eating and
physical activity for all
South Australians



Slide 5

Notes

This slide introduces the *South Australian Eat Well Be Active Strategy 2011-2016* <http://www.sahealth.sa.gov.au/wps/wcm/connect/e8f366804951e78bb999fb3b73084503/EWBA-Strategy-PHCS-HealthPromotion-20111207.pdf?MOD=AJPERES&CACHEID=e8f366804951e78bb999fb3b73084503> (Government of South Australia 2011).

Health in All Policies

5 Action Areas

Action Area 1	Mobilise community action to promote healthy eating and physical activity
Action Area 2	Ensure places where we live, learn, work, eat and play make it easy to eat a healthy diet
Action Area 3	Implement policies to improve the built, social and natural environments that support healthy eating and physical activity
Action Area 4	Provide information, programmes and services that assist people to eat a healthy diet, be physically active and maintain a healthy weight
Action Area 5	Ensure enablers are in place to support activities e.g. strong partnerships, coordination mechanisms, leadership etc.

Slide 6

Notes

The *South Australian Eat Well Be Active Strategy 2011-2016* <http://www.sahealth.sa.gov.au/wps/wcm/connect/e8f366804951e78bb999fb3b73084503/EWBA-Strategy-PHCS-HealthPromotion-20111207.pdf?MOD=AJPERES&CACHEID=e8f366804951e78bb999fb3b73084503> covers 5 action areas, as outlined in the above slide.

Health in All Policies

Action Area 3: Implement policies to improve the built, social and natural environments that support South Australians to eat well and be active

3.1 Through government leading by example

- Have supported this by implementing a Health in All Policies approach
- A team worked across government – with different departments – to identify the links between their core business and healthy eating and increased physical activity
- The various departments identified areas in which they would commit to taking action to support the Eat Well Be Active Strategy.

Slide 7

Notes

Action Area 3 is particularly relevant here as it was through this action area that the South Australian Department of Health adopted a Health in All Policies approach to addressing obesity. Such an approach had not been adopted for the strategy's predecessor and there had been some frustration that limited action was occurring across government. The Health in All Policies approach allowed for a high level of engagement with the strategy across government and facilitated various government departments' committing to actions, which have been documented in the strategy.

Health in All Policies

Examples of across-government commitments

- Housing SA – committed to landscaping to support tenants to grow fruit and vegetables and undertake physical activity
- Department of Planning, Transport and Infrastructure – committed to design pedestrian and cycling friendly streetscapes and off-road routes to connect open space and other key local destinations
- Department of Further Education, Employment, Science and Technology – TAFE SA – committed to influencing the design of training packages to include skills and knowledge around healthy eating and physical activity.



Slide 8

Notes

The above slide provides just a few examples of the kinds of commitments made across various government departments. The breadth of the commitments – particularly with respect to Aboriginal Housing – demonstrates that there was an understanding of the social determinants of health, including of obesity.



References

Butland, B, Jebb, S, Kopelman, P, McPherson, K, Thomas, S, Mardell, J, & Parry, V for the Foresight Programme 2007, *Tackling obesities: future choices*, Government Office for Science, United Kingdom. <http://www.bis.gov.uk/assets/foresight/docs/obesity/17.pdf>

Government of South Australia 2011, *Eat Well Be Active Strategy 2011-2016*, Department of Health, Adelaide. Available from www.sahealth.sa.gov.au



Additional resources

Department for Health and Ageing 2013. South Australian Obesity Prevention and Lifestyle Program, Department of Health, Adelaide. www.opal.sa.gov.au

Day 2 - Session 6

Activity 7: World Café

Description of Activity

Purpose

This activity provides participants with the opportunity to reflect on the complexity of wicked problems, using obesity as an example, and describe some of the approaches to tackling obesity in both developing and developed countries. Further, it provides participants with an opportunity to reflect on the role of approaches such as Health in All Policies in formulating a response to wicked problems, and to consider potential partner agencies.

Groups

See activity instructions below. Participants begin the activity in their home groups.

Instructions

Your table will be allocated a question from the list below.

1. Allocate each table a question for the activity (refer to page 126).
2. Nominate someone to take notes on your table and to 'host' the table. The group then discusses the table's allocated question for 8 minutes. At the end of that time, all of the group except the table host move to another table to discuss that next tables' allocated question.
3. Participants complete the first round in their home groups. For subsequent rounds, participants should form groups with people from different home groups.
4. The table host welcomes the next group and briefly fills them in on what was discussed in the previous round. They then invite feedback, suggestions or points of disagreement. The host continues to make notes. There is 8 minutes for this process.
5. This process is repeated, with a total of 5 x 8 minute timeslots, so that everyone except the 5 table hosts have the opportunity to move around to each table and discuss each question.
6. The five 'hosts' will report back to the whole group on the discussions that occurred on their table (15 minutes).



Reflections from South Australia

At the 2011 South Australian Health in All Policies Summer School, participants were allocated to groups using coloured dots on the back of each participant's name tag (refer to page 126 for further details). During this activity, participants were asked to form groups with people from different coloured groups – this facilitated information sharing and allowed participants to get to know each other.



Note to course organizers

- Five coloured pieces of paper (red, blue, orange, yellow and green) should be placed on the tables for the activity.
- Provide each group with a copy of their corresponding question
- Provide each table with butchers paper and markers to record responses
- Ensure you have a portable microphone for the feedback session so that everyone can hear the scribes' summaries.

Day 2 - Session 6

Activity 7: World Café



Participant hand-out

Table question – RED

What makes obesity a wicked problem?

Table question – BLUE

Describe approaches to tackle obesity in a developing country context

Table question – ORANGE

Describe ways and approaches to tackle obesity in a developed country context

Table question – YELLOW

How can Health in All Policies contribute to tackling obesity?

Table question – GREEN

What agencies should be involved in tackling obesity and what role would they have?

Day 2

Sessions 7 and 8: Partnering for health and well-being at the local level

Introduction to session

Health in All Policies happens at various levels of governance. This session considers the important role municipal government or as referred to in Australia, local government, plays in addressing the social determinants of health and in building healthy communities. At the 2011 South Australian Health in All Policies Summer School, participants were provided with a half day opportunity to experience intersectoral work at the local level and to see how partnerships between local and subnational levels of government, using a Health in All Policies approach, can support increased action on the social determinants of health.

In Australia, local government agencies are responsible for economic, social and environmental support of the community at the local level, through roads, recycling, open spaces and other infrastructure as well as libraries, immunization and many other services. They also have significant involvement in the planning of developments in their communities. All these areas impact on the health and well-being of communities.

Partnerships between state (i.e. subnational) government and local government are critical. While the state government has the responsibility for developing policy, local government agencies are often responsible for implementing these policies. Through partnerships both levels of government have a stronger understanding of each other's work and context, supporting the policy development/implementation cycle.



Note to course organizers

It is important to include the experience of municipal government within the curriculum of the training course on Health in All Policies.

Learning objectives and experiences

At the end of this session, participants should:

- Understand the role local government can play in improving health and well-being, and the different approaches they can take
- Have a familiarity with some challenges and opportunities for addressing the social determinants of health at the local government level
- Have an improved understanding of how health can work in partnership with sectors other than health and levels of government to reach the goals of the different sectors and levels
- Learn about one practical example of a health in all policies approach at the local government level
- Understand the spectrum of public participation approaches, tools and outcomes
- Consider how the urban environment is created and how it is a key determinant of health.

Acknowledgement

This session was delivered at the 2011 South Australian Health in All Policies Summer School by staff from City of Marion, a local government in metropolitan Adelaide, South Australia.



Note to course organizers

The time required for this session will vary depending on travelling distance to the local area, but allowing an entire morning or afternoon is recommended. At the 2011 South Australian Health in All Policies Summer School, a total of 5.5 hours was allocated to this session. You may wish to include information pamphlets from the community agencies visited (if available) to provide visitors from outside of the area with some of the local context.

Content

The content (Activity 8) was broken into three distinct parts – a lecture, a site visit and a mayoral reception.

The lecture outlined the City of Marion's commitment to Health in All Policies and described key projects related to the work and which linked to the site visits. This included the Castle Plaza Redevelopment Health Lens project undertaken with the South Australian Department of Health. The project focused on the proposed expansion of a local shopping centre, Castle Plaza, and the redevelopment of the surrounding area, including an old industrial site, into commercial or residential use (refer to www.sahealth.sa.gov.au/healthinallpolicies for further information). The lecture was delivered during the bus trip to the site visit.

As several local authorities are active in Health in All Policies in South Australia, the site visit was designed so that participants were able to meet and speak with staff and elected members about their experiences.

The session concluded with a mayoral reception where the Mayor of the City of Marion welcomed and spoke with participants. The reception was held at the local Aboriginal cultural centre and participants were able to enjoy indigenous foods and drinks.



Note to course organizers

Feedback from participants indicated that it was difficult to hear and concentrate on the speaker during the bus lecture, and that they would have preferred a more traditional lecture prior to boarding the bus. The site visits were valued by participants as they provided them with opportunities to get out of the Summer School venue, see parts of the local environment and culture that visitors would not usually see, in particular the local Aboriginal cultural centre.

Try to create opportunities where participants can meet and speak one to one with local politicians and policy makers. In South Australia this was organized as part of the mayoral reception.

Key terms

- Local government
- Urban environment.



Additional resources

Government of South Australia 2011, *Healthy connected communities: Creating healthy urban villages for the future*, Government of South Australia, Adelaide.

Government of South Australia 2011, *Transit-oriented developments...through a health lens*, Department of Health, Adelaide. Available from www.sahealth.sa.gov.au/healthinallpolicies

International Association for Public Participation Australasia 2004, *IAP2 public participation spectrum*, International Association for Public Participation. <http://www.iap2.org.au/documents/item/84>

National Heart Foundation of Australia 2004, *Healthy by design: A planners' guide to environments for active living*, National Heart Foundation of Australia (Victoria Division), Melbourne.

Quigley and Watts Ltd 2011, *Wellbeing assessment of the Castle Plaza development plan amendment for City of Marion and Department of Health*, Quigley and Watts, New Zealand.

Programme Day 3

Day 3

South Australia's approach to Health in All Policies

Session 9		An introduction to South Australia's approach to Health in All Policies
	Time	09:00 – 10:30
	Aim	<ul style="list-style-type: none"> To provide participants with a clear understanding of South Australia's approach to joined-up governance and the rationale behind Health in All Policies.
	Content	<p>Lecture 11: Central government perspective on South Australia's approach to Health in All Policies</p> <p>Lecture 12: Health in All Policies – what and why</p> <p>Lecture 13: The role of legislation – the South Australian Public Health Act 2011</p> <p>Question time</p>
Break		10:30 – 11:00
Session 10		How to implement Health in All Policies
	Time	11:00 – 12:30
	Aim	<ul style="list-style-type: none"> To provide participants with an understanding of South Australia's Health in All Policies model and Health Lens Analysis process To provide case study examples of how the Health Lens Analysis process has been applied in South Australia To provide participants with the tools to apply a similar approach in their own settings, or to have the confidence to adapt such an approach To provide participants with the opportunity to ask questions about the Health Lens Analysis process and how it is applied in South Australia To provide participants with an understanding of the importance of research and evidence in the application of the South Australian Health in All Policies model and methods, using a case study on healthy weight.
	Content	<p>Lecture 14: Applying South Australia's approach to Health in All Policies</p> <p>Lecture 15: Health in All Policies – a researcher's perspective</p> <p>Question time</p>
Lunch		12:30 – 13:30

Session 11	Time	Perspectives from across government 13:30 – 15:00
	Aim	<ul style="list-style-type: none"> To provide participants with an opportunity to hear perspectives from Health Lens Analysis project partners and lead agencies from across the Government of South Australia To provide South Australian Health in All Policies partner agencies with an opportunity to share their knowledge and be acknowledged for their important role in Health in All Policies.
	Content	Lecture 16: Transit-oriented developments Activity 9: Group work Panel session
Break		15:00 – 15:30
Session 12	Time	Key strategies for success 15:30 – 17:00
	Aim	<ul style="list-style-type: none"> To allow participants to reflect on their own learning from the South Australian approach to Health in All Policies.
	Content	Activity 10: Identifying key factors for success Activity 11: Participant interviews Summarising key elements for success
Close		17:00
Social event		18:30 – 22:30
Course dinner		

Day 3

Session 9: An introduction to South Australia's approach to Health in All Policies

Introduction to session

The purpose of this session is to explain the background and rationale for joined-up approaches to governance, with a particular focus on governance for health and Health in All Policies. The presentations in this session lead participants through a number of key concepts including the role and importance of central government support for across sector action for health, and how legislative approaches can be used and support the implementation of intersectoral work.

Learning objectives and experiences

At the end of this session, participants should:

- Have a clear understanding of South Australia's approach to joined-up governance, including the roles of both central government and the health sector in the Health in All Policies approach
- Have a clear understanding of the intersection between Health in All Policies and legislation
- Understand the value of the structured governance in South Australia
- Be able to identify other (non-Health in All Policies) forms of joined-up governance and reflect on their relationship to methods described in the Adelaide Statement on Health in All Policies
- Be clear about the different approaches, methods and tools that constitute a Health in All Policies approach and how differing suites of these are appropriate to different contexts
- Understand the different activities required at different phases of the Health in All Policies approach
- Understand that different skill sets are required for different components of a Health in All Policies approach.

Content

Lecture 11: Central government perspective on South Australia's approach to Health in All Policies

20 minutes

This lecture covers the governance arrangements and the structure of work for Health in All Policies in South Australia and the role of joined-up policy making across government.

Lecture 12: Health in All Policies – what and why

20 minutes

This lecture provides the rationale and history of Health in All Policies in South Australia.

Lecture 13: The role of legislation – the South Australian Public Health Act 2011

20 minutes

The purpose of this lecture is to describe the intersection between public health legislation and action to address the social determinants of health using the South Australian Public Health Act 2011.

Key points to remember

- Joined-up approaches to government policy making, such as South Australia's Health in All Policies initiative, contribute to progressing action on the social determinants of health.
- A central government mandate and/or endorsement for joined-up policy making provide legitimacy to these approaches by facilitating across government cooperation and collaboration.
- While it is important to develop collaborative and cooperative mechanisms for Health in All Policies approaches, incorporating key concepts and powers into legislation can ensure the long-term sustainability of these approaches.

Key terms

- Social determinants of health
- Joined-up government.



Note to course organizers

These sessions are specific to the South Australian context and you may consider using locally or regionally relevant examples (where possible). If you choose to use the South Australian specific content, please note that the information provided was current as of December 2011. Please check the South Australian Department for Health and Ageing website for the current information on the Health in All Policies initiative (www.sahealth.sa.gov.au/healthinallpolicies).

It is important that appropriate guest presenters are selected for this session. The presentation on central government, for example, should be given by a senior official working in central government. At the 2011 South Australian Health in All Policies Summer School, the Deputy Chief Executive of the Department of the Premier and Cabinet was invited to present. Similarly, the presentation on the role of legislation should be given by those tasked with implementing public health acts or similar legislation.



Additional resources

Broderick, D 2009, 'Public health law for the 21st century: the South Australian experience', *Public Health Bulletin*, vol. 6, no. 3.

Denniss, S, Adam, M & Dodds, J 2009, 'Drafting new public health legislation: Western Australia', *Public Health Bulletin*, vol. 6, no. 3.

Department of Health 2008, 'Health in All Policies', *Public Health Bulletin*, vol.5, no. 1.

Department of Health 2010, 'Health in All Policies Adelaide 2010 International Meeting', *Public Health Bulletin*, vol. 7, no. 2.

Department of Health 2011, *Health in All Policies: South Australia's country case study on action on the social determinants of health. Background paper for World Conference on Social Determinants of Health*, World Health Organization, Geneva.

Department of Health 2011, *South Australian Public Health Act 2011 summary*, South Australian Department of Health, Adelaide. www.sahealth.sa.gov.au/publichealthact

Department for Health and Ageing 2013, *Health in All Policies*, Department for Health and Ageing, Adelaide. www.sahealth.sa.gov.au/healthinallpolicies



Additional resources (continued)

Institute of Medicine 2001, *For the Public's Health: Revitalising law and policy to meet new challenges*, National Academy of Sciences, Washington. <http://www.iom.edu/Reports/2011/For-the-Publics-Health-Revitalizing-Law-and-Policy-to-Meet-New-Challenges.aspx>

Kickbusch, I 2008, *Healthy societies: Addressing 21st century health challenges*, Government of South Australia, Adelaide. http://www.thinkers.sa.gov.au/lib/pdf/Kickbusch_Final_Report.pdf

Kickbusch, I & Buckett, K (eds) 2010, *Implementing Health in All Policies Adelaide 2010*, Government of South Australia, Adelaide.

World Health Organization Regional Office for Europe 2011, *Governance for health in the 21st century: a study conducted for the WHO Regional Office for Europe*, World Health Organization Regional Office for Europe, Copenhagen. http://www.euro.who.int/__data/assets/pdf_file/0010/148951/RC61_InfDoc6.pdf

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Day 3 – Session 9

Lecture 11: Central government perspective on South Australia's approach to Health in All Policies

Acknowledgement

This presentation was delivered at the 2011 South Australian Health in All Policies Summer School by Sandy Pitcher, Deputy Chief Executive, South Australian Department of the Premier and Cabinet.

Introduction

This lecture covers the governance arrangements and the structure of work for Health in All Policies in South Australia and the role of joined-up policy making across government.



Note to course organizers

The content contained in this lecture reflects the structure of governance for Health in All Policies in South Australia as of December 2011. Since the 2011 South Australian Health in All Policies Summer School, the governance arrangements have changed – please visit South Australia's Health in All Policies website for the most current information (www.sahealth.sa.gov.au/healthinallpolicies).

Slides



Slide 1

Notes

South Australia is governed according to the principles of the Westminster system in which executive power is exercised by the Premier and the Cabinet Ministers. The Executive Committee of Cabinet is the Cabinet's strategic priority setting committee. It is chaired by the Premier and includes the Treasurer, three other Ministers and the chairs of the Economic Development Board and the Social Inclusion Board.

The Executive Committee of Cabinet's Chief Executives Group sits under the Executive Committee of Cabinet and is comprised of Chief Executives from five agencies. The role of the Executive Committee of Cabinet's Chief Executives Group includes oversight of the development, implementation and evaluation of Health in All Policies across government and the implementation of South Australia's Strategic Plan.

The Cabinet Office within the Department of the Premier and Cabinet supports the deliberations and decision-making of the Executive Council, Cabinet and Cabinet Committees. It drives the implementation of South Australia's Strategic Plan, coordinates and advises on policy development, and has overarching responsibility for federal-state relations.

The Thinkers in Residence programme is an initiative of the Department of the Premier and Cabinet which brings internationally renowned policy makers to the state to work on innovative policy opportunities. Professor Ilona Kickbusch was the 2007 Thinker in Residence and the development and implementation of Health in All Policies in South Australia was one of her final recommendations (see also session 10).

South Australia's Strategic Plan <http://saplan.org.au/> (Government of South Australia n.d.) is an important strategic blueprint for the state and provides a framework for the application of Health in All Policies to state strategic priorities. The *2011 South Australian Public Health Act* www.sahealth.sa.gov.au/publichealthact is also an important piece of legislation which supports the work of the Health in All Policies initiative with its focus on across sector work and prevention.

Health in All Policies

South Australia's Strategic Plan

- Long term strategic blueprint
- Reflects where we want to be as a state
- 9,200 South Australians participated in the 2011 update
- Constant and enduring policy compass
- 100 targets driving action.



Slide 2

Notes

South Australia's Strategic Plan is South Australia's whole of state plan and the highest articulation of the government's priorities. The nature of the targets in the Plan and the medium to long-term timeframe (generally 2020) requires collective government action to promote the efficient use of government resources and creates a common purpose among state government agencies.

The development of South Australia's Strategic Plan is a multifaceted process and includes input from the community and government agencies. Community input is critical to ensure the targets identify and address areas of community concern, and that the visions and the goals of the Plan come directly from the people. More than 9,000 South Australians participated in the revision of the plan in 2011. Community engagement across the state supports ownership and contributes to the longevity of the Plan. Government agencies are also involved in the design of targets to ensure commitment and support from those who will be implementing the Plan and working on specific targets.

South Australia's Strategic Plan has provided the across government mandate for Health in All Policies. The Plan is an important framework for all South Australian Government departments as they are required to achieve and report on the targets relating to their portfolio and departmental Chief Executives are responsible to the Premier for achievement of their targets. By linking Health in All Policies to South Australia's Strategic Plan, Health in All Policies benefits from the across government commitment already established to deliver on the Plan's targets and provides the legitimacy or mandate for Health in All Policies (Government of South Australia 2011).

Health in All Policies

Joining up...

- Health in All Policies – exemplifies the type of 'joined-up' solutions we want to complex policy problems under SA's Strategic Plan
- A focus on determinants of health goes to the heart of what communities expect from their government.



Slide 3

Notes

While the targets within South Australia's Strategic Plan have been allocated to 'lead' agencies, many address issues which are cross sectoral in nature e.g. healthy weight is not just created by the health system but also the social, environmental and cultural environment in which the population lives. As such, Health in All Policies provides a mechanism for 'joined-up' solutions across departments and sectors to address the complex policy problems and targets outlined in the Plan, with a broad focus on the determinants of health (Government of South Australia 2011).

Health in All Policies

Implementation

- Overseen by Executive Committee of Cabinet
- Bi-annual reporting on progress against targets by independent Audit Committee
- 'Lead' agency/Minister designated for each target: implementation plans developed, monitored & updated
- Targets linked to Chief Executives' performance reviews
- Peer review process for implementation via the Executive Committee of Cabinet Chief Executives Group.



Slide 4


Notes

A critical element of Health in All Policies in South Australia is its association with central government policies and plans, such as South Australia's Strategic Plan.

Health in All Policies

Central agency and social determinants

- South Australia's Strategic Plan targets aligned to broader determinants of health
- As a central agency, we want consideration of health impacts embedded into decision making of other parts of government
- A key reason for success of the Health in All Policies initiative has been the leadership from central government.

**Slide 5****Notes**

From the very beginning of Health in All Policies in South Australia, the leadership for the initiative has come from central government and not from the health sector. Leadership from central government provides a clear statement of commitment that Health in All Policies is supported by all of government and provides partner agencies with the impetus to engage in the process. As we have seen, the key strategic priorities for the state, as outlined in South Australia's Strategic Plan, and overseen by the Department of the Premier and Cabinet, align with the broader determinants of health. Central government leadership and support means that the Health in All Policies process is embedded across government and considerations of the health impacts of policies and practices are embedded into decision-making of agencies outside of health (Government of South Australia 2011).

Health in All Policies

The lessons from the Adelaide Statement

Why should a central agency be involved in Health in All Policies?

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



Slide 6

Notes

The *Adelaide Statement on Health in All Policies* http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf (World Health Organization & Government of South Australia 2010) emphasises that government objectives are best achieved when all sectors include health and well-being as a key component of policy development. In order to harness health and well-being, government need institutionalised processes which value cross-sector problem solving, and Health in All Policies provides one mechanism for this to occur.

“Taking account of health means more effective government....more effective government means improved health” (Adelaide Statement on Health in All Policies 2010).

Health in All Policies

Health in All Policies works best when:

- Clear mandate
- Systematic processes
- Interactions across sectors
- Mediation across interests
- Accountability, transparency and participatory processes
- Engagement outside of government
- Built on partnerships and trust.



Slide 7

Notes

In summary, Health in All Policies works best when:

- there is a clear mandate and systematic processes – in South Australia, this is created through the governance mechanisms and oversight by central government
- interaction across sectors – as achieved through the recognition that South Australia's Strategic Plan targets are not just the responsibility of the 'lead' agency but also a range of other agencies/ sectors whose work contributes to their achievement
- mediation across interests – recognizing there can be competing interests for government agencies and finding ways in which mutually beneficial outcomes can be achieved
- accountability, transparency and participatory processes
- engagement outside of government
- a process built on partnerships and trust.

(Government of South Australia 2011)

**References**

Government of South Australia n.d. *South Australia's Strategic Plan*, Department of the Premier and Cabinet, Adelaide. <http://saplan.org.au/>

Government of South Australia 2011, *The South Australian approach to Health in All Policies: background and practical guide. Version 2*, Government of South Australia, Adelaide. Available from www.sahealth.sa.gov.au/healthinallpolicies

World Health Organization & Government of South Australia 2010, *Adelaide Statement on Health in All Policies*, World Health Organization, Government of South Australia, Adelaide. http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf

**Additional resources**

Department for Health and Ageing 2013, *Health in All Policies*, Department for Health and Ageing, Adelaide. www.sahealth.sa.gov.au/healthinallpolicies

Day 3 – Session 9

Lecture 12: Health in All Policies – what and why

Acknowledgement

This presentation was delivered at the 2011 South Australian Health in All Policies Summer School by Carmel Williams, Manager, Health in All Policies unit, South Australian Department of Health.

Introduction

It is important to look for levers that help place health and well-being in the broader policy agenda. In South Australia's case, the ageing of the population and its associated health and social costs has been used to argue that we need to invest in new approaches to stem rising rates of chronic disease and other health challenges.

Slides

The slide is titled "Health in All Policies" in the top right corner. The main heading is "Why Health in All Policies?". Below this, there is a bulleted list of six points. The bottom of the slide features a decorative graphic with a wavy, multi-colored border (red, yellow, blue) and a background pattern of stylized human figures in various colors.

Health in All Policies

Why Health in All Policies?

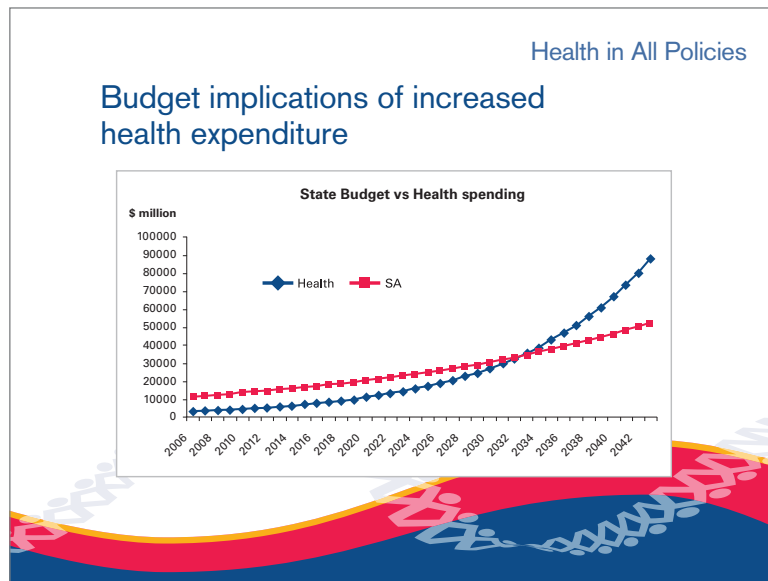
- Ageing of the population
- Financial and budget implications
- Workforce
- Labour shortfalls
- Escalating prevalence of chronic conditions
- Requires innovative approaches such as Health in All Policies.

Slide 1

Notes

Australia and in particular, South Australia is facing a significant number of challenges, partly arising out of changing demographic patterns and societal expectations. As a result new approaches are required to improve health and well-being including greater cross sector collaboration and action on the social determinants and inequities.

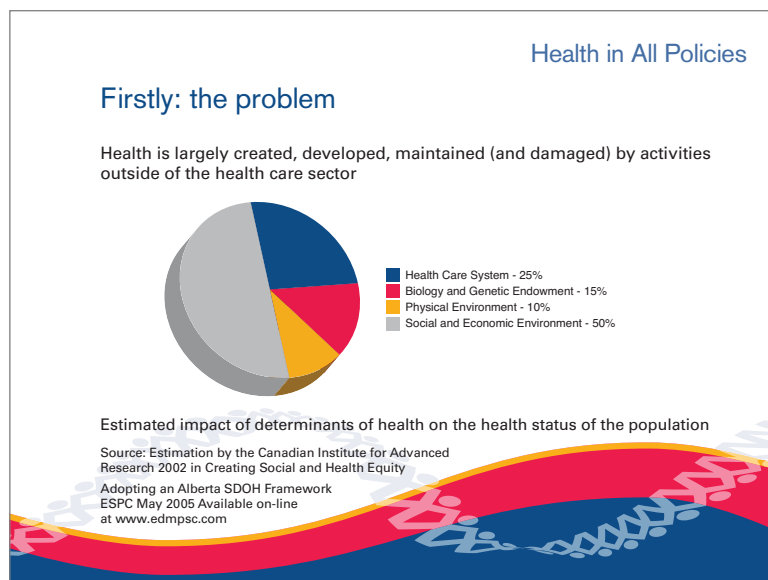
South Australia has a rapidly ageing population with greater health needs as well as rising rates of chronic diseases which will have a significant impact on our health systems and overall health budget. South Australia's workforce is also ageing which has major implications for participation and productivity, as the escalating prevalence of chronic disease brings with it labour shortfalls (Government of South Australia 2011).



Slide 2

Notes

In South Australia, the escalating health budget was identified as a wicked problem for the State that required a cross sectoral policy response. This slide shows the projected health budget for South Australia against State revenue from 2006 to 2042. As you can see, the health budget is projected to consume South Australia’s entire revenue by 2030. Although this will never happen, it is this kind of information which prompts action and innovative thinking around how we can reduce or at least slow the growth of the health budget (Government of South Australia 2011).



Slide 3

Notes

Another important element in framing the Health in All Policies approach was to clearly establish that existing health care approaches were not sufficient to halt the growing health burden in the state. As this slide clearly demonstrates, health is largely created, developed, maintained (and damaged) by activities outside the health care sector. In particular, the social and economic environment is a major determinant of health and well-being.

Health in All Policies

The Foundations

- Thinker in Residence, Ilona Kickbusch
- South Australia's Strategic Plan
- A receptive and proactive Cabinet Office
- A willing and supportive Chief Executive



Slide 4

Notes

South Australia began to explore the introduction of Health in All Policies in 2007 when Professor Ilona Kickbusch was Adelaide Thinker in Residence. Health in All Policies was the principal recommendation arising out of her residency and this proved to be an important catalyst for action. South Australia was in an ideal position to act on Professor Kickbusch's recommendation as a broad intersectoral policy framework was in place to guide and track progress – South Australia's Strategic Plan.

Linking Health in All Policies to *South Australia's Strategic Plan* <http://saplan.org.au/> (Government of South Australia n.d.) provided an opportunity to establish Health in All Policies as a whole of government concern, facilitated by a receptive and proactive Cabinet Office, as well as a willing and supportive Chief Executive in the Department of Health.

Health in All Policies

Health in All Policies and South Australia's Strategic Plan

- South Australia's Strategic Plan (SASP) is the starting point for South Australia's Health in All Policies approach.
- SASP:
 - is of strategic importance to all government agencies
 - requires all government agencies to achieve their SASP targets
- Health in All Policies provides the framework to:
 - explore some of the interconnections between the SASP targets
 - identify joint areas of work to achieve a solution
 - progress agencies' SASP targets and support the health and well-being of the population



Slide 5

Notes

As noted in the previous presentation, South Australia's Strategic Plan is the overarching framework which guides the work of the Government of South Australia; it is of strategic importance to all government agencies and requires all government agencies to achieve their Plan targets. Health in All Policies provides the framework to explore some of the interconnections between the Plan targets and cross sectoral action, to identify joint areas of work to achieve a solution, and progress agencies' Plan targets and support the health and well-being of the population.

Health in All Policies

Four Key First steps

Linking South Australia's Strategic Plan and Health in All Policies

1. Desktop Analysis
2. Seven detailed Health in All Policies case studies
3. Health in All Policies Whole of Government Conference November 2007
4. Health in All Policies Forum 2008



Slide 6

Notes

At completion of the first period of her residency, Professor Kickbusch issued an interim report containing a series of recommendations. The Department of Health and the Department of the Premier and Cabinet worked in partnership to complete the four key steps to establishing Health in All Policies in South Australia:

1. The application of a Health in All Policies "health lens" (desktop analysis) to a selection (14) of the targets contained in South Australia's Strategic Plan.
2. The development of seven detailed case studies building on the South Australia's Strategic Plan Health Lens Analysis work. These case studies were designed to identify connections between the Plan targets and population health, potential population health improvements and opportunities to help achieve the relevant target and more importantly provided an opportunity to engage with policy makers in other departments under the banner of Health in All Policies.
3. The *Health in All Policies Whole of Government Conference* was convened by the Department of Health and the Department of the Premier and Cabinet in November 2007 and was attended by over 150 senior executives from across the Government of South Australia.
4. Building on the momentum created by Professor Kickbusch and the Health in All Policies Conference, a forum held in February 2008 focused on South Australia's policy learning experience in applying Health in All Policies.

(Government of South Australia 2011)



Note to course organizers

See the trainer's notes at the end of this section for more detail on each of these actions.

Health in All Policies

Key strategies

- Partnering with government agencies on the policy imperatives underlying their core business
- Operating under the directive of central government
- Leveraging from existing government decision making structures
- Jointly generating evidence-based solutions with project partners
- Integrating qualitative and quantitative methodologies into solutions.

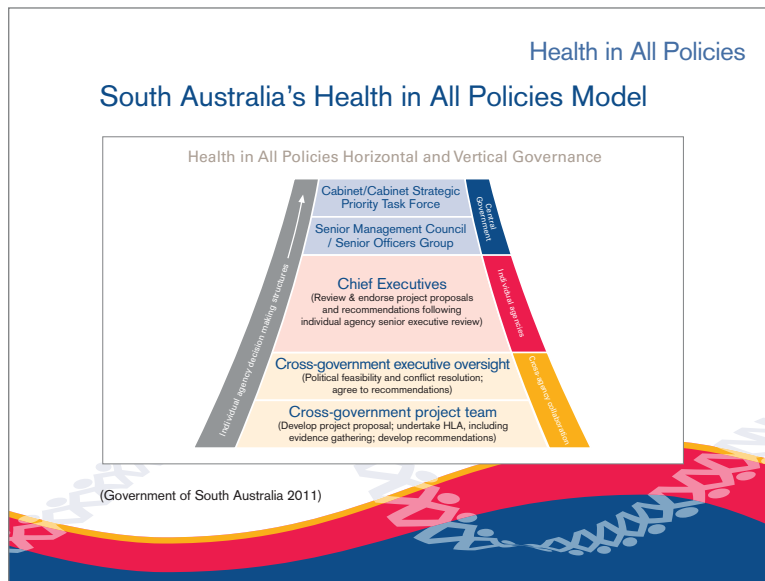


Slide 7

Notes

In addition to the key strategies outlined in the current slide, a number of partnership principles underlie the South Australian Health in All Policies approach.

- **Flexibility and responsiveness** - Working within the time constraints, policy context and organizational structure of our partners and using different methodologies according to organizational needs
- **Recognition and mutual respect** – working with the existing skills and knowledge within partner organizations, and sharing recognition for outcomes within partner organization’s spheres of influence and with state and international audiences
- **Support and resources** – providing knowledge and expertise, accessing and brokering expertise, assisting in establishing government networks, facilitating the Health in All Policies process and equipping organizations with the tools and processes to achieve their aim
- **Outcome-focused** – increasing political support for organizations, providing evidence-based solutions, and documenting the process and outcomes according to organizational needs
- **Clarity and collaboration** – ensuring respective roles and responsibilities are clear, working on the partnering organization’s policy agenda, modelling consultation and clear communication, taking on joint ownership of the work, and following through on commitments.



Slide 8

Notes

The governance structure underpinning the Health in All Policies approach is complex and includes both horizontal and vertical structures. Central government through the Department of the Premier and Cabinet and the Executive Committee of Cabinet Chief Executives Group (referred to as the ExComm CEG on slide) provide a mandate for horizontal collaboration and joined-up policy making. In addition to this, the approach actively works to strengthen partnerships with other agencies, including more recently local government.

The value of vertical governance is also recognized through the project approval processes. The approval processes utilise traditional vertical decision making structures of individual agencies, maintaining the authority and policy responsibility of individual Chief Executives and other senior officials. Partner agency Chief Executives 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 Chief Executives are adequately briefed and are familiar with the recommendations and their development.

Health in All Policies

Critical elements for success

In South Australia's experience the following elements have been critical to success in adopting a Health in All Policies approach:

- a catalyst
- a connecting framework
- central government commitment and participation
- health department support for Health in All Policies
- the values underpinning the Health in All Policies process
- internal critical reflection
- documentation
- recognising challenges.



Slide 9

Notes

South Australia's experience in developing and implementing a Health in All Policies approach is only one of the many possible methods. The critical elements for success could be adapted to other local and regional contexts.

**References**

Department of Health 2011, *Health in All Policies: South Australia's country case study on action on the social determinants of health. Background paper for World Conference on Social Determinants of Health*, World Health Organization, Geneva. http://www.who.int/sdhconference/resources/draft_background_paper5_australia.pdf

Government of South Australia n.d. *South Australia's Strategic Plan*, Department of the Premier and Cabinet, Adelaide. <http://saplan.org.au/>

Government of South Australia 2011, *The South Australian approach to Health in All Policies: background and practical guide. Version 2*, Government of South Australia, Adelaide. Available from www.sahealth.sa.gov.au/healthinallpolicies

**Additional resources**

Department of Health and Ageing 2013, *Health in All Policies*, Department for Health and Ageing, Adelaide. www.sahealth.sa.gov.au/healthinallpolicies

Day 3 – Session 9

Lecture 12: Health in All Policies – what and why



Trainer notes

Establishment of Health in All Policies in South Australia

From the beginning of her residency Professor Ilona Kickbusch recognized the strategic opportunity presented by South Australia's Strategic Plan. Driving Health in All Policies through the Plan provided a strong impetus for cross-sectoral collaboration in order to meet the Plan's targets.

1. The desktop analysis process was led by the Department of the Premier and Cabinet with support from the Department of Health. This process, which resulted in the development of a Health Lens Paper, was significant in the engagement of the Department of the Premier and Cabinet. It was completed as a desk top exercise and contributed to developing and enhancing relationships between Health and the Department of the Premier and Cabinet staff; significantly increased the department's learning about the linkage between the South Australia's Strategic Plan and population health; assisted in building a common understanding of the value of Health in All Policies to the Government of South Australia and informed the requirements for successful implementation.
2. This was an opportunity for staff from different government departments to develop an understanding of Health in All Policies, and try applying the approach to their work.

Some of the key features of the case study process were:

- An iterative stakeholder engagement process to ensure regular engagement with key Plan stakeholders, enabling input from all sectors
- Identification of clear opportunities for agencies' Plan targets to be progressed through their involvement with Health in All Policies
- Senior staff with significant experience of working across government driving the process
- Reiteration by the Department of Health of the key Health in All Policies principle of working in partnership
- Workshops on each of the seven targets with stakeholders from multiple agencies and disciplines
- The development of proposals outlining where effort could be focused to both meet the target and address population health.

The targets focused on were: economic growth, healthy weight, work life balance, ecological footprint, broadband usage, regional population levels, and economic disadvantage.

3. The *Health in All Policies Whole of Government Conference* was convened by the Department of Health and the Department of the Premier and Cabinet in November 2007 and was attended by over 150 senior executives from across the Government of South Australia. Key features of this event included:
- Chief Executives breakfast: held on the morning of the conference, the breakfast specifically for Chief Executives officially launched the conference and ensured they were briefed on the Health in All Policies concept and activities.
 - Conference: The main aim of the Conference was to demonstrate the connection between population health and well-being, the economy and South Australia's Strategic Plan and to build understanding across the Government of South Australia of the critical role that high level policy decisions have on the health and well-being of all South Australians.
 - Facilitated workshop: attended by approximately 50 key government staff, the workshop considered the way forward for South Australia. Participants were asked to identify mechanisms to progress the Health in All Policies Conference outcomes, and strategies to support Health in All Policies and joined-up policy making initiatives across government.

Professor Kickbusch stated that the methodology used to engage agencies in the lead up to the Conference was among the world's best and placed South Australia as an international leader in the development of across government strategies to achieve healthy public policy. At the conference, participants identified the need for capacity building opportunities, to learn to undertake the Health in All Policies approach.

4. Building on the momentum created by Professor Kickbusch and the Health in All Policies Whole of Government Conference, the forum in February 2008 focused on South Australia's policy learning experience in applying Health in All Policies. The forum aimed to:
- Develop the capacity of key senior officers from across government to progressively implement Health in All Policies through the application of a 'health lens'²
 - Consider the experiences of other jurisdictions in incorporating population health issues across all government actions and identify their potential application to South Australia.

This process raised awareness about Health in All Policies and assisted in advocating for the Health in All Policies approach in South Australia. It was valuable in contributing to both the Department of Health's learning around Health in All Policies and the learning of other departments, including the Department of the Premier and Cabinet.

2 Refer to Lecture 14 for further information regarding the South Australian Health Lens Analysis process.

Day 3 – Session 9

Lecture 13: The role of legislation – The South Australian Public Health Act 2011

Acknowledgement

This presentation was delivered at the 2011 South Australian Health in All Policies Summer School by Danny Broderick, Principal Policy Officer, Public Health, South Australian Department of Health.

Introduction

Legislation provides a platform through which community wide change can be achieved and public health legislation has been a prominent way through which many public health improvements have been made. Examples of public health legislation include the restriction of tobacco advertising and the introduction of speed limits to increase road safety (Reynolds in Baum 1995).

Traditionally public health legislation has been reactive or remedial, with a focus on protecting the population from environmental or other perceived harms. Public health legislation in the 19th century resulted in improved food safety and quality, air quality, waste disposal and access to open space (Bidemeade & Reynolds 1997). In the 20th century, attention shifted to the social context and governments globally began focusing on 'making healthy choices the easy choice'.

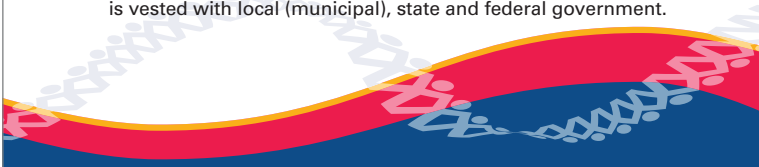
In the 21st century, public health legislation needs to ensure that traditional public health concerns are addressed but also more explicitly take account of the broader social determinants of health. Public health legislation must also recognize the implicit intersectoral nature of effective public health measures, and serve as a platform for combined effort across all sectors in partnership with communities. In this lecture, the *South Australian Public Health Act 2011* <http://www.legislation.sa.gov.au/LZ/C/A/SOUTH%20AUSTRALIAN%20PUBLIC%20HEALTH%20ACT%202011.aspx> is used as an example of modern public health legislation.

Slides

Health in All Policies

Public health legislation

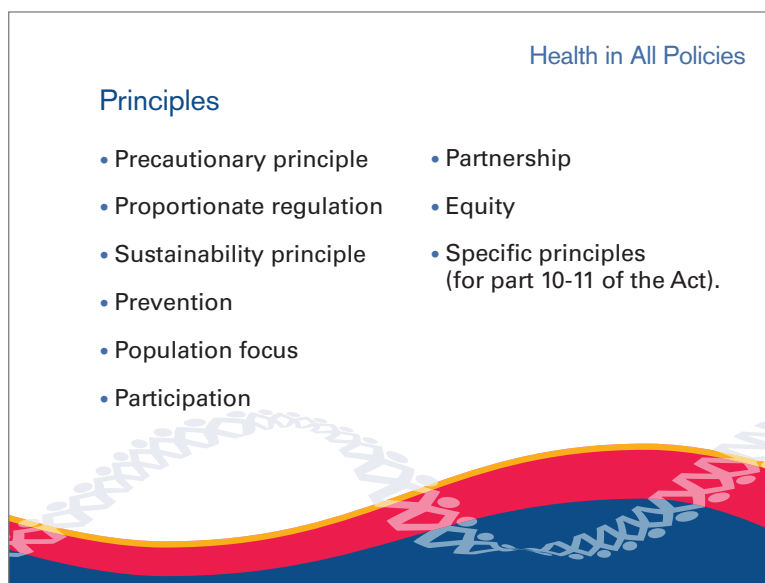
- Public health legislation sets in law the standards, rules and powers used to preserve, protect and promote the public's health
- Traditionally public health legislation has focused on regulations around sanitation, disease control, food etc
- There is increasing recognition that systematic responses to the underlying causes of ill health and injury are required and that these need to recognize the social determinants of health and include mechanisms that enable the determinants to be addressed
- In Australia, the responsibility for public health law and policy is vested with local (municipal), state and federal government.



Slide 1

Notes

Public health legislation in Australia is found in all spheres of government – national, state, and local government. The federal government has responsibility for national issues including border protection, quarantine and national coordination of pandemic responses. State governments, usually in tandem with local governments, have principal responsibility for public health protection measures (e.g. sanitation, disease control, food, poisons).



Slide 2

Notes

The *South Australian Public Health Act 2011* www.sahealth.sa.gov.au/publichealthact ('the Act') provides for a modernised, flexible legislative framework to better enable South Australia to respond to the new public health challenges as well as continue to deal with traditional matters such as sanitation issues. The principles underpinning the Act reflect a balance between the traditional health protection responsibilities and emerging areas of responsibility such as promoting health and preventing illness, injury and disability. The Act allows for systematic responses to the underlying causes of ill health and injury by recognizing social determinants of health and including mechanisms that enable the determinants to be addressed.

The principles outlined below provide an important framework for the legislation and guide the development of these mechanisms.

- Precautionary principle – *take protective action in the face of uncertainty*
- Proportionate regulation – *disruption to community life kept to the minimum necessary to implement regulatory measures*
- Sustainability principle – *consider health, social, economic and environmental factors both now and for future*
- Prevention – *always work first to prevent public health risks*
- Population focus – *public health is focused on the health of the community not about individual health in isolation*
- Participation – *individuals and communities encouraged to take responsibility and participate in actions to promote and protect community health*
- Partnership – *collaboration is key to effective public health action and needs to be strengthened*
- Equity – *decisions and actions should be fair and not unduly disadvantage certain groups – consideration must be given to health disparities in strategies*
- Specific principles for parts 10-11 – *entrenches and makes clear a human rights framework for the exercise of strong public health powers.*

Health in All Policies

South Australian Public Health Act

Public health planning

Elements of the plan...

- Covers traditional public health concerns ...addresses new public health issues (e.g. non-communicable conditions, social determinants of health)
- Across the spectrum health promotion....prevention...health protection
- Impacts on the broad functions and role of municipal government
- Municipal government as leaders, integrators and coordinators in their area
- Will work best when integrated into existing planning processes.

Slide 3

Notes

The contribution of local government (referred to as local councils in the trainer's notes following this session) to the promotion, improvement and protection of public health occurs through a myriad of activities including planning processes, environmental monitoring and management, health promotion activities and more traditional public health concerns (e.g. waste management).

The Act is a collaboration agreement between the Government of South Australia through the Minister for Health and Ageing, who has overall responsibility for administering the law, and the Chief Public Health Officer who is responsible for implementing the law in partnership with local government. Public health planning is a key part of this partnership. The State Public Health Plan (under development³) will set the framework for action across the state including by local government.

The planning scheme recognizes that public health is a shared responsibility and contains provisions for the formal identification of Public Health Partner Authorities. Partner authorities can be government agencies, non-government organizations and other groups, and are formalized through regulations. By becoming partner authorities, organizations are agreeing to participate in public health planning and take responsibility for those aspects of a plan that relate to their core mandates. In doing so, partner authorities are also agreeing to hold themselves jointly accountable for reporting on what progress is being made. This public accountability includes reporting to Parliament.

³ The State Public Health Plan (*South Australia: A Better Place to Live*) was released in late 2013. <http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/legislation/public+health+act/state+public+health+plan?contentIDR=34cc75804e421e778f748f8ba24f3db9&useDefaultText=1&useDefaultDesc=1>

Health in All Policies

South Australian Public Health Act

Elements supportive of Health in All Policies

- Minister develops procedures and processes across government to integrate health issues into decision-making
- State public health planning & regional public health planning
- Local government develops and integrates its public health role across its functions
- Local government leads integrated local plans and actions for public health and sustainable communities
- Public health policies
- Codes of practice-
 - Specific measures for non-communicable conditions
 - Regulations
 - Powers for calling together parties to get action on increased morbidity and mortality.



Slide 4

Notes

The Act's objectives are to promote and protect the health of the public in South Australia and to reduce the incidence of illness, injury and disability. For this to occur, public health efforts need to effectively engage and work with many different agencies and in policy areas across governments and in the community. The Act contains a range of mechanisms that promote working across sectors; these range from upstream engagement, working collaboratively on developing positive approaches with other agencies and where necessary, more assertive direct interventions and approaches to ensure public health is protected.



References

- Baum, F 1995, *Health for All: the South Australian experience*, Wakefield Press: Kent Town.
- Bidmeade, I, Reynolds, C 1997, *Public Health Law in Australia: its current state and future directions*, Commonwealth of Australia, Canberra.
- Public Health Act (State of South Australia) viewed 8 January 2013, <http://www.legislation.sa.gov.au/LZ/C/A/SOUTH%20AUSTRALIAN%20PUBLIC%20HEALTH%20ACT%202011.aspx>
- Roemer, R, Roemer, MI 1997, 'Comparative national public health legislation' in *Oxford Textbook of Public Health* (3rdedn), Oxford University Press, New York.



Additional resources

- Department for Health and Ageing 2012, *Public Health Bulletin SA: Implementing the South Australian Public Health Act 2011*. Vol 9. Department for Health and Ageing, Adelaide.
- Howse, G 2012, *Public Health Law in the Pacific: A reviewer's companion*. World Health Organization, Western Pacific Regional Office, Manila. http://www.wpro.who.int/topics/legislation/public_health_law_legislators_companion.pdf
- Reynolds, C 2011, *Public and Environmental Health Law*. Federation Press, Annandale, New South Wales.

Day 3 – Session 9

Lecture 13: The role of legislation - The South Australian Public Health Act 2011



Trainer notes

Summary of relevant provisions of the South Australian Public Health Act 2011

Working across sectors: Taking action on the determinants of health

The health of the public is largely determined by actions and policies outside the domain of the health system. This requires public health efforts to effectively engage and work with many different agencies and in policy areas across governments and the community. The South Australian Public Health Act 2011 ('the Act') contains a range of provisions mechanisms and powers which promote working across sectors; these range from "upstream engagement" working collaboratively on developing positive approaches with other agencies, helping them achieve their goals in ways which incorporate health considerations through to, where necessary, more assertive direct interventions and approaches to ensure that public health is protected. Below is a range of measures contained in the Act designed to assist working across sectors to take action on the determinants of health.

Part 2 Principles	Clear principles for participation and partnership guides the actions of those charged with the administration of this Act
Section 17 The Minister	The Minister is the primary source of advice to government on health preservation, protection and promotion and will develop procedures across government to ensure that advice is provided. This provision provides the mechanism to systematise Health in All Policies approaches across government decision making and planning processes as well as a range of other mechanisms and procedures to ensure that government plans, policies and programmes are able to consider health factors in their development.
Section 21-22 The Chief Public Health Officer	The Chief Public Health Officer functions include a responsibility to establish networks which foster collaboration and coordination to promote public health. The Chief Public Health Officer has a specific power to call together public authorities to participate in finding solutions where there is an identified increase in the risk of avoidable mortality or morbidity in the community.
Section 37 Councils	Councils are the public health authorities for their area, and take action to preserve, protect and promote health. They have specific functions to ensure that activities do not adversely affect public health and have functions to assess activities and development within its area in order to determine and respond to public health impacts or potential impacts.
Section 50 State Public Health Plan	The Minister develops a State Public Health Plan which assesses the state of health, identifies risks and opportunities to promote health and develops strategies to respond to these.

Section 51 Regional Public Health Plans	Local Councils develop public health plans for their area. Local Councils are encouraged to integrate their public health planning across their existing strategic planning functions.
Section 51 Regional Public Health Plans: Public Health Partner Authorities	Public Health Partner Authorities will be established by regulation or declaration. These agencies (other state government departments and organizations or non-government organizations) agree to participate in public health planning and take responsibility for objectives or strategies identified in plans that are relevant to their core business.
Section 53-55 Public Health Policies	The Minister develops public health policies which are designed to address complex public health issues and set standards for how these issues can be dealt with, managed or prevented.
Section 61-62 Prevention of Non-communicable Conditions	The Minister develops codes of practice for declared non-communicable conditions of public health concern. These codes of practice set standards for industry or community sectors in terms of conduct, activity or circumstances and can inform business practices, advertising, marketing, manufacturing, sale, distribution, design or construction.
Section 109 Regulations	Regulation making powers are broadly based and include regulations which prohibit, restrict or regulate manufacture, possession, transport, storage or disposal of any material or equipment that may create a risk to public health; sets standards or procedures to protect public health, prescribe information that must be provided that is relevant to the management of public health; authorise or require measures to manage non-communicable conditions (including the reduction or prevention of such conditions).



References

Public Health Act (State of South Australia) viewed 8 January 2013, <http://www.legislation.sa.gov.au/LZ/C/A/SOUTH%20AUSTRALIAN%20PUBLIC%20HEALTH%20ACT%202011.aspx>

Day 3

Session 10: How to implement Health in All Policies

Introduction to session

There are many ways to implement a Health in All Policies approach and South Australia's initiative is one of a number of examples of Health in All Policies internationally.

This session draws on the specifics of South Australia's Health Lens Analysis model as an example of how to apply Health in All Policies. It has proved a useful and practical approach within the South Australian context. It is hoped that participants will be able to draw on the Health Lens Analysis process and adapt it to suit their own local and/or regional context.

Health systems need to work in collaboration across sectors and society as a whole to address the social, economic, environmental and cultural factors which influence health and well-being. However, such action often raises a number of questions and practice issues, including:

- Given health often makes up the greatest single expenditure of governments, why should other agencies be asked to spend their funds on health outcomes – what is in it for them?
- How do we identify mutually beneficial outcomes in a way that encourages sectors other than health to work in collaboration with health?
- How can truly collaborative partnerships be developed, acknowledging the power dynamics of the relationship?
- How do you develop a common goal when government action is often in 'silos', with each department striving to achieve its own goals? How do we develop shared goals?
- How do we develop a culture of cooperation given that sectors are in competition for resources?
- How do we define health's role in Health in All Policies in a way that is inclusive but not dominant?

The South Australian Health Lens Analysis model provides a framework for addressing these issues through the development of collaborative, intersectoral partnerships. The Health Lens Analysis model aims to identify key interactions and synergies between *South Australia's Strategic Plan* <http://saplan.org.au/> (Government of South Australia n.d.), government policies and strategies, and the health and well-being of the population. The model is an iterative and flexible methodology which, when applied, results in evidence-based recommendations which place equal emphasis on achieving the goals and objectives of the partner agencies and improving health and well-being outcomes.

This session also touches on the importance of research and evidence in the application of the Health Lens Analysis model. While it is ideal to be able to draw a clear link between health outcomes and the policy area under focus, it is not always possible. It is therefore important that the links are made evident by providing clear descriptions or pathways which are supported by good evidence. In this session, the importance of using research evidence when examining the policy potential of sectors other than health to influence health and well-being outcomes is highlighted and demonstrated through the use of a South Australian Health Lens Analysis example – the Healthy Weight Desktop Analysis.

Learning objectives and experiences

At the end of this session, participants should:

- Understand the South Australian Health in All Policies model and methods including the Health Lens Analysis process
- Understand the flexibility of the Health in All Policies model and methodologies including Health Lens Analysis through the presentation of a number of case studies
- Possess the confidence and skills to apply or adapt such a process to their own settings
- Understand the value of research and evidence in the Health in All Policies approach
- Understand the skills needed to undertake each tool/method
- Understand and value the need for research and evidence in applying the Health in All Policies process.

Content

Lecture 14: Applying South Australia's approach to Health in All Policies

40 minutes

This lecture provides participants with an introduction to the Health Lens Analysis model and how it is applied, the partnership principles which underpin the South Australian Health in All Policies approach, and an overview of the project evaluation process.

Lecture 15: Health in All Policies – a researcher's perspective

30 minutes

This lecture leads participants through an applied example of the Health Lens Analysis process, using the South Australian Healthy Weight Desktop Analysis as a case study. The lecture also highlights the importance of evidence when developing projects and formulating policy responses.

Question time

20 minutes

Key points to remember

- Evidence is critically important to not only drawing the links between health issues, social determinants and the policy of sectors outside of health but also in engaging sectors in the policy development process by identifying how action on the social determinants of health helps *support their core business* and *meet their targets and performance indicators* – both directly and indirectly.

Key terms

- Health Lens Analysis
- Social determinants of health.



Note to course organizers

South Australia has developed a Health in All Policies approach that has been tailored to its own unique political and cultural environment and government processes, and this session contains a lot of information on the South Australian approach to Health in All Policies. Trainers may wish to use examples which are locally or regionally relevant. If these examples do not exist, you may choose to use South Australia's approach as the practical example.

It is also important to note that the pathway analysis linking health and well-being, the social determinants of health and public policy needs to be made early on in the process.



References

Government of South Australia n.d. *South Australia's Strategic Plan*, Department of the Premier and Cabinet, Adelaide. <http://saplan.org.au/>



Additional resources

Government of South Australia 2011, *The South Australian approach to Health in All Policies: background and practical guide. Version 2*, Government of South Australia, Adelaide. Available from www.sahealth.sa.gov.au/healthinallpolicies

Sacks, G, Swinburn, B & Lawrence, M 2009, 'Obesity policy action framework and analysis grids for a comprehensive policy approach to reducing obesity', *Obesity Reviews*, vol. 10, no. 1, pp. 76-86.

Day 3 – Session 10

Lecture 14: Applying South Australia’s approach to Health in All Policies

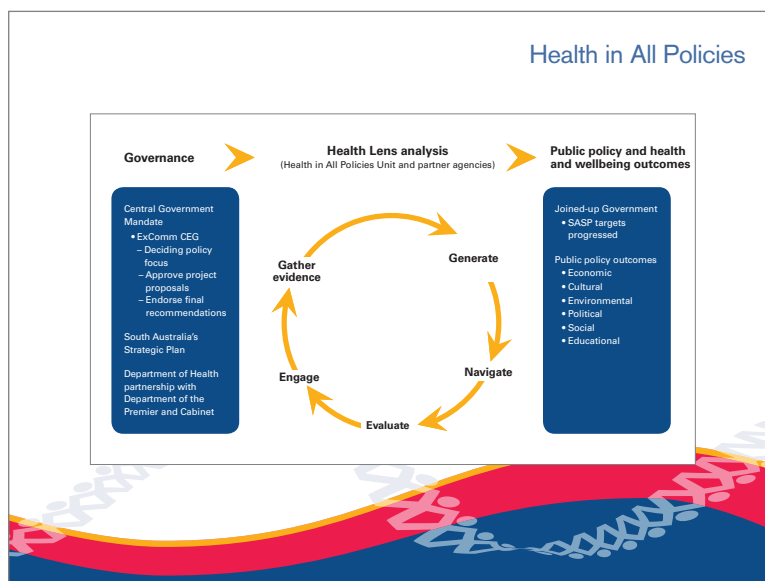
Acknowledgement

This presentation was delivered at the 2011 South Australian Health in All Policies Summer School by Carmel Williams, Manager, Health in All Policies unit, South Australian Department of Health.

Introduction

The purpose of this lecture is to introduce participants to the South Australian Health Lens Analysis model and lead them through its five phases: engage, gather evidence, generate, navigate and evaluate. Partnership is critical to all five stages of the model and this is highlighted through a detailed examination of the partnership principles which underpin the South Australian Health in All Policies approach. The final part of the lecture touches on the evaluation of Health Lens Analysis projects in South Australia.

Slides



Slide 1

Notes

The Health Lens Analysis process

The South Australian Health Lens Analysis process involves five stages – engagement, evidence gathering, generating policy recommendations, navigating recommendations through decision making processes, and evaluating the outcomes of the project. As it is a developmental process, the stages are both sequential and at the same time, overlapping. In particular, Stage 1 – engagement, tends to continue throughout the entire project.

1. Engage – in many ways, the engagement phase of the Health Lens Analysis is the most important as collaborative relationships are established or strengthened with partner agencies, forming a firm basis for the project. Strong engagement with all relevant agencies and members at this stage is critical to the success and ‘smooth running’ of the project.

The engagement phase includes the establishment of an inter-agency executive oversight group as well as a project team, comprised of individuals who have a sound understanding of the policy area under investigation and (where possible) are in a position to make decisions relating to policy change or development, or are likely to have a role in implementing the recommendations. The role of the two groups and the project team in particular, is to identify and clarify contextual issues, find common ground and language, and to negotiate and agree on a policy focus.

A commitment to the process from senior staff from all agencies encourages leadership and a culture of inclusion rather than dominance. Further, it highlights the responsibility of all agencies to contribute equally to the project in terms of resources and support, as well as agreeing on the defined policy scope of the issue. Key outcomes of the engagement phase includes the establishment of the executive oversight group and project team, a work plan clearly identifying the processes required to undertake the project, and the establishment of evaluation criteria.

2. Gather evidence – this phase focuses on identifying the relationship between health outcomes and the policy area under focus, and formulating evidence-based policy solutions or policy options.

An important aspect of the Health Lens Analysis is its strong evidence-based approach to the development of recommendations, in particular in understanding the potential health and well-being implications of a policy, programme or initiative related to achieving a target in South Australia’s Strategic Plan (the Plan) or government priority being investigated. This involves the joint exploration and discussion of the policy issue – a discussion which often challenges and broadens the perspectives of all partners and requires active participation from all partner agencies.

Evidence can come from a range of sources, and can be quantitative and/or qualitative in nature. Often, the process begins with a scan of available, relevant literature and analysis of existing data (e.g. administrative data collected by government agencies). It is important at this stage to draw on the expertise of the partner agency representatives as they will often have knowledge and/or access to pertinent information. Regardless of the data source, it is very important that the evidence gathering be systematic and that the inclusion or exclusion of evidence be explicitly justified. It may also be necessary to collect additional data and experience shows this is often in the form of community interviews or focus groups. By linking the determinants of health to the policy issue at hand, it is this evidence that is used to shape conclusions and policy recommendations arising out of the project.

3. Generate – it is in this phase that the evidence is compiled and collectively analysed to inform the development of the final policy recommendations and project report that are jointly owned by all agencies with responsibility for the Plan target or policy issue. In the generate phase, input from members of the executive oversight group, particularly the lead agency for the Plan target or government priority, is critical to ensure that all aspects of the relevant, available evidence have been included, the recommendations are responsive to the policy environment (both in terms of timing and opportunities), and any political sensitivities have been accounted for through an exploration of the implications of the recommendations.

4. **Navigate** – the navigation phase focuses on getting the recommendations and final report through the governing structures of all partner agencies and then the Health in All Policies governance structure. The Chief Executive (head) of each partner agency is provided with the recommendations for consideration and endorsement, along with a summary of the evidence and a brief description of the process to demonstrate the development of the recommendations. Support is provided to partner agencies by the Health in All Policies unit, where required, to ensure a 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.

5. **Evaluate** – the final phase of the Health Lens Analysis is determining the effectiveness of the project and in particular, whether it has influenced the policy decisions of other government agencies, whether the outcomes of the project have contributed to the achievement of the Plan target of interest, and which determinants of health were influenced. This stage is particularly important as it not only provides evidence of the effectiveness of the Health in All Policies initiative but also assists in refining the continuously evolving Health Lens Analysis process to ensure it is flexible and adaptable to the needs of all government agencies as well as being able to deliver policy options that contribute to improved health and well-being outcomes.

Built into the Health in All Policies model is the commitment to undertake a joint evaluation of the Health Lens Analysis projects by both health and the partner agencies. This includes a commitment to:

- Process evaluation to identify whether the process sufficiently met the needs of all agencies involved and whether it helped establish and maintain the appropriate collaborative climate
- Impact evaluation through the identification of documents or other evidence which highlights how the recommendations have (or have not) been adopted
- Outcome evaluation to determine, using measures or proxy measures, whether the policy goals of partner agencies have been achieved and/or there is an impact on health and well-being over the medium to long term.

(Government of South Australia 2011)

Health in All Policies

Partnership Principles

- Flexibility and responsiveness
- Recognition and mutual respect
- Support and resources
- Outcome-focused
- Clarity and collaboration.



Slide 2

Notes**Partnership principles**

Truly collaborative partnerships are crucial to the success of Health Lens Analysis projects. In this respect, the South Australian Health in All Policies initiative has developed a suite of partnership principles which underpin all collaborative work.

The first principle is **flexibility and responsiveness**, which recognizes that partnerships need to be aware of, and actively respond to, partners' changing needs and political realities. The second principle, **recognition and mutual respect**, highlights the need to understand, acknowledge and respect the expertise of all sectors involved in the project – even if at times this knowledge challenges the project. Thirdly, all partners should contribute **support and resources** equally (where possible) to the project; this will facilitate joint ownership by all partners and a truly collaborative partnership.

Importantly, partnerships require an **outcome focused** agenda and working relationship to facilitate the project's progression. Finally, partnerships should focus on maintaining a **collaborative** environment and **clarity** about the project's purpose, aims and outcomes, the roles of partners and so forth.



Health in All Policies

South Australian Public Health Act

Health Lens Analysis project evaluation

- Has a collaborative relationship developed?
- What has been the impact of the policy decisions of partner agencies – where have the recommendations been adopted?
- Did the partners' goals benefit from the process?
- What determinants were influenced through this work?

Slide 3

Notes

Evaluation

As previously noted, evaluation is important in determining the success of the Health in All Policies initiative and individual Health Lens Analysis projects. Evaluations of Health Lens Analysis projects typically involve interviewing or conducting focus groups with agency representatives on the executive oversight group and project team. In examining the short term process and impact of the project, a range of guiding questions are used to determine the project's success, which includes a focus on partnership development and maintenance, and the impact of the recommendations.

Partnership development and maintenance:

- Was the partnership collaborative and synergistic?
- Were there any challenges to the partnership during the project?
- Did the project partners develop a shared understanding of the issue and an integrated strategy?
- What were the partners' perceptions of the Health in All Policies process?
- Did the partners' goals benefit from the process?

The impact of the recommendations:

- Where have the recommendations been adopted and/or influenced government planning?
- Have the policy recommendations improved the partners' recognition of their contribution to the determinants of health?
- Was there effective integration of health considerations into other policies and sectors beyond health?
- Which of the health determinants were influenced through the work?



References

Government of South Australia 2011, *The South Australian approach to Health in All Policies: background and practical guide. Version 2*, Government of South Australia, Adelaide. Available from www.sahealth.sa.gov.au/healthinallpolicies



Additional resources

Department for Health and Ageing 2013, *Health in All Policies*, Department for Health and Ageing, Adelaide. www.sahealth.sa.gov.au/healthinallpolicies

Day 3 – Session 10

Lecture 15: Health in All Policies – a researcher’s perspective

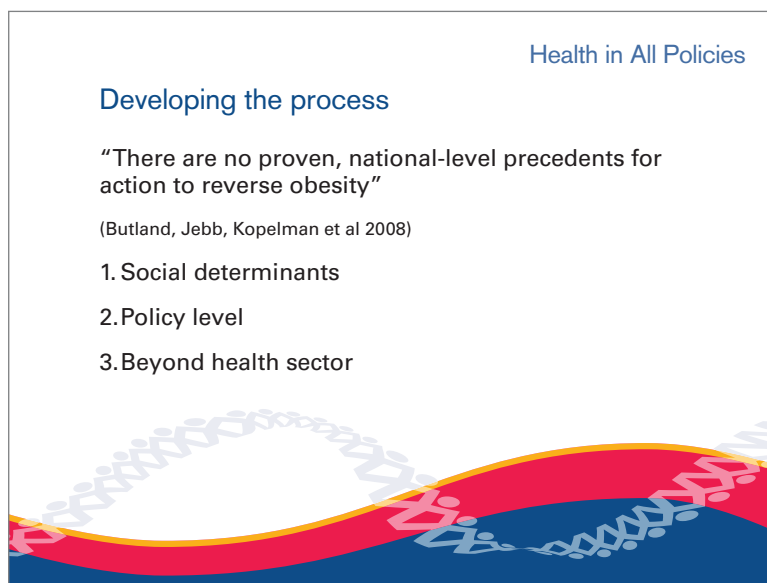
Acknowledgement

This presentation was delivered at the 2011 South Australian Health in All Policies Summer School by Dr Lareen Newman, Senior Research Fellow, Southgate Institute for Health, Society and Equity and South Australian Community Health Research Unit, Flinders University of South Australia.

Introduction

This presentation demonstrates how research evidence is incorporated into the Health Lens Analysis process, and highlights the importance of using this evidence when not only examining the policy potential of sectors other than health to influence health and well-being outcomes, but also its importance in identifying and developing evidence-based policy recommendations. Further information on the project can be found at www.sahealth.sa.gov.au/healthinallpolicies.

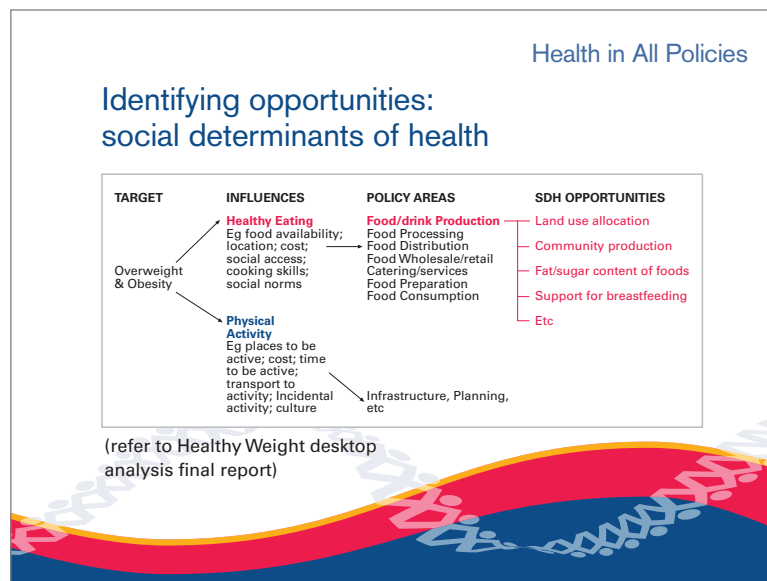
Slides



Slide 1

Notes

The premise of the Healthy Weight Desktop Analysis project was the understanding that many of the determinants of obesity and overweight lie outside the direct influence of the health sector. Further, there is much policy action that could be taken to address obesity in sectors such as primary production, transport, housing, urban planning and education, and in government spending and taxation, advocacy, laws and regulations. As such, it is recognized that intersectoral action is necessary to address the burgeoning obesity crisis. While there are many academic examples of **where** action could be taken, the research team identified a gap in translating the evidence into action across government – the **how** of getting healthy weight considerations into the policies and practices of outside of health partners.



Slide 2

Notes

Identifying opportunities: social determinants of health

A key role of research evidence in the Healthy Weight Desktop Analysis project was identifying the influencing factors leading to overweight and obesity, the policy areas they relate to and where the opportunities lie in relation to the social determinants of health.

An evidence framework for healthy weight causes and pathways was developed based on peer reviewed literature and existing government frameworks, both nationally and internationally. For this purpose, achieving healthy weight was defined according to the bulk of the literature as policy actions that can influence its precursors, namely sufficient physical activity and healthy eating.

Slide 2 shows how the mapping process enabled the project team to draw feasible links between overweight and obesity, and the policy areas of outside of health sectors.

For example, individuals' ability to eat healthy food is influenced by the availability of fresh and nutritious food, which in turn is dependent on food production processes and, at the macro level, the allocation of land to food production. Hence, in addition to forming an evidence base for the work, this framework helped to clearly identify to agencies the logical steps between the research evidence for healthy weight and their policy areas.

Health in All Policies

Logic of evidence-policy potential

- Current directions and core business of Housing SA
- Healthy weight policy potential
- Reach (population and equity)
- Healthy weight benefits
- Housing SA benefits
- Longer term health benefits.



Slide 3

Notes

Logic of evidence-policy potential

Once the detailed evidence for healthy weight policy levers had been mapped, the next stage was to determine how the evidence on policy potential could be mapped into real life non-health policy. The first step was to identify the current or immediate future policy directions of the Government of South Australia's departments and divisions – Housing South Australia, a division of the Department for Communities and Social Inclusion – was one of those selected. Departments and divisions were prioritised according to their potential influence on weight and interest in the project.

Initially, information about the core business and strategic directions of the selected departments was obtained from publicly available documents such as annual reports. This process also identified which of the South Australia's Strategic Plan targets the agency was the lead for and any key national agreements under which the agency had relevant commitments.

The evidence for healthy weight policy levers was then drawn from the evidence framework and mapped against the departments' core business and strategic directions. The mapping process identified potential new policy actions as well as recognizing existing policy actions which, according to the literature, were already addressing obesity but were not identified as such by the government department. As a consequence, some departments and divisions had both policy actions they could continue, as well as new areas to consider addressing.

Health in All Policies

Housing South Australia example...

Housing SA policy drivers	HW policy potential	Audience	Housing SA benefits	Long term HW benefits
<ul style="list-style-type: none"> • Sustainable housing • Social inclusion 	<ul style="list-style-type: none"> • Landscaping design (e.g. gardens beds, water tanks) • Gardening programmes 	<ul style="list-style-type: none"> • Public rental tenants • Visitors • Family and Friends • Housing designers • Wider community 	<ul style="list-style-type: none"> • Social cohesion leading to reduced vandalism • Healthier, more active tenants • Leader in housing design 	<ul style="list-style-type: none"> • Opportunities to consume healthy food • Physical activity • Psych. and physical well-being

Newman, Ludford, Williams et al, forthcoming.
*HW (healthy weight)

Slide 4

Notes

For example, mapping for Housing South Australia identified environmentally sustainable design as one of the drivers of the division's core business. Using the evidence from the evidence framework, the mapping process identified opportunities within this focus to address healthy weight, which involved extending the scope of the Environmentally Sustainable Design Strategy to include infrastructure for home food production and gardening (e.g. fitting of rain water tanks to Housing South Australia properties for public tenants, landscaping home gardens for fruit and vegetable growing) in new housing developments.

After identifying policy opportunities, the desktop analysis then examined the healthy weight benefits, the benefits to the division and/or department, and long term health and well-being outcomes. In the case of Housing South Australia, it was identified that the benefit to Housing South Australia's low socioeconomic consumers would be an increased range of affordable food options and opportunities for physical activity through gardening. The benefits to the division would be a healthier, more socially connected population, and in the long term, a reduced reliance on unhealthy food and a more physically active population less likely to become overweight or obese.

Health in All Policies

Health in All Policies action achieved

- Recommended actions for nine divisions/departments
- Endorsed by Department Chief Executives
- Endorsed by State Cabinet
- Implementation plans developed
- Incorporated in new Eat Well Be Active Strategy
- Health in All Policies unit will monitor progress.



Slide 5

Notes

The desktop analysis document developed for each of the government departments and the division was used as a 'discussion starter' in negotiating policy commitments around healthy weight. The document was critical to beginning the discussion around social determinants of health and the sectors' policies and practices. Of the 10 departments approached, nine had policy commitments endorsed by their Chief Executives. All of the commitments were then included in the *Eat Well Be Active Strategy 2011-2016* <http://www.sahealth.sa.gov.au/wps/wcm/connect/e8f366804951e78bb999fb3b73084503/EWBA-Strategy-PHCS-HealthPromotion-20111207.pdf?MOD=AJPERES&CACHEID=e8f366804951e78bb999fb3b73084503> (Government of South Australia 2011), the whole of state strategy endorsed by State Cabinet which is focused on increasing the number of people within a healthy weight range. In early 2012, the Health in All Policies unit began to work with the agencies that have commitments in the strategy to implement the policy commitments.



References

Butland, B, Jebb, S, Kopelman, P, McPherson, K, Thomas, S, Mardell, J, & Parry, V for the Foresight Programme 2008, *Tackling obesity: future choices*, Government Office for Science, United Kingdom. <http://www.bis.gov.uk/assets/foresight/docs/obesity/17.pdf>

Department for Health and Ageing 2012, *Healthy weight desktop analysis final report*, Department for Health and Ageing, Adelaide. Available from www.sahealth.sa.gov.au/healthinallpolicies

Government of South Australia 2011, *Eat Well Be Active Strategy 2011-2016*, Department of Health, Adelaide. Available from www.sahealth.sa.gov.au

Newman, L, Ludford, I, Williams, C & Herriot, M (forthcoming), 'Achieving high level cross government policy commitment to act on the social determinants of obesity: a process developed by South Australia's Health In All Policies initiative'.



Additional resources

Ludford, I, Newman, L, Williams, C & Herriot, M 2011, 'A South Australian Health in All Policies approach to addressing healthy weight', 41st Annual Conference of the Public Health Association of Australia, Brisbane, 27-29 September. Available from www.sahealth.sa.gov.au/healthinallpolicies

Day 3

Session 11: Perspectives from across government

Introduction to session

The previous two sessions have provided an outline of South Australia's approach to developing and implementing Health in All Policies across government. The presentations provide the central government the health perspectives, and information on the supportive frameworks, such as public health legislation, which facilitate the application of Health in All Policies in South Australia. Session 11 introduces participants to the partners' perspectives of working on Health in All Policies Health Lens Analysis projects. Representatives from each of the partner agencies were approached and asked to present on their project, with a focus on an underlying Health in All Policies principle of their choice (see participant hand-out on page 175).

The presentations covered a range of public policy areas including:

- Sustainable regional development
- Education: parental engagement in children's literacy
- Aboriginal health and well-being: drivers licensing
- Urban planning: transit-oriented developments
- Active transport: the economic cost of cycling
- Overseas students' health and well-being.

Importantly, this session also offered an opportunity to reconnect with the South Australian Health Lens Analysis project partners and provided the project partners with an opportunity to share their views, be recognized for their contribution to Health in All Policies, and show them how they have added to the international understanding of Health in All Policies.

Learning objectives and experiences

At the end of this session, participants should:

- Have an improved understanding of the types of work the South Australian Department of Health has undertaken with the various project partners/agencies
- Have a good understanding of what works and does not work from a 'partner agency' perspective.

Content



Note to course organizers

This session contained 6 x 5 minute lectures from Health Lens Analysis partners from the projects described above. One lecture is provided in the body of this session to illustrate how the presentations were structured. Further information on the projects, including the slides from the other presentations, are included in the trainer notes should you wish to use the South Australian examples during your course.

It is recommended that participants are provided with the Health in All Policies strategies and partnership principles participant hand-out at the beginning of the session to provide context to the partner presentations.

Lecture 16: Transit-oriented developments

5 minutes

Presentation from the Land Management Corporation on the partnership principle of being outcome-focused.

Activity 9: Group work

20 minutes

Participants work individually and in groups to develop questions to be asked of the Health Lens Analysis partners in the following panel session.

Panel session

40 minutes

Key points to remember

- The reflections of partner agencies are critical to the refinement of the Health Lens Analysis process and provide an opportunity for all to identify the challenges and successes of individual projects.
- In addition, including partner agencies in the Summer School provides an opportunity for their role in the success of the Health Lens Analysis projects to be recognized and celebrated.

Key terms

- Health Lens Analysis.



Reflections from South Australia

While this session, along with the others presented on Day 3 of the course, are critically important, feedback from the participants highlighted the need to allow more time to deliver the sessions effectively. You may wish to consider allowing additional time on Day 4 to cover some of the content, or reduce the number of examples provided.



Additional resources

Department for Health and Ageing 2013, *Health in All Policies*, Department for Health and Ageing, Adelaide. www.sahealth.sa.gov.au/healthinallpolicies

Government of South Australia 2011, *The South Australian approach to Health in All Policies: background and practical guide. Version 2*, Government of South Australia, Adelaide. Available from www.sahealth.sa.gov.au/healthinallpolicies

Day 3

Session 11: Perspectives from across government



Participant hand-out

Health in All Policies strategies and partnership principles

The Health in All Policies approach in South Australia is led by a unit within the South Australian Department of Health that works across government to promote the health and well-being of the South Australian population by addressing the determinants of health while simultaneously working on the core business of partner agencies.

This is achieved through the following *strategies*:

- Partnering with government agencies on the policy imperatives underlying their core business
- Operating under the directive of central government
- Leveraging from existing government decision making structures
- Jointly generating evidence-based solutions with project partners
- Integrating qualitative and quantitative social science methodologies into solutions.

Partnership principles

The following partnership principles underpin the South Australian Health in All Policies approach:

Flexibility and responsiveness

- Working within the time constraints, policy context and organizational structure of our partners
- Using different methodologies according to organizational needs
- Recognition and mutual respect
- Working with the existing skills and knowledge within partner organizations
- Sharing recognition for outcomes within partner organizations' spheres of influence and with state and international audiences.

Support and resources

- Providing knowledge and expertise
- Accessing and brokering expertise
- Assisting in establishing government networks
- Facilitating the Health in All Policies process and equipping organizations with the tools and processes to achieve their aim.

Outcome-focused

- Increasing political support for organizations
- Providing evidence-based solutions
- Documenting the process and outcomes according to organizational needs.

Clarity and collaboration

- Ensuring respective roles and responsibilities are clear
- Working on the partnering organization's policy agenda
- Modelling consultation and clear communication
- Taking on joint ownership of the work
- Following through on commitments.

Day 3 – Session 11

Lecture 16: Transit-oriented developments

Acknowledgement

This presentation was delivered at the 2011 South Australian Health in All Policies Summer School by Kirsten Potoczky, Health Design and Social Planning Officer, Land Management Corporation on behalf of the project partners.

Background information

Partner Agencies

Department of Planning and Local Government, Department for Transport, Energy and Infrastructure, Department of Health and Land Management Corporation.

South Australian Strategic Plan Targets

- T3.6 Use of Public Transport: Increase the use of public transport to 10% of metropolitan weekday passenger vehicle kilometres travelled by 2018
- T1.21 Strategic Infrastructure: Match the national average in terms of investment in key economic and social infrastructure
- T1.8 Performance in the Public Sector: government decision-making.

The *Transit-oriented developments...through a health lens – A guide for healthy urban developments* document ('the Guide') was the key outcome of a collaborative project between the Department of Planning and Local Government, Department for Transport, Energy and Infrastructure, Department of Health and Land Management Corporation. Advice was also provided by the Environment Protection Authority and the Department of Treasury and Finance.

The document reflects a cross-agency approach to the development of liveable transit-oriented developments and provides a consistent set of principles for their delivery. The Guide will be used as a resource by state and local government agencies involved in the implementation of the *30-Year Plan for Greater Adelaide*.

The Guide has been approved by all four partner agency Chief Executives and the Executive Committee of Cabinet Chief Executives Group. In addition, following advice from the Executive Committee of Cabinet Chief Executives Group, the Guide was also presented to the Government Planning and Coordination Committee and was noted by Cabinet in August 2011.

A simpler version of the more technical Guide has been developed and will be used by state and local governments to inform community members about the potential health benefits and positive aspects of well built urban communities. The document is written in more accessible language and style.

Both documents were launched by Hon John Rau MP, Minister for Urban Development, Planning and the City of Adelaide, with support from Hon John Hill MP, Minister for Health, on 26 September 2011.

Slides

Health in All Policies principle: Outcome-focused

The Health in All Policies principle of being outcome-focused includes increasing political support for organizations, providing evidence-based solutions, and documenting the process and outcomes according to organizational needs.

Health in All Policies

Project details

- Transit-oriented developments - higher density mixed used developments with significant public transport
- Department of Planning and Local Government, Department for Transport, Energy and Infrastructure, Department of Health, Land Management Corporation
- Developed *Transit-oriented developments...through a health lens*, a resource for state government, councils and built environment professionals
- Health evidence used to inform policies and decision making for transit-oriented developments in South Australia.



Slide 1

Notes

Transit-oriented developments are higher density mixed use developments which have characteristics essential to support the health and well-being of residents, workers and visitors e.g. access to public transport. A key outcome of the project was the development of the *Transit-oriented developments...through a health lens – A guide for healthy urban developments* document ('the Guide')– a guidance document designed for state government, local councils and planning professionals to inform policies and decision making in the development of transit-oriented developments in South Australia (Government of South Australia 2011a).

Health in All Policies

Achievements

- Process - provided valuable expertise to assist with complementary initiative
- Agreed evidence on health and transit- oriented developments available to professionals
- Positive public document (right) on cross-government co-operation – used by outside of health agencies
- Complementary to other government priorities (e.g. 30Year Plan for Greater Adelaide) – and even though it took longer the timing worked well



Slide 2

Notes

In addition to the Guide, the project also produced a public interface document, the 'Healthy connected communities' brochure (Government of South Australia 2011b).

The publications resulting from the project brought together the evidence on health and transit-oriented developments and complement other government priorities such as the *30 Year Plan for Greater Adelaide* <http://www.plan4adelaide.sa.gov.au/> (Department of Planning and Local Government 2010).

Feedback from the Department for Transport, Energy and Infrastructure:

"The process itself has been valued. It gave partners the opportunity to establish a good network of colleagues and agencies to come to shared understandings. It gave agencies direct exposure to determinants of health and well-being, drawing on health expertise to interpret the partners' various policy responsibilities.

The resultant guide (Transit-oriented developments... through a health lens) is a resource allowing agencies to reflect on the role of transport and the urban environment in influencing areas, such as, health related behaviours (for example, walkability, increasing physical activity) or exposure to traffic pollution (for example, air emission). Structure planning work can factor in the transport pointers in the guide, for example, for a more connected grid street network and greater access to the public transport network. This will make best use of the current transport investment underway."

(Government of South Australia 2012)

Health in All Policies

Challenges and lessons learnt

- Agreeing on accepted evidence when working in a multi-disciplinary team – it needs to be contextualised
- Language - written for the correct audience
- Where does the work fit with existing health and planning guidelines/tools/national and industry initiatives
- Legacy effect – what happens after the launch?
- Delivery – linking into Land Management Corporation policy, project management, other agency policies, delivery
- Who has money, time, authority to do this?
- Research?



Slide 3

Notes

Some of the challenges faced by the project team included:

- The acceptance of evidence (and the need to contextualise it) when working across sectors and in a multi-disciplinary team.
- Agreeing on acceptable language both within the project team and when producing the two resources, for their intended audiences.
- Identifying where the resources fit and added value within existing health and planning guidelines/tools and national and industry initiatives.
- Devising a communication and implementation strategy to ensure the resources are not only available across government and in the community, but they are also used by the relevant agencies in their policy, practices and planning.
- Delivering a final product that accounted for the policies of all the partner agencies.
- Determining the agencies and potential partners who had the time, resources and authority to work on the resources, and
- The value of evidence – what should be considered, the sources and translating the evidence in a way that meets the needs of the partners.

**References**

Department of Planning and Local Government, *The 30-Year Plan for Greater Adelaide: A volume of the South Australian planning strategy*, Department of Planning and Local Government, Adelaide. <http://www.plan4adelaide.sa.gov.au/>

Government of South Australia 2011a, *Transit-oriented developments...through a health lens*, Government of South Australia, Adelaide. Available from www.sahealth.sa.gov.au/healthinallpolicies

Government of South Australia 2011b, *Healthy connected communities – creating health urban villages for the future*, Government of South Australia, Adelaide. <http://www.dplg.sa.gov.au/html/files/TODHealthLensbrochure.pdf>

Government of South Australia 2012, *Submission to the Senate Community Affairs References Committee Inquiry into Australia's domestic response to the World Health Organization's Commission on Social Determinants of Health report "Closing the gap within a generation"*, Government of South Australia, Adelaide <http://determinantsofhealthalliance-org.webs.com/South%20Australian%20Government.pdf> (viewed 7 January 2014)

Day 3 – Session 11



Trainer notes

Health Lens Analysis projects and slides presented at the 2011 South Australian Health in All Policies Summer School

1. Family engagement with literacy (current project)

Acknowledgement

This presentation was delivered at the 2011 South Australian Health in All Policies Summer School by Brendyn Semmens, Director, Site and Regional Improvement, Department for Education and Child Development, on behalf of the project partners.

Background information

Partner Agencies

Department for Education and Child Development and Department of Health

South Australian Strategic Plan Target

- T87 Reading, writing and numeracy: By 2020, for reading, writing and numeracy, increase by 5 percentage points the proportion of South Australian students who achieve - above the National Minimum Standard - higher proficiency bands (baseline: 2008).

The core intent of the project is to investigate how to better engage parents and carers from disadvantaged backgrounds in creating a literacy rich environment for children at home and school. These insights will then inform schools' strategic actions in this field and inform policy recommendations.

The project is being undertaken in four low socioeconomic schools in the Western Adelaide Region (Hendon Primary School, Kilkenny Primary School, Pennington Junior Primary School, Allenby Gardens Primary School). A Joint Expert Working Group has been established and the project proposal signed off by the Chief Executives of the Department for Education and Child Development and Department of Health in July 2010. The project has undertaken a comprehensive review of the literature, as well as school consultations, to identify best practice in approaches to support parental engagement, and develop quality information and support tools as resources for use across all schools.

Dr Lareen Newman, Flinders University of South Australia, has completed 10 focus groups with 66 parents and grandparents to develop an understanding of the barriers and facilitators to engagement from their perspective to inform project recommendations. Recommendations will be developed for the schools, the regional office and Department for Education and Child Development central office.

Slides

Health in All Policies principle: Flexibility and responsiveness

The principle of flexibility and responsiveness is based on the understanding that no project is the same –the timeframes, policy context and organizational structure of partner agencies differ for each project. It recognizes that different methodologies must be considered and that each partner brings with them a different set of skills and knowledge.

Health in All Policies

Partnering with government agencies on the policy imperatives underlying core business...

- Strong connections between both agencies
- Determinants of health and education are very similar
- Outcomes for both are contingent on the other
- Similar challenges in terms of "citizen engagement"



Slide 1

Notes


Important factors in the progression of this project have included:

- Strong connections between both agencies – there is a history of partnership between health and the education sectors in South Australia;
- The links between education and health and well-being outcomes are clear – and the determinants of both are very similar;
- The outcomes for both health and well-being and education are contingent on each other;
- The health and education sectors face similar challenges in terms of citizen engagement, particularly with disadvantaged populations.

Health in All Policies

Partnership Principle: Flexibility and responsiveness

- Connecting with the nature of schools through a positive lens
- Understanding the education department's improvement and accountability framework
- Building a strong social research base.



Slide 2

Notes

The principle of **flexibility and responsiveness** involves working within the time constraints, policy context and organizational structure of Health in All Policies partners, applying and adopting different methodologies according to organizational needs.

In the case of the Department for Education and Child Development, this principle has been reflected in the project group's strong desire to connect and understand the working nature of schools, and understand the education department's improvement and accountability framework. Further, the research methodology, in this case focus groups with parents from disadvantaged areas of Adelaide, has been selected and adapted according to the schools' and the project's needs.



Trainer notes

Health Lens Analysis projects and slides presented at the 2011 South Australian Health in All Policies Summer School

2. Improving the mobility, safety and well-being of Aboriginal people in South Australia through increasing the number of Aboriginal people who obtain and retain their driver's licence (Aboriginal Road Safety) (current project)

Acknowledgement

This presentation was delivered at the 2011 South Australian Health in All Policies Summer School by Marg Howard, Manager, Community Programs, Department of Planning, Transport and Infrastructure on behalf of the project partners.

Background

Partner Agencies

South Australia Police; Department for Transport, Energy and Infrastructure⁴; Attorney-General's Department; Department of Correctional Services; Department of Health; Department of Further Education, Employment, Science and Technology.

SASP Target

- T79 Aboriginal healthy life expectancy: Increase the average healthy life expectancy of Aboriginal males to 67.5 years (22%) and Aboriginal females to 72.3 years (19%) by 2020 (baseline: 1999-03).

The intention of this project is to collaboratively identify ways of increasing Aboriginal healthy life expectancy by improving road safety through increasing safe mobility options. The project is focused on drivers' licensing and diversionary programmes that support Aboriginal people to obtain and retain their drivers' licences.

Two groups have been established to progress this project—a Steering Group with high level agency representation to oversee the project and a Joint Working Group with agency representation to undertake work on the project. Steps to date include:

- The project proposal was noted and supported by the Executive Committee of Cabinet Chief Executives Group in July 2010.
- The project is currently focusing on developing a summary of the literature and evidence around barriers and facilitators to licensing Aboriginal drivers – researchers from University of South Australia have been funded to undertake this work.
- An audit of existing programmes/projects in South Australia which support Aboriginal people to obtain/retain a driver's licence is also being undertaken.

The above information will inform the next phase of the project, which is anticipated to include undertaking focus groups with service providers and community members regarding possible solutions to the identified issues.

⁴ Department name correct at time of project proposal sign-off (current department title is the Department of Planning, Transport and Infrastructure)

Slides

Health in All Policies principle: Support and resources

Shared support and resources are critical to the success of all Health Lens Analysis projects. This principle focuses on the role of the Health in All Policies unit, in collaboration with partner agencies, in providing knowledge and expertise, accessing and brokering expertise and establishing government networks. Ultimately, by undertaking the Health in All Policies process, organizations are equipped with the tools and processes to achieve their aims and policy imperatives.



Slide 1

Notes

Support and shared resources have been a critical factor in the development of the Aboriginal Road Safety project. In particular:

- Developing a shared understanding of the particular policy issue, and political context in which the project is occurring.
- Recognizing the importance of good processes for all agencies involved in developing the project proposal, briefing executives and proposing key pieces of work.
- Sharing knowledge and resources from all partners to facilitate a 'learning by doing' process, drawing on existing expertise so as not to duplicate current or previous work.

Health in All Policies

Partnership principles in action – Support and resources

2. Accessing and brokering expertise

- Knowing or finding out where to go, who to ask...
- Filling underlying policy gaps – e.g. literature review
- Gathering information - e.g. survey of existing services



Slide 2

Notes

Accessing and brokering knowledge has also been essential in the project development. Partners' knowledge and expertise around the policy issue of drivers licensing has been used to guide the project and the research examined. In addition, this knowledge has been used to guide the collection of information and methods used to do so.

Health in All Policies

Partnership principles in action – Support and resources

3. Assisting in establishing government networks

- Helping to 'join the dots' - knowing who to know – and who's doing what
- Consultation with service providers and communities
- Good relationships are crucial to the progression of the project



Slide 3

Notes

The Health Lens Analysis process also assisted in establishing government networks across sectors and departments, assisting the group to 'join the dots', consult with service providers and communities and establish mutually beneficial, strong working relationships.

Health in All Policies

Partnership principles in action – Support and resources

4. Facilitating the Health in All Policies process and equipping organizations with the tools and processes to achieve their aim

- Providing administrative support (can't be underestimated) – and sometimes food/catering (also not to be underestimated)
- Upholding the Health in All Policies process – important for future action
- Outcomes still in the future – but expect a broader, stronger platform will have been created for further action and progress



Slide 4

Notes

Finally, the Health in All Policies process has provided partner agencies with the tools and processes to achieve their aims by developing the mechanisms through which future work can be undertaken.

Feedback from the Department for Transport, Energy and Infrastructure:

There is a very clear connection between...road safety strategies and the social determinants of health. The over representation of Aboriginal people involved in motor vehicle crashes at a rate 3.5 times that of non-Aboriginal people has identified Aboriginal people as an at risk group. The collaboration with Health in All Policies approach has drawn together multiple government agencies which impact on this agenda area. It has provided detailed literature analysis identifying the gaps that exist and will provide recommendations for changes in policy to address these gaps and create the opportunity for more positive road safety outcomes for Aboriginal people. The Health in All Policies collaborative approach has agreed on both the need for change in policy across government, and in principle, the nature of that change. The support that exists across government agencies for the changes will only lead to more equitable outcomes for Aboriginal people.

(Government of South Australia 2012)



Trainer notes

Health Lens Analysis projects and slides presented at the 2011 South Australian Health in All Policies Summer School

3. International students' health and well-being (current project)

Acknowledgement

This presentation was delivered at the 2011 South Australian Health in All Policies Summer School by Heidi Greaves, Senior Policy Officer, Quality and Tertiary Education Policy, Department of Further Education, Employment, Science and Technology on behalf of the project partners.

Background

Partner Agencies

Department of Further Education, Employment, Science and Technology, Department of Health, and Multicultural SA

South Australia's Strategic Plan Target

- T90 Share of overseas students: Increase the number of overseas students across all education and training sectors from 13 737 in 2003 to 45 000 by 2014 (baseline: 2003).

Overseas student health and well-being is recognized as a key factor in drawing students to South Australia to study. Overseas students' health and well-being is a priority for the Department of Health, Department of Further Education, Employment, Science and Technology, Study Adelaide and Multicultural SA as well as the Department of Health's Health in All Policies unit and the Communicable Disease Control Branch. The project will focus on the health and well-being of international Vocational Education and Training Sector students (572 visa holders) and their knowledge of and ability to access health-related services in South Australia.

A Joint Expert Working Group has been established and a project proposal has been signed-off by the Chief Executives of the Department of Further Education, Employment, Science and Technology, Multicultural SA (through the Justice Department) and the Department of Health. A literature review has been completed. Workshops, surveys, one-on-one interviews, and focus groups have been used with education providers, Student Service Officers and students so as to ascertain the key issues facing international students and their use of support services. The results from the service provider level have been collated and the University of Adelaide will present their findings from their focus groups with students in early November. Recommendations will be developed from this research and taken to the Joint Expert Working Group for feedback in November 2011.⁵

Slides

Health in All Policies principle: Flexibility and responsiveness, with a focus on recognition and mutual respect

The principle of flexibility and responsiveness is based on the understanding that no project is the same –the timeframes, policy context and organizational structure of partner agencies differ for each project. It recognizes that different methodologies must be considered and that each partner brings with them a different set of skills and knowledge.

⁵ The International Students' Health and Well-being Health Lens Project recommendations were endorsed in 2012. The final report is available from www.sahealth.sa.gov.au/healthinallpolicies

Health in All Policies

Principles

Flexibility and responsiveness

- Working to partners' timeframes in a changing policy environment
- Taking time to understand the partner agencies' core business.



Slide 1

Notes

Flexibility and responsiveness are necessary to ensure Health Lens Analysis projects meet the needs of all partners. It is important to recognize that policy imperatives can change and that the timing of a project can be critical to leveraging political will and a policy environment that is conducive to the work.

Health in All Policies

Principles

Recognition and mutual respect

- Working with existing skills and knowledge of partner organizations
- Sharing recognition for outcomes with partner organizations' spheres of influence.



Slide 2

Notes

Recognition and respect have been key to realising the overseas students' health lens project. In particular:

- Working with existing skills and knowledge of partner agencies – recognizing the expertise of partners and using this knowledge to guide the project scope and development
- Sharing recognition for outcomes with partner organizations' spheres of influence – this has included briefing senior executives within the partner agencies and communicating the outcomes to key stakeholders in the education field.



Trainer notes

Health Lens Analysis projects and slides presented at the 2011 South Australian Health in All Policies Summer School

4. Healthy sustainable regional communities (current project)

Acknowledgement

This presentation was delivered at the 2011 South Australian Health in All Policies Summer School by Tim Mares, Director, Policy and Economics, Department for Manufacturing, Innovation, Trade, Resources and Energy on behalf of the project partners.

Background

Partner Agencies

Department for Manufacturing, Innovation, Trade, Resources and Energy and Department of Health

SASP targets

- T42 Minerals production and processing: Increase the value of minerals production and processing to \$10 billion by 2020 (baseline: 2002-03)
- T43 Minerals exploration: Exploration expenditure in South Australia to be maintained in excess of \$200 million per annum until 2015.

The purpose of the project is to support the Department for Manufacturing, Innovation, Trade, Resources and Energy in the attainment of the targets by positioning communities in the Upper Spencer Gulf area to capitalise on opportunities presented by the mining expansion in the Far North region of South Australia and recent federal government investment in regional Australia and the National Broadband Network. Identifying mechanisms and strategies to improve the health, sustainability and economic position of communities in the Upper Spencer Gulf should achieve this purpose.

Sustainable regional development is inherently linked to better health outcomes for communities. By balancing the interests of the economy, environment and community, and the social goals to achieve equitable, liveable and viable communities, it is possible to create the conditions whereby healthy places support healthy people and a healthy productive workforce.

The concept of *healthy sustainable regional development* draws together elements of sustainable development (i.e. meeting the needs of the present without compromising the ability of future generations to meet their needs) and healthy communities – those which continually create and improve the physical and social environment, and draw on resources to help people meet their maximum potential.

A *healthy sustainable regional community* is one characterised by (among other things):

- a diverse, vital and innovative economy
- a clean, safe, high quality environment
- a sustainable ecosystem
- multiple experiences, contacts, interactions and communication
- a strong, mutually supportive community
- an enabling urban form (design)
- high health status.

As the Department for Manufacturing, Innovation, Trade, Resources and Energy is the lead agency for the mining targets, negotiations between the Health in All Policies unit, Department of Health, and Corporate Strategy and Policy, Department for Manufacturing, Innovation, Trade, Resources and Energy have been underway since 2010. This phase of the project has focused on:

- Identifying and refining the focus of the project, including the location and population;
- Defining the regional context, including the workforce, regional infrastructure and resource demands;
- Gathering evidence around sustainable regional development;
- Conducting a preliminary scoping of national and state policy drivers;
- Identifying other potential partners in the project - preliminary discussions have been held with the Department of the Premier and Cabinet and Department of Further Education, Employment Science and Technology.

Proposed next steps

- The next step in the project is to develop a set of indicators and map the current status of the three Upper Spencer Gulf communities.
- These indicators will cover the three theme areas of social/community, economic and environment.
- The Health in All Policies unit, Department of Health will pull together a draft set of indicators for discussion with the Department for Manufacturing, Innovation, Trade, Resources and Energy and then, in partnership, consult other interested agencies (e.g., Department of Trade and Economic Development, Department of the Premier and Cabinet, Economic Development Board, Department of Further Education, Employment, Science and Technology).

Once agreement is reached on the indicators to be used, the Upper Spencer Gulf communities will be mapped across the indicators (using existing data) and compared to those for the State to identify areas of interest. A policy analysis will also be undertaken across the theme areas to identify current activities, gaps and opportunities for action.

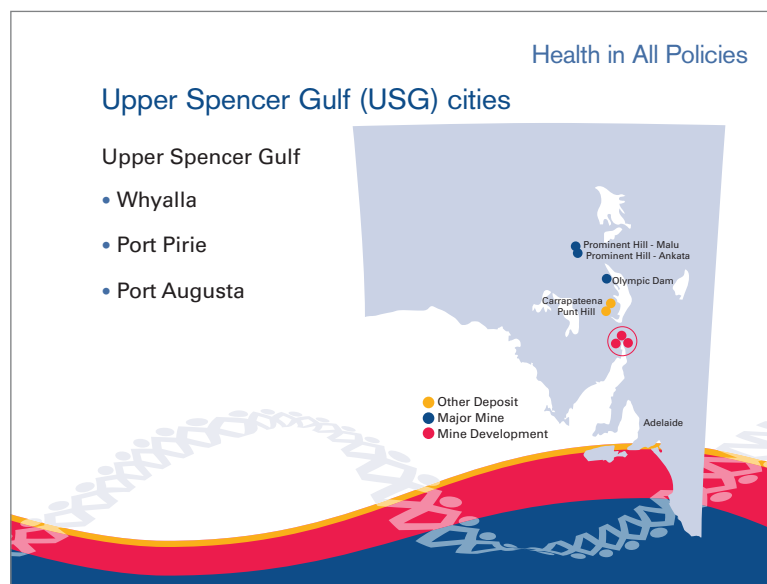
Based on the evidence collected, the Health in All Policies unit, Department of Health and Department for Manufacturing, Innovation, Trade, Resources and Energy will pull together an issues paper to be presented to potential partners in the project. The paper will identify where action is already occurring with other partners, opportunities to align with current work and help define the scope of the project.

It is likely the project will involve engagement with stakeholders in the region to identify barriers and enablers to economic opportunities, and engagement with the federal government to determine links to federal initiatives and funding.

Slides

Health in All Policies principle: Clarity and collaboration

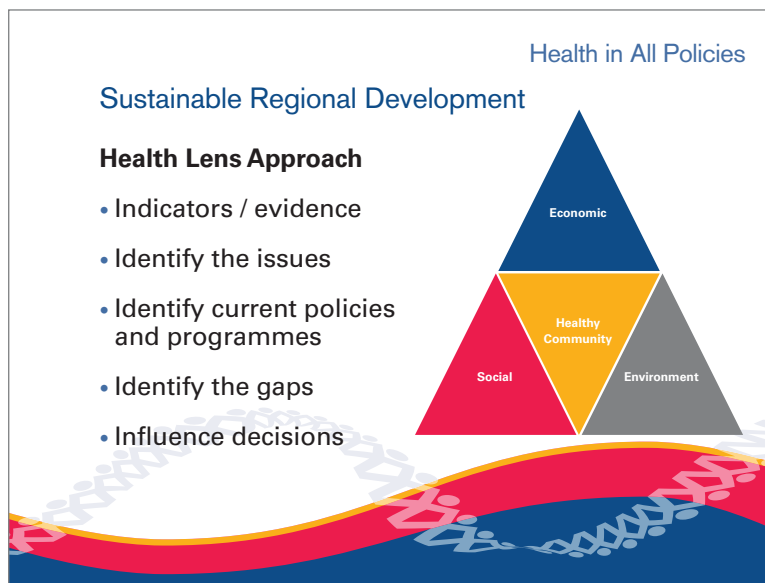
The principle of clarity and collaboration focuses on the foundations and mechanisms of successful partnerships. These include ensuring respective roles and responsibilities are clear, working on the partnering agencies' policy agenda, modelling consultation and clear communication, taking joint ownership of the work and following through on commitments.



Slide 1

Notes

This slide provides a pictorial representation of where the three Upper Spencer Gulf regional centres of Port Augusta, Port Pirie and Whyalla (circled in red) are located in relation to the key mines in South Australia including Roxby Downs. The mining/resources 'boom' represents significant economic opportunity to the three towns however capturing this opportunity in a way that meets the needs of the community today and in the future (i.e. in a sustainable manner) and in a way which addresses the social/community implications of the expansion (including health and well-being) is important. The concept of healthy sustainable regional development is captured in the next slide.



Slide 2

Notes

The concept of healthy sustainable regional development draws together elements of sustainable development and healthy communities – those which continually create and improve the physical and social environment, and draw on resources to help people meet their maximum potential. As such, healthy sustainable regional development addresses the ‘triple bottom line’ of economics, the environment and social/community issues. An important element here is that the partner agency is using Health in All Policies figures and text to describe the opportunity from their perspective.

Health in All Policies

Policy and Funding Truck

Linking into Federal and State Government funding and policy priorities.

Health in All Policies Trailer

Engage stakeholders

Build partnerships

Avoid duplication

Be relevant / add value

Slide 3

Notes

In the current project, Health in All Policies has provided a mechanism to link federal and state funding and policy priorities with health and well-being for mutually beneficial outcomes. The process has highlighted the importance of clarity and collaboration in the partnership by:

- Engaging stakeholders
- Building partnerships while ensuring respective roles and responsibilities are clear
- Working on the partnering organization's policy agenda and avoiding duplication of efforts, while maintaining the project's relevance and adding value.

Feedback from the Department for Manufacturing, Innovation, Trade, Resources and Energy:

"The Health in All Policies approach is all about bridge building and trust building. A fundamental starting point to Health in All Policies is its process of engagement; from the onset it aims to build relationships and partnerships. Health in All Policies works in a transparent multi-sectorial way across the policy 'white spaces' to bring about evidenced based change. This joint space is a complex place to operate and requires practitioners to operate with a particular set of skills, including capacity for public policy empathy and an ability to negotiate the win/wins for everyone involved."

(Government of South Australia 2012)



Trainer notes

Health Lens Analysis projects and slides presented at the 2011 South Australian Health in All Policies Summer School

5. Active transport – a Health in All Policies policy targeted review (completed project)

Acknowledgement

This presentation was delivered at the 2011 South Australian Health in All Policies Summer School by Peter Watts, Manager, Cycling and Walking Section, Department of Planning, Transport and Infrastructure on behalf of the project partners.

Background

Partner Agencies

Department of Planning, Transport and Infrastructure (Cycling and Walking Section) and Department of Health

South Australia's Strategic Plan Targets

This project has links to a number of targets and initiatives, including T2.2 Healthy Weight, T2.9/T2.10 Road Safety, T1.15 Tourism industry; work around transit-oriented developments and the *30 Year Plan for Greater Adelaide* <http://www.dplg.sa.gov.au/plan4adelaide/index.cfm> (Department of Planning and Local Government 2010).

The aim of the project was to strengthen the economic arguments that can be used by the Cycling and Walking Section to justify further investment in walking and cycling infrastructure.

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. The discussion paper was then reviewed by the Health in All Policies unit, Department of Health and Department of Planning, Transport and Infrastructure Cycling and Walking Section and economists. The Department of Planning, Transport and Infrastructure economists oversee the agency's project bids to Infrastructure Australia and the South Australian Treasury.

The literature review and discussions influenced and informed the national agenda. Infrastructure Australia has called for a nationally accepted methodology for evaluating the economic benefits of cycling and walking. This work 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 South Australia's Treasury.

The Department of Planning, Transport and Infrastructure 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.

Slides

Health in All Policies principle: Outcome-focused

The outcome-focused principle of Health in All Policies is focused on increasing political support for organizations, providing evidence based solutions, and documenting the process and outcomes according to organizational needs.



Health in All Policies

Health in All Policies Active Transport Project Summary

- Truly collaborative partnership in working with Health
- New set of eyes on some old problems
- Identified people outside Transport who were relying on what we provide
- Health in All Policies interest and support elevated recognition of the importance of active transport within Transport itself
- Health in All Policies has helped in mainstreaming cycling and walking at the national level

Slide 1

Notes

The Health in All Policies approach has assisted the Department of Planning, Transport and Infrastructure to recognize the value of the benefits that increased cycling and walking delivers in meeting Government and broader community objectives for improving health, social and economic outcomes. Working through the Health in All Policies process resulted in wider exposure about how other departments and sectors rely on and value the cycling and walking outcomes that Department of Planning, Transport and Infrastructure delivers. The project raised awareness of the importance of evaluating the economic benefits of cycling and walking – an effort that is now moving forward at the national level with the support of the Department of Planning, Transport and Infrastructure (Government of South Australia 2012).



Note to course organizers

For the most recent information on the South Australian Health Lens Analysis projects, please visit www.sahealth.sa.gov.au/healthinallpolicies



References

Department of Planning and Local Government, *The 30-Year Plan for Greater Adelaide: A volume of the South Australian planning strategy*, Department of Planning and Local Government, Adelaide. <http://www.plan4adelaide.sa.gov.au/>

Government of South Australia 2012, *Submission to the Senate Community Affairs References Committee Inquiry into Australia's domestic response to the World Health Organization's Commission on Social Determinants of Health report "Closing the gap within a generation"*, Government of South Australia, Adelaide. <http://determinantsofhealthalliance-org.webs.com/South%20Australian%20Government.pdf> (viewed 7 January 2014)

Day 3 – Session 11

Activity 9: Group work

Description of Activity

Purpose

The purpose of this activity was for participants to draft a series of questions for a panel of the Health Lens Analysis partners.

Groups

It is suggested that participants stay in their home groups for this activity.

Instructions

1. Individually reflect on the partner presentations and draft a number of questions you would like to put to the Health Lens Partners (10 minutes).
2. Participants discuss questions at the table and agree on 3-4 questions per table. These are written onto question sheets and handed to session trainer (10 minutes).
3. Health Lens Analysis partners are invited to join the panel and questions from tables are posed by the trainer to panel members (10 minutes).



Reflections from South Australia

This activity was shortened due to time constraints at the 2011 South Australian Health in All Policies Summer School. Feedback from the participants suggested it would be useful to allocate additional time to this session as the 'real life' examples of applying Health in All Policies and the challenges associated with it were of great interest.



Participant hand-out

To assist in thinking about these questions use the Health in All Policies strategies and partnership principles summary provided in the participant hand-outs at the beginning of this session.



Additional resources

Department for Health and Ageing 2013, *Health in All Policies*, Department for Health and Ageing, Adelaide. www.sahealth.sa.gov.au/healthinallpolicies

Day 3

Session 12: Key strategies for success

Introduction to session

The purpose of this session is to provide participants with an opportunity to reflect on the case study presentations of Day 3 and the South Australian Health Lens Analysis partners' reflections on working on these projects, as well as considering how key factors for success can be applied in their own settings.

Learning objectives and experiences

At the end of this session, participants should:

- Be able to identify key elements of success in the South Australian Health in All Policies approach
- Have an increased understanding about how these success factors can be applied in their own settings.

Content

Activity 10: Identifying key factors for success

45 minutes

This activity is designed for participants to reflect on the content of Day 3 and identify what they see as key success factors in the South Australian experience of applying Health in All Policies.

Activity 11: Participant interviews

35 minutes

This activity is designed to obtain feedback from individual participants about their reflections on the key factors for success in applying Health in All Policies in South Australia.

Summarising key elements for success

10 minutes

The purpose of this activity is for the session trainer to summarise the key success factors for Health in All Policies.



Note to course organizers

The trainer should be prepared to summarise the key factors for success. It may be helpful to create a 'cheat sheet' for your trainer or to note down the groups' discussions during Activity 10.



Additional resources

Department for Health and Ageing 2013, *Health in All Policies*, Department for Health and Ageing, Adelaide. www.sahealth.sa.gov.au/healthinallpolicies

Day 3 - Session 12

Activity 10: Identifying key factors for success

Description of Activity

Purpose

The purpose of this activity is for participants to individually and as a group reflect on the South Australian Health in All Policies day and identify what they see as the success factors in the South Australian experience.

Groups

It is suggested that participants work in their home groups for this activity.

Instructions

1. Individually reflect on the South Australian Health in All Policies day and identify what you see as the success factors in the South Australian experience, using the key strategies and partnership principles hand-out as a prompt (20 minutes).

In doing so, consider the following questions:

- a. What are the success factors for a Health in All Policies approach so far?
- b. Who leads/who are partners?
- c. What are the roles each agency plays?
- d. What skills are needed?
- e. What approaches are useful?

Record your ideas in your workbook.

2. Working in groups of 3 or 4:
 - i. Share your ideas on the success factors in the South Australian experience
 - ii. Consider what it was about these factors that made them helpful to Health in All Policies
 - iii. Discuss how these factors could be applied in your context

Give examples from the South Australian experience or your own to support your answers, and record notes in your workbook (25 minutes).



Note to course organizers

Ensure each participant has access to the South Australian Health in All Policies strategies and partnership principles (refer to participant hand-out on page 175).

Day 3 – Session 12

Activity 11: Participant interviews

Description of Activity

Purpose

The purpose of this activity is to obtain feedback from individual participants on their reflections on the success factors for Health in All Policies.

Groups

Not applicable. The trainer will select one person from each table to be interviewed.

Instructions

Provide the participants with an outline of the purpose of the activity. You may wish to ask for nominees from each table or select participants yourself.



Note to course organizers

The trainer should be prepared to lead a discussion around key factors for success. It may be helpful to create a 'cheat sheet' for your trainer to guide the discussion. It is also advisable to have roaming microphones on hand to ensure the whole audience can hear the interviews.

Programme Day 4

Day 4

Skills development

Session 13		
Session 13	Time	Participant workshop 09:00 – 10:30
	Aim	<ul style="list-style-type: none"> • To allow participants to consolidate their learning to date on the Health in All Policies approach and identify issues which require further clarification • To allow participants to identify some key actions they will undertake in their own contexts to progress a Health in All Policies agenda.
	Content	Activity 12: Consolidating learning to date Group feedback
Break 10:30 – 11:00		
Session 14		
Session 14	Time	Health Impact Assessment 11:00 – 12:30
	Aim	<ul style="list-style-type: none"> • To provide participants with a clear understanding of the concept of Health Impact Assessment as a tool for undertaking a Health in All Policies approach • To provide participants with the basic tools and understanding required to apply a Health Impact Assessment approach in their own settings • To provide participants with an insight into the international experience of applying Health Impact Assessment on a breadth of topics/sectors • For participants to understand that Health Impact Assessment is practicable and can be scaled to fit different time and resource availability • To underline the importance of partnerships • To describe the concept of flexibility of approach/method choice and the internal rigour of any methods chosen.
	Content	Lecture 17: Introduction to Health Impact Assessment Activity 13: Your turn to teach...
12:30 – 13:30		

Session 15		Negotiating for health
	Time	13:30 – 15:00
	Aim	<ul style="list-style-type: none"> To provide participants with an overview of the key principles behind policy negotiation To provide participants with an understanding of the strategies and skills required to undertake good policy negotiations To provide participants with an understanding of negotiation in the context of intra-governmental relations and Health in All Policies.
	Content	<p>Lecture 18: Introducing the principles of effective policy negotiation</p> <p>Lecture 19: Federal and state negotiations</p> <p>Lecture 20: Negotiation from a Health in All Policies perspective</p> <p>Lecture 21: Negotiating the South Australian Public Health Act 2011</p> <p>Summary of points</p>
Break		15:00 – 15:30
Session 16		Monitoring and evaluation
	Time	15:30 – 17:00
	Aim	<ul style="list-style-type: none"> To outline the challenges of monitoring and evaluating approaches to addressing the social determinants of health, including Health in All Policies To provide participants with an understanding of the South Australian approach to evaluation for Health in All Policies.
	Content	<p>Lecture 22: Evaluation of Health in All Policies in South Australia</p> <p>Lecture 23: Monitoring action on the social determinants of health and Health in All Policies</p> <p>Question time</p>
Close		17:00

Day 4

Session 13: Participant workshop

Introduction to session

To this point, the course has focused on the rationale behind Health in All Policies and the implementation of the South Australian Health in All Policies approach. The purpose of this session is for participants to reflect on the lessons learned from earlier sessions and in particular, the implementation presentations, and how this learning may be applied in their own country context. Facilitated by the Course Directors, the session also provides participants with an opportunity to clarify key points and issues.

Learning objectives and experiences

At the end of this session, participants should:

- Begin to map out the preliminary steps to applying a Health in All Policies approach within their work/country context.

Content

Activity 12: Consolidating learning to date

60 minutes

This activity is designed to prompt participants to think about strategies to take a Health in All Policies agenda forward in their own work context, the potential barriers to implementation and possible ways to overcome these barriers, drawing on the lessons learned from the course.

Group feedback

30 minutes



Additional resources

Department for Health and Ageing 2013, *Health in All Policies*, Department for Health and Ageing, Adelaide. www.sahealth.sa.gov.au/healthinallpolicies

Day 4 - Session 13

Activity 12: Consolidating learning to date

Description of Activity

Purpose

The purpose of this activity is for participants to discuss strategies that they could apply in their own context to encourage or progress a Health in All Policies approach, as well as identifying potential barriers and ways to overcome these issues.

Groups

Participants at the 2011 South Australian Health in All Policies Summer School completed this activity in their home groups however you may wish to move individuals around to provide a variety of experiences.

Instructions

Step 1

- Form groups of three
- Exchange information about your organizational position and role, the skills and influence that you have
- Identify three strategies that you could take to encourage or progress a Health in All Policies approach forward in your agency, region, or country.

Step 2

- Identify three to five barriers that might make it difficult to implement a Health in All Policies approach in your environment
- Drawing from the course, what are three to five things you could do to overcome barriers?

Step 3

- Summarise the common factors that emerged from your discussions and decide on who will report back to the wider group.

(60 minutes)

Day 4

Session 14: Health Impact Assessment

Introduction to session

Health Impact Assessment is defined as “a combination of procedures, methods and tools that systematically judges the potential, and sometimes unintended, effects of a policy, plan, programme or project on the health of the population and the distribution of those effects within the population” (World Health Organization 1999).

Health Impact Assessment is an important tool health practitioners can use to improve population health and well-being. Health Impact Assessment can be used to assist decision makers make choices about alternate strategies to prevent disease and injury and to actively promote health by identifying appropriate actions to manage the effects of a policy, plan, project or programme.

The session outlines the relationship between Health in All Policies and Health Impact Assessment, as conceptualized in the South Australian approach to Health in All Policies. The South Australian approach considers Health Impact Assessment to be one of several tools that can be used to support a Health in All Policies approach; Health in All Policies is not viewed as a form of Health Impact Assessment nor believed to have evolved from Health Impact Assessment. Rather, Health Impact Assessment and Health in All Policies operate at different levels within the system. Health in All Policies aims to support a new approach to governance and therefore is largely a political and policy development process. Health Impact Assessment, on the other hand, is an assessment methodology that aims to identify the health risks and benefits of existing policy, projects, plans and programmes.

Importantly, a key difference between a traditional Health Impact Assessment approach and that adopted in the South Australian Health in All Policies Health Lens Analysis model is that the traditional Health Impact Assessment approach considers an existing policy or project proposal, whereas the Health in All Policies approach works at the beginning of the policy development cycle to shape emerging policy issues and solutions. The South Australian Health in All Policies model operates inside government at a policy level, with the first objective being partnership, whereas Health Impact Assessment may operate inside or outside of government and can be done independently.

This session outlines Health Impact Assessment as a methodology, provides examples of its application and highlights how Health Impact Assessment can be used in undertaking a Health in All Policies approach.

Learning objectives and experiences

At the end of this session, participants should:

- Understand the role of Health Impact Assessment as one of many methods of supporting Health in All Policies
- Be familiar with key concepts and steps in Health Impact Assessment.

Content

Lecture 17: Introduction to Health Impact Assessment

30 minutes

This lecture introduces participants to the principles and practices which underlie Health Impact Assessment and provides an Australian case study to demonstrate its application.

Activity 13: Your turn to teach...

30 minutes

This activity is designed to consolidate participants' understanding of Health Impact Assessment by getting them to reflect on what Health Impact Assessment is, its key components, when it can be applied and how it is applied.

Key points to remember

- The South Australian approach considers Health Impact Assessment to be one of several tools that can be used to support a Health in All Policies approach.
- Health in All Policies is not a form of Health Impact Assessment and it did not evolve from Health Impact Assessment.
- Health in All Policies aims to support a new approach to governance and therefore is largely a political and policy development process. Health Impact Assessment, on the other hand, is an assessment methodology that aims to identify the health risks and benefits of existing or proposed policy, projects, plans and programmes.

Key terms

- Environmental Impact Assessment
- Health Impact Assessment
- Health in All Policies.



Note to course organizers

It is recommended that the course organizers identify a presenter for this session who is familiar with Health Impact Assessment and its application in the local context. Additionally, it is suggested that the presenter uses a locally or regionally relevant example (where possible) to demonstrate the application of Health Impact Assessment. The World Health Organization's Health Impact Assessment webpage (www.who.int/hia/en/) contains a large number of useful resources, including pages on health and housing and health in the green economy.



References

World Health Organization European Centre for Health Policy 1999, *Health Impact Assessment: main concepts and suggested approach*. Gothenburg consensus paper, World Health Organization Regional Office for Europe, Copenhagen.



Additional resources

World Health Organization 2013, *Health Impact Assessment*, World Health Organization, Geneva. www.who.int/hia/en/

Day 4 – Session 14

Lecture 17: Introduction to Health Impact Assessment

Acknowledgement

This presentation was delivered at the 2011 South Australian Health in All Policies Summer School by Robert Quigley, Director, Quigley & Watts Ltd, New Zealand.

Introduction

This lecture introduces participants to the Health Impact Assessment methodology and examines how and when Health Impact Assessment is used. Further, it examines the relationship between Health in All Policies and Health Impact Assessment, and describes the key differences between the two approaches.

Slides



Slide 1

Notes

Health Impact Assessment:

- Assess plans, projects, programmes or policies before they are implemented
- Is a systematic process, but requires judgement
- Considers intended and unintended impacts
- Can be applied at many levels of decision making
- Considers population health and inequity
- Recommends mitigation and promotion measures:
 - To maximise positive health impacts and minimise negative health impacts
 - To engage decision makers so they consider health impacts and the determinants of health in their deliberations (Mahoney et al 2002 cited in Harris, Harris-Roxas, Harris et al 2007).

Health in All Policies

When do we use Health Impact Assessment?

- Health Impact Assessment is undertaken to ensure explicit and balanced consideration to the human health impacts of policies and programmes
- Although founded in Environmental Health Impact Assessment, Health Impact Assessment may be applied to issues beyond the built environment. Examples of potential impacts considered during a Health Impact Assessment include:
 - General environmental aspects e.g. built environment and opportunities for physical activity
 - Physical health e.g. injury, non-communicable disease
 - Social impacts e.g. employment opportunities created/lost, well-being of the community.



Slide 2

Notes

The costs of failure to protect and promote health fall on governments, the community generally and individual members of the public. Ensuring these costs are not incurred by non-beneficiaries is both equitable and good economics (Australian Environmental Health Committee 2001).

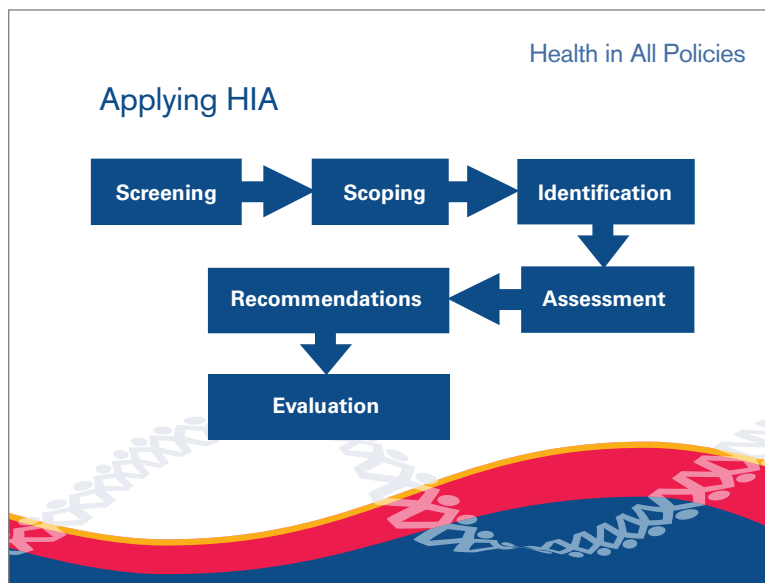
Health Impact Assessment has its foundations in Environmental Impact Assessment, a methodology which has been used since the 1970s to examine the (often negative) impact of development on the physical and natural environment. Health Impact Assessment builds on the Environmental Impact Assessment model to provide a structured way of reporting the health effects of programmes, policies and plans through a broader consideration of health issues. Health Impact Assessment also characterises health considerations in a way which enables assessment of the incremental contribution a development or activity may have upon them (Australian Environmental Health Committee 2001).

Health Impact Assessment examines a range of potential health impacts in considering the positive and negative outcomes of policies, programmes and plans. These may include:

- General environmental aspects that may impact on health: the built environment and how it encourages or discourages physical activity, increased demand for and/or improvements to public infrastructure (water supply, education, transport etc);
- Potential impacts on physical health: including increased risk of injury or trauma, disease (communicable or non-communicable) or the exacerbation of existing conditions;
- Social impacts which have a health effect: including employment opportunities created/lost, mental and emotional well-being of the community and demographic changes;
- Special populations that may need to be considered: low socioeconomic status, children, Indigenous populations.

Importantly, Health Impact Assessment engages a wide range of stakeholders – beyond the decision makers – and draws on the insight and experience of those with technical expertise, relevant non-government organizations and the population affected by the proposal (Health Development Agency 2002 cited in Harris, Harris - Roxas, Harris et al 2007).

Equity and the potential for unequal health outcomes in the population is also a particularly important consideration for Health Impact Assessment. As such, Health Impact Assessment aims to develop recommendations to reduce the potential of a proposal to lead to health inequalities or to widen existing ones (Mahoney et al 2004 cited in Harris, Harris-Roxas, Harris et al 2007).



Slide 3

Notes

Health Impact Assessment follows a six step process which systematically identifies whether an Health Impact Assessment is appropriate, examines the potential positive and negative health outcomes of the policy, plan or activity, develops recommendations for acting on the findings, and evaluates the process (Harris, Harris-Roxas, Harris et al 2007).

Stage 1 – Screening: Screening determines whether Health Impact Assessment is an appropriate form of assessment for the issue at hand and is designed to be rapid. Modest engagement with the policy proponent, a person representing the community affected and a person with public health experience is useful. This stage also presents the opportunity to improve proposals, even if a full Health Impact Assessment is judged not to be appropriate.

Stage 2 – Scoping: Scoping involves planning and designing the Health Impact Assessment and defining its parameters (including the evaluation of the Health Impact Assessment). This part of the process identifies which potential health and well-being impacts will be assessed (an issues based assessment), the scope of the evidence to be gathered, timeframes, budget and how this will occur.

Stage 3 – Identification: The purpose of the identification stage is to develop a community/ population profile; to collect information to identify potential health impacts and potential solutions – this is the (qualitative and quantitative) data collection stage.

Stage 4 – Assessment: The assessment phase requires the project team to synthesise and critically assess the information in order to prioritise the health impacts (and potential solutions) according to their significance. Presenting a causal path diagram of how the policy impacts on health outcomes is typically helpful to show the relationships.

Stage 5 – Decision making and recommendations: Once the analysis of data is complete, the project team make decisions to reach a set of final recommendations for acting on the Health Impact Assessment's findings. These are action oriented and are often aimed at mitigating the potentially negative health effects of the plan, policy or activity; and promoting positive impacts. The recommendations are developed with the partner organizations who must implement the recommendations. Follow up on the recommendations occurs through monitoring and management plans.

Stage 6 – Evaluation: An evaluation of the process is completed (it should have been undertaken alongside the Health Impact Assessment process), including an evaluation of the reach of recommendations and their impact.

Health in All Policies

Health Impact Assessment and the South Australian Health in All Policies approach

- Health in All Policies is an overarching conceptual framework for systematic engagement with sectors outside of health
- The South Australian Health Lens Analysis model draws on several components of Health Impact Assessment and like Health Impact Assessment, uses general public health methods of investigation and analysis
 - Health Impact Assessment is applied to *existing* programmes or policy
 - Health in All Policies is applied to programmes or policy *yet to be developed*
- Health in All Policies does not rigidly apply the steps of Health Impact Assessment and their application is highly context specific.

Slide 4

Notes

There are many similarities in the methodologies of Health Impact Assessment and the Health in All Policies Health Lens Analysis model. However, it is important to understand not only how the approaches are related but also their differences:

- Whereas Health Impact Assessment has its foundation in traditional (19th century) public health and the environmental health movement, Health in All Policies has evolved from health promotion theory and practice, and in particular, the movement around healthy public policy.
- Health Impact Assessment is typically applied to existing policies or programmes (usually prior to implementation but after drafting of the proposal) whereas the focus of Health in All Policies is to develop policies and policy recommendations.
- Health Impact Assessment typically involves an HIA/health expert analysing the potential impacts of a policy developed by another sector and making recommendations. Health in All Policies focuses on health and the partner(s) jointly defining the policy problem and working together to determine the policy solution.
- Health Impact Assessment emphasises the “health gain” and “health loss” associated with the outcomes of non-health and health related proposals. This differs substantially from Health in All Policies, which focuses on mutually beneficial outcomes – how to achieve the other sector’s outcomes and at the same time, improve population health and well-being.
- Partnership and collaboration are a key objective of a Health in All Policies approach, where engagement is fundamental. Health Impact Assessment, on the other hand, may be done independently and does not necessarily include partnership as a key outcome of the process.



Note to course organizers

At the 2011 South Australian Health in All Policies Summer School, the presenter went on to explain how Health Impact Assessment principles were incorporated into one of the very first Health Lens Analysis projects – the Alternative Water Supplies health lens. Further information on this project can be found in the trainer's notes at the end of this lecture and on the South Australian Health in All Policies website (www.sahealth.sa.gov.au/healthinallpolicies) should you wish to use this example in your course. However, trainers are strongly encouraged to draw on locally or regionally relevant examples where possible.



References

Australian Environmental Health Committee 2001, *Health impact assessment guidelines*, Department of Health and Aged Care, Canberra. [http://www.health.gov.au/internet/main/publishing.nsf/Content/9BA012184863E206CA257BF0001C1B0E/\\$File/env_impact.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/9BA012184863E206CA257BF0001C1B0E/$File/env_impact.pdf)

Harris, P, Harris-Roxas, B, Harris, E & Kemp, L 2007, *Health impact assessment: a practical guide*, Centre for Health Equity Training, Research and Evaluation, University of New South Wales, Sydney. http://hiaconnect.edu.au/wp-content/uploads/2012/05/Health_Impact_Assessment_A_Practical_Guide.pdf



Additional resources

Department for Health and Ageing 2013, *Health in All Policies*, Department for Health and Ageing, Adelaide. www.sahealth.sa.gov.au/healthinallpolicies

International Association for Impact Assessment 2006, *Health Impact Assessment international best practice principles*, Special Publication Series No. 5, Fargo, United States of America. <http://www.iaia.org/publicdocuments/special-publications/SP5.pdf>

Kang, E, Park, HJ, Kim, JE 2011, 'Health Impact Assessment as a Strategy for Intersectoral Collaboration', *Journal of Preventative Medicine and Public Health*, vol. 44, no. 5.

Kemm, J 2003, 'Perspectives on health impact assessment', *Bulletin of the World Health Organization*, vol. 81, no. 6.

Mindell, J, Ison, E & Joffe, M 2003, 'A glossary for health impact assessment: health impact assessments look at the effect on health of policies implemented outside the healthcare sector', *Journal of Epidemiology and Community Health*, vol. 57.

Quigley, R 2010, 'Role of Health Impact Assessment in Health in All Policies', In *Implementing Health in All Policies Adelaide 2010*, Kickbusch, I & Buckett, K (eds), Government of South Australia, Adelaide.

World Health Organization 2011, *Social determinants of health sectoral briefing series*, World Health Organization, Geneva. http://www.who.int/social_determinants/en

World Health Organization 2013, *Health Impact Assessment*, World Health Organization, Geneva. www.who.int/hia/en/

World Health Organization European Centre for Health Policy 1999, *Health Impact Assessment: main concepts and suggested approach. Gothenburg consensus paper*, World Health Organization Regional Office for Europe, Copenhagen.

Day 4 – Session 14

Lecture 17: Introduction to Health Impact Assessment



Trainer notes

Health Impact Assessment case study: Alternative water supplies

Health in All Policies

Alternative water supplies health lens project

- South Australia – 984,000 sq km; 1.6 million people. The driest of the Australian states and territories. Drinking water supplies are supplemented with water piped from the River Murray, the only major river in the state.
- The South Australian water security plan was being developed, and an options paper described how alternative water sources could be used:
 - Rain water (from house roofs)
 - Storm water (from street and park run-off)
 - Grey water (from house use, washing machines, sinks)
- Joint work between Department of Health and Office for Water Security.



Slide 1


Notes

Water is a precious and scarce resource in South Australia. The Alternative Water Supplies Health Lens was a collaborative project between the Department of Health and Office for Water Security in South Australia. The project considered the potential health impacts associated with the reuse of three alternative water supplies, namely storm water, grey water and rain water with the aim of informing the draft South Australian Water Security Plan of the positive and negative health and well-being impacts of the reuse of stormwater, grey water and rainwater for non-potable purposes. The outcome of this process was a series of recommendations for consideration by the Office for Water Security in the development of the South Australian Water Security Plan (Department of Health 2009).

Health in All Policies

The process

- Determined whether a Health Impact Assessment should be undertaken (screening carried out by project team)
- One meeting set the boundaries of the Health Impact Assessment (scoping)
- Collected information and assessed potential impacts (appraisal)
- Literature reviews on health risks of use of grey water, storm water and rainwater; and on consumers acceptance, behaviour change and compliance
- Three consumer focus groups to identify community attitudes.



Slide 2

Notes

The project team undertook a screening and scoping exercise to determine the focus of the project. An appraisal of available information around alternative water supplies and their potential health impacts was conducted alongside a literature review. The literature review focused on three defined topic areas that covered issues relating to:

1. Health risks associated with the use of alternative water sources (including chemical and microbial contamination)
2. The potential positive health impacts of increasing the use of alternative water sources (with a particular emphasis on the effects of greenspace on public health and well-being)
3. Issues relating to public acceptance, compliance and behaviour change.


Once gaps in the available literature had been identified, a series of hypothetical scenarios were developed to be presented to members of the public via focus groups. A number of potential reuse options (for non-potable purposes) were presented for each of the three alternative water sources under consideration. Estimated costs, potential reuse volumes and other factors relating to potential health outcomes were incorporated into the scenarios to allow participants to provide useful feedback that would contribute to informing the South Australian Water Security Plan recommendations.

Focus groups were conducted to assist in informing the decision-making process, with the aim of assisting in filling any gaps identified in the available literature. However, the primary function of these discussions was to test ideas presented in the form of hypothetical scenarios, and to gauge community acceptance of the ideas presented (Department of Health 2009).

Health in All Policies

The process

- Data analysed and draft report written up
- Early presentation to South Australian Water Customer Council (industry and business) for feedback
- Final report provided recommendations on what alternative water sources (and their implementation) was best for health.



Slide 3

Notes

Once the focus groups had been completed, the data collected was analysed and a draft report produced. In order to seek the views of industry and business representatives, a review of the research process used and results of the focus group discussions was sought from members of the South Australian Water Customer Council.

The Council members were consulted in the form of a focus group type discussion. Members were briefed on the background to the project and some specifics relating to the process used in the Water Security Health Lens Analysis, and then provided with a summary of the key outcomes from the focus groups held with members of the public. A discussion then took place to determine whether the views of the general public were in line with those of the industry and business representatives. The discussion revealed that the opinions held by the members of the South Australian Water Customer Council were similar to those held by members of the public who were consulted.


The collated information from the literature reviews and focus group studies were used to inform a series of draft recommendations to be presented to the Office for Water Security, to assist in the consideration of various ideas in the South Australian Water Security Plan. Recommendations were made around the reuse of the three alternative water sources considered, with emphasis placed on the public's preference towards the reuse of rainwater and storm water over grey water. This preference was supported by the reviewed literature, in terms of potential reuse volumes attainable and the lower health risks associated with these sources (Department of Health 2009).

Health in All Policies

Outcomes

- The Health Lens Analysis “did have influence in the policy process... how the issues were framed and the language used”
- The use of focus groups to test consumer attitudes to policy options was seen as “a useful and powerful means of capturing community feedback”

Lawless & Hurley 2010



Slide 4

Notes


An evaluation of the Alternative Water Supplies Health Lens reported a number of outcomes from the project. In particular, key decision makers in the policy development process reported that the Health Lens Analysis report did influence the policy process. In particular the Health Lens Analysis report influenced the narrative of the Water for Good report – how the issues were framed and the language used.

Further, participants in the Health Lens Analysis project reported that the use of focus groups to test reaction to policy options was new to some members and was seen as a useful and powerful means of capturing community feedback (Lawless & Hurley 2010).

Health in All Policies

Outcomes

- Several issues and solutions raised by the Health Lens Analysis for rain water, storm water and grey water are visible in the final 'Water for Good' policy paper
- But not all – we don't inform/influence every issue.



Slide 5

Notes

In terms of the project impact, several issues and solutions identified in the project's recommendations can be found in the *Water for Good* <http://www.waterforgood.sa.gov.au/water-planning/the-plan/> policy paper (Office for Water Security 2010). However, while this project was successful, it is important to note that not all issues and recommendations were picked up – it is not possible to inform and/or influence every issue.

**References**

Department of Health 2009, *Water Security: A Health Lens Final Report*, South Australian Department of Health, Adelaide. Available from www.sahealth.sa.gov.au/healthinallpolicies

Lawless, A, Hurley, C 2010, *Water Security Health Lens Analysis Evaluation Report*, South Australian Department of Health, Adelaide. Available from www.sahealth.sa.gov.au/healthinallpolicies

Office of Water Security, Government of South Australia 2010, *Water for Good*, Government of South Australia, Adelaide. <http://www.waterforgood.sa.gov.au/wp-content/uploads/2009/06/complete-water-for-good-plan.pdf>

Day 4 - Session 14

Activity 13: Your turn to teach...

Description of Activity

Purpose

This activity is designed to consolidate participants' understanding of what Health Impact Assessment is, its key components, and when and how it can be applied.

Groups

It is suggested participants work in their home groups for this activity.

Instructions

Split your home group into 5 (singles or pairs) and decide who will be answering each of the questions.

The participants then become the trainers. Each single person or pair are to:

- Read the material given (20 minutes)
- Prepare a 5 minute presentation (20 minutes)
- Teach it back to the home group (5 minutes per person per topic - 25-30 minutes).
- Try and complete two presentations prior to the break
- Complete the remaining three presentations after the break, and then come back to a plenary session for questions.

Participants will cover the following five topics in their home group:

1. Describe what Health Impact Assessment is and give examples of when it should be used
2. Describe the main methods that can be used and the skills needed for each
3. Who might participate, who might lead and whose policies/projects might be assessed in a Health Impact Assessment?
4. Describe the main steps in the Health Impact Assessment approach
5. Why would I want to do a Health Impact Assessment? Sell the merits to me.

Participants should summarise the common factors that emerged from their discussions and decide on who will report back to the wider group.



References (readings for activity)

International Association for Impact Assessment 2006, *Health Impact Assessment international best practice principles*, Special Publication Series No. 5, Fargo, United States of America.
<http://www.iaia.org/publicdocuments/special-publications/SP5.pdf>

Kang, E, Park, HJ, Kim, JE 2011, 'Health Impact Assessment as a Strategy for Intersectoral Collaboration', *Journal of Preventative Medicine and Public Health*, vol. 44, no. 5.

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Mindell, J, Ison, E, Joffe, M 2003, 'A glossary for health impact assessment: health impact assessments look at the effect on health of policies implemented outside the healthcare sector', *Journal of Epidemiology and Community Health*, vol. 57.

Quigley, R 2010, 'Role of Health Impact Assessment in Health in All Policies', In *Implementing Health in All Policies Adelaide 2010*, Kickbusch, I & Buckett, K (eds), Government of South Australia, Adelaide.

Day 4

Session 15: Negotiating for health

Introduction to session

We have seen throughout the course that collaborative across government work is fundamental to taking a Health in All Policies approach, and that this work requires practitioners to be flexible and have well-honed negotiation skills.

Negotiation is a process by which two or more parties seek an agreement to establish what each shall give or take, or perform and receive in transaction between them (Saner 2008). Further, it is a process of arriving at joint decisions when the parties involved have different preferences, interests and drivers.

Understanding the principles of effective policy negotiation is the main purpose of this session. In particular, the session will explore how the skills and strategies involved in effective negotiation may differ from the traditional model of the health sector assuming the role of the lead when interacting with other government departments. The session provides examples of the different types of negotiation strategies required for different purposes and contexts, using the experience of South Australian policy makers as an example. It explores the negotiation skills required for highly politicised state and federal government negotiations; the collaborative more informal negotiations of cross-government policy action achieved through the Health in All Policies approach; and the process of negotiating with key stakeholders, advocacy groups, and political parties when navigating legislation through the parliamentary process.

Learning objectives and experiences

At the end of this session, participants should:

- Understand the key principles, strategies, and skills for policy negotiation.

Content

Lecture 18: Introducing the principles of effective policy negotiation

20 minutes

This lecture introduces participants to the principles of policy negotiation and the context in which it takes place. The lecture was developed following the 2011 South Australian Health in All Policies Summer School as participant feedback indicated that the principles of effective policy negotiation needed to be explicitly addressed.

Lecture 19: Federal and state negotiations

15 minutes (including 5 minutes of question time)

This lecture examines the challenges and techniques required to negotiate policy between different levels of government drawing on a recent example, between the Government of South Australia and the Australian (Commonwealth) Government.

Lecture 20: Negotiation from a Health in All Policies perspective

30 minutes (including 10 minutes of question time)

This lecture explores the negotiation skills required when the context calls for a more cooperative approach, using Health in All Policies as an example.

Lecture 21: Negotiating the South Australian Public Health Act 2011

15 minutes (including 5 minutes of question time)

The final lecture explores the negotiation required to navigate public health legislation through parliament, demonstrating the need for both directive and cooperative negotiation skills.

Summary of points

10 minutes

Key points to remember

- The negotiation process can require different strategies and skills depending on the context and on the role of the health sector as lead or collaborator.

Key terms

- Negotiation.



Note to course organizers

It is suggested that future courses incorporate a section on the skills required for implementing effective negotiation strategies such as active listening, developing emotional intelligence, understanding political contexts, seeking advice, undertaking comprehensive research and gathering evidence etc.

The session presenter could speak to the links from the examples given by the guest lecturers to the theoretical discussion of negotiation strategies and skills. In particular, the session presenter could remind participants that the Health in All Policies approach is generally premised on the role of the health sector as collaborator not the lead and that this involves a gentler, more flexible negotiation approach.



References

Saner, R 2008, *The Expert Negotiator* (3rd edn), Martinus Nijhoff Publishers, Lieden/Boston.



Additional resources

Australian Public Service Commission 2004, *Connecting government: Whole of government responses to Australia's priority challenges*, Commonwealth of Australia, Canberra.
http://www.apsc.gov.au/__data/assets/pdf_file/0006/7575/connectinggovernment.pdf

Australian Public Service Commission 2007, *Tackling wicked problems: A public policy perspective*, Commonwealth of Australia, Canberra. http://www.apsc.gov.au/__data/assets/pdf_file/0005/6386/wickedproblems.pdf

Figuroa, ME, Kincaid, DL, Rani, M & Lewis, G 2002, *Communication for social change: An integrated model for measuring the process and its outcomes*. Rockefeller Foundation.
<http://www.communicationforsocialchange.org/pdf/socialchange.pdf>

Government of South Australia n.d., *Achieving integrated government: a guide*, Government of South Australia, Adelaide.

Day 4 – Session 15

Lecture 18: Introducing the principles of effective policy negotiation

Introduction

This lecture introduces the participants to negotiation in the policy environment, outlining the characteristics of negotiation and the context in which it takes place.



Note to course organizers

This lecture was developed following feedback from the 2011 South Australian Health in All Policies Summer School participants, who felt the principles of effective policy negotiation needed to be explicitly addressed.

Slides

Health in All Policies

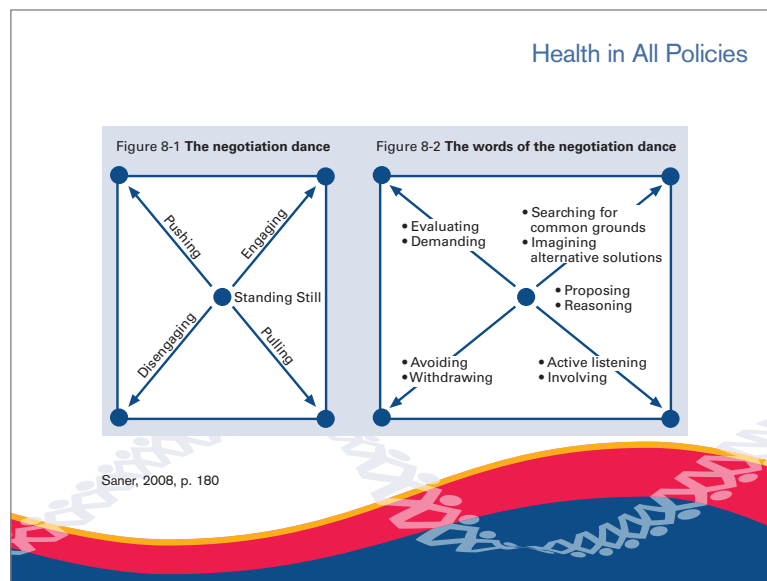
Negotiation

- Two or more parties
- Convergent or divergent interests
- Voluntary relationships
- Distribution or exchange of tangible or intangible resources
- Sequential, dynamic process
- Incomplete information
- Alterable values and positions as affected by persuasion and influence.

Slide 1

Notes

When negotiating around policy there are generally two or more parties involved with interests that may be similar or divergent but relationships are voluntary. The negotiation may be about tangible or intangible resources e.g. roles, responsibilities, funding, resources and the process tends to be dynamic and sequential. Parties may have incomplete information which impacts on their negotiating position but the expectation is that values and positions can be altered through persuasion and influence.

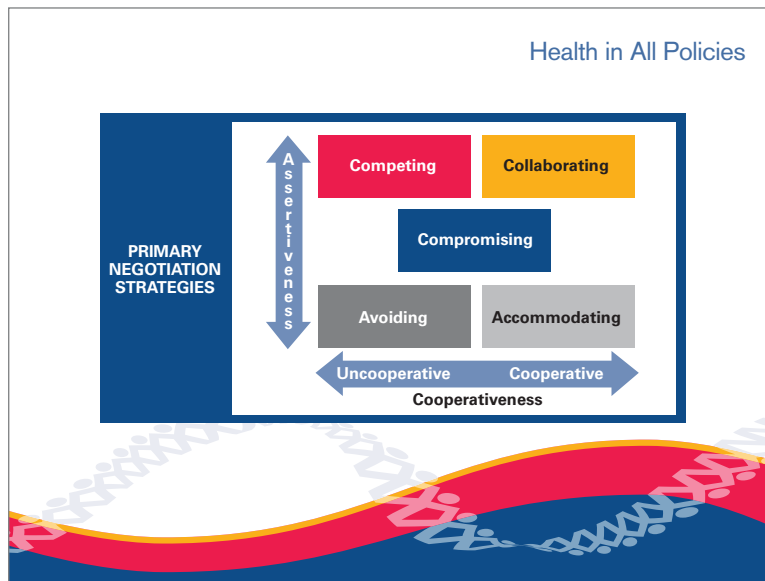


Slide 2

Notes

Different contexts and negotiation environments require different negotiation skills and strategies. Further, different stages of the same negotiation may require different strategies. Saner captures the different types of strategies involved in what he terms the 'negotiation dance', as depicted on this slide.

Notably, Saner also attaches words or language to each different aspect of the negotiation dance, which helps to capture the way in which each strategy differs. Some are more directive or assertive while others are more cooperative. The following slide captures how these strategies can lead to different outcomes (Thomas & Kilman 1974).



Slide 3

Notes

In addition to the pushing, pulling, disengaging, engaging and standing still of the negotiation dance there is also the need to **improvise**. As the situation, context, desires and wants change or do not follow expectations negotiators utilise the skill of improvisation until a more concrete and suitable strategy emerges.

To some extent, the context of the negotiation will suggest the appropriate strategies for the negotiator to adopt. In the context of health sector related negotiations, it will depend on what is to be negotiated as to whether the health sector needs to act as the lead or as the collaborator. High level state/federal negotiations may involve more hard edged negotiations. In contrast, negotiating for cross-sector action on the social determinants of health may require an engaged, collaborative approach. The South Australian Health in All Policies approach is premised on this type of collaborative negotiation, although it often still involves many different steps in the negotiation dance.



References

Saner, R 2008, *The Expert Negotiator* (3rd edn), Martinus Nijhoff Publishers, Lieden/Boston.
 Thomas, KW & Kilmann, RH 1974, *Thomas-Kilmann Conflict Mode Instrument*, Xicom, California.



Additional resources

Fairman, D, Chigas, D, McClintock, E, Drager, N 2012. *Negotiating public health in a globalized world: Health diplomacy in action*. Springer, United States of America.

Day 4 – Session 15

Lecture 19: Federal and state negotiations

Acknowledgement

This lecture was delivered at the 2011 South Australian Health in All Policies Summer School by Sandy Pitcher, Deputy Chief Executive, South Australian Department of the Premier and Cabinet.

Introduction

This lecture examined policy negotiation at the subnational level, between the Government of South Australia and the Commonwealth Government.



Note to course organizers

The course organizers may wish to invite a presenter who can speak of their experiences in negotiating high level political agreements. In the 2011 South Australian Health in All Policies Summer School the guest presenter was from South Australia's central government agency and had recently had experience in negotiating a state and federal (Commonwealth) government health care agreement. This involved parties arriving at the negotiation process with established, albeit traversable, positions.

Slides

Health in All Policies

National Healthcare Agreement

The National Healthcare Agreement is focused on:

- Preventing disease and injury and maintaining health, not simply the treatment of illness
- Meeting the primary health care needs of all Australians efficiently through timely and quality care
- Ensuring people with complex care needs can access comprehensive, integrated and coordinated services
- Providing timely and appropriate high quality hospital and hospital related care to all Australians.

Slide 1

Notes

In August 2011, the Council of Australian Governments signed a new *National Health Reform Agreement* http://www.federalfinancialrelations.gov.au/content/npa/health_reform/national-agreement.pdf (Standing Council of Federal Financial Relations 2012). This agreement is intended to deliver major reforms to the organization, funding and delivery of health and aged care. It sets out the shared intention of the Commonwealth, state and territory governments to work in partnership to improve health outcomes for all Australians and ensure the sustainability of the Australian health system. The role of the Council of Australian Governments Reform Council continues under the new agreement, including reporting on the existing performance indicators set out in the National Healthcare Agreement.

Health in All Policies

National Healthcare Agreement

The National Healthcare Agreement is focused on:

- Meeting the needs of older Australians through high quality, affordable health and aged care services that are appropriate to their needs
- Enabling choice and seamless, timely transition within and across different sectors
- Ensuring all Australians experience best practice care that is suited to their needs and circumstances
- Achieving health outcomes for Indigenous Australians which are comparable to the broader population and those living in rural and remote areas
- A sustainable health system that can respond and adapt to future needs.



Slide 2

Notes

The negotiations between the Government of South Australia and the Commonwealth Government were delicate and challenging, requiring both parties to draw on the full range of diplomacy and negotiation skills. It took time, as both parties pushed to pursue their governments' goals and when this became difficult, they waited and allowed time for new ideas to surface, which helped to find common ground. The final agreement is testament to the high level public policy negotiation skills used by the parties.



References

Standing Council on Federal Financial Relations 2012, *National Healthcare Agreement 2012*, Standing Council on Federal Financial Relations, Canberra.
http://www.federalfinancialrelations.gov.au/content/national_agreements.aspx



Additional resources

Council of Australian Governments National Reform Council n.d.
<http://www.coagreformcouncil.gov.au/agenda/healthcare.cfm>

Day 4 – Session 15

Lecture 20: Negotiation from a Health in All Policies perspective

Acknowledgement

This lecture was delivered at the 2011 South Australian Health in All Policies Summer School by Carmel Williams, Manager, Health in All Policies unit, South Australian Department of Health.

Introduction

Effective collaboration requires give and take on the part of the collaborating parties and ability to negotiate through difference. The Health in All Policies approach is premised on working collaboratively across government to develop healthy public policy and as such draws heavily upon negotiation as a critical strategy to be able to successfully deliver improved policy outcomes.



Note to course organizers

The course organizers may wish to invite a presenter who can speak of their experiences in negotiating within an informal collaborative environment.

Slides

Health in All Policies

Transit Oriented Developments *Tensions/Challenges*

- Political sensitivity of issue
- Traditional environmental health impacts (need for quantifying evidence)
- Different requirements for different evidence bases –e.g. social aspects (general support but evidence essential for contested points)
- Different values and evidence bases
- Differences in use of terminology (e.g. 'density')
- Translation of recommendations into 'action on the ground'



The slide features a list of seven bullet points on the left side, detailing tensions and challenges in Transit Oriented Developments. On the right side, there is a logo for 'healthy connected communities' with the tagline 'Creating healthy urban villages for the future'. The logo includes a photograph of a woman and a child riding a bicycle on a path. The slide has a decorative footer with a wavy pattern in red, yellow, and blue, and a background of stylized human figures in white.

Slide 1

Notes

The Health in All Policies *Transit-oriented developments...through a health lens* project is an example of the negotiation required when working collaboratively across government on the social determinants of health. This Health Lens Analysis project required participants to negotiate despite conflicting views and agencies having significant agendas and drivers to take into consideration. It required agencies to look for shared goals and outcomes whilst at all times respecting different views (refer to the South Australian Health in All Policies website for further information on this project).



Additional resources

Department for Health and Ageing 2013, *Health in All Policies*, Department for Health and Ageing, Adelaide. www.sahealth.sa.gov.au/healthinallpolicies

Day 4 – Session 15

Lecture 21: Negotiating the South Australian Public Health Act 2011

Acknowledgement

This presentation was delivered at the 2011 South Australian Health in All Policies Summer School by Danny Broderick, Principal Policy Officer, Public Health, South Australian Department of Health.

Introduction

The introduction of a new piece of legislation within any democracy will require careful and crafted negotiation to manage diverse and potentially divergent interests. Within the Westminster system of government, where there are two houses of parliament and therefore two sets of elected members, the negotiations can be exceptionally complex. This lecture is intended to describe these complexities and outline, as an example, the strategies used to negotiate the South Australian Public Health Act 2011 through both houses of parliament.



Note to course organizers

The course organizers may wish to invite a presenter who can speak of their experiences in negotiating public health legislative changes or similar through the parliamentary process. For the 2011 South Australian Health in All Policies Summer School the presenter had overseen the passing of the South Australian Public Health Act 2011 and spoke about the need to negotiate with various stakeholders, including local government and political parties.

Slides



Slide 1

Notes

On the surface, policy making and decision making may appear to be stable, systematic and comprehensive processes, however they are often highly dynamic and at times unpredictable. The experience of negotiating the South Australian Public Health Act 2011 showed that the following points were important:

Understand the political and policy environment – it is important to become familiar with the political environment and policy making within your context. Is the environment favourable, benign or unfavourable or a combination of all three? Successful policy change requires finding points of leverage for change, and developing a narrative that aligns your policy goals with the climate.

Take gradual steps – policy goals cannot be achieved all at once, particularly when they are ambitious and far-reaching, and so a gradual process of identifying stakeholders and building relationships is necessary to “win friends and influence people”.

Learn from the experience of others– while the processes, techniques and structures of others’ experiences may be different, the principles and values are constant.

Join up policy agendas – the alignment of policy agendas may not be self-evident to all and so investing time in examining other people’s policy goals and exploring ways in which your proposals can support and assist them to achieve these policy goals will increase the likelihood of the policy change being adopted.

Keep the message simple – it is much easier for others to see where their interests lie if the policy narrative is clear and concise.

Evidence, morality and/or utility can be used to achieve change (any of these can work but not always)

- Evidence – providing an evidence base for the policy change will give it “weight”
- Morality – appealing to a sense of high moral ground of doing what’s fair and right is appealing but not everyone shares the same beliefs or approaches
- Utility – if someone can perceive that a proposal or a change is beneficial and useful for them and their goals there is a far better chance that they will adopt it.

Finally, in the same way that utility is a powerful force for change, developing all-party support and agreement for a piece of legislation and recognizing everyone's contribution is important in ensuring the sustainability of approaches across any future changes in government.



Additional resources

Birkland, TA 2001, *An introduction to the policy process: Theories, concepts, and models of public policy making*, M.E. Sharpe, New York.

Guy Peters, B 2002, *Governance: A garbage can perspective*, Institute for Advanced Studies, Vienna. http://aei.pitt.edu/347/1/wp_84.pdf

Hirota, JM, Jacobowitz, R 2007, 'Constituency building and policy work: three paradigms', *The Evaluation Exchange*, vol. 13, no. 1&2, pp. 26-27.

Kickbusch, I 2010, 'Health in all policies: where to from here?', *Health Promotion International*, vol. 25, no. 3, pp. 261-264.

Kingdon, J 2011, *Alternatives, agendas and public policies*, Longman, Boston.

McCool, DC 1995, *Public policy theories, models and concepts: An anthropology*, Prentice Hall, New Jersey.

Sabatier, PA 2007, *Theories of the policy process* (2nd edn), Westview Press, Colorado.

Zahariadis, N 2003, *Ambiguity and choice in public policy: Political decision making in modern democracies*, Georgetown University Press, Washington DC.

Day 4

Session 16: Monitoring and evaluation

Introduction to session

Monitoring and evaluation are essential components of all good public health practice. It is therefore critical that a Health in All Policies course allocates time in the curriculum to consider how best to monitor and evaluate progress in undertaking a Health in All Policies approach.

Individual project evaluations are important in ensuring continuous development and fine tuning of the Health in All Policies processes, tools and strategies. Further, evaluating the initiative as a whole is especially important for Health in All Policies as a developing area of practice at a time when methods, approaches and techniques are being tested and extended with each Health in All Policies project.

The session also explores the difficulties in undertaking such evaluation work of action on the social determinants of health. In particular:

- The paucity of natural studies examining policy interventions
- Limited knowledge and methodologies for evaluating policy changes
- The complex nature of intersectoral work on the social determinants of health
- The differing timescales of interest to policy makers and researchers.

"Evaluation involves assessing the strengths and weaknesses of programs, policies, personnel, products, and organizations to improve their effectiveness."

(American Evaluation Society 2010)

The main purposes of this session are to examine the difficulties in evaluating and monitoring action on the social determinants of health and to explore ways in which these difficulties can be overcome. Several evaluation strategies which allow for the assessment of action on the social determinants of health, such as qualitative evaluations and a programme logic framework, will be discussed. The World Health Organization's role in monitoring action on the social determinants of health will also be canvassed.

Learning objectives and experiences

At the end of this session, participants should:

- Understand the difficulties associated with applying traditional public health evaluation processes to addressing social determinants
- Understand the importance of incorporating monitoring and evaluation across Health in All Policies and into Health Lens Analysis projects.

Content

Lecture 22: Evaluation of Health in All Policies in South Australia

45 minutes

The lecture focuses on the importance of evaluation in implementing Health in All Policies and the challenges associated with evaluating public policy interventions.

Lecture 23: Monitoring action on the social determinants of health and Health in All Policies

20 minutes

This lecture examines the critical role of global statements in providing a mandate for action on the social determinants of health, and Health in All Policies. In particular, this lecture examines the pledge to monitor and evaluate action on the social determinants of health arising out of the World Conference on Social Determinants of Health held in 2011.

Question time

10 minutes

Key points to remember

- Monitoring and evaluating action on the social determinants of health is a complex and challenging task
- Such monitoring and evaluation is fundamental to new approaches in public health, both to gather evidence to assess their effectiveness and to inform a continuous improvement agenda.

Key terms

- Evaluation
- Monitoring
- Monitoring and evaluation.



Reflections from South Australia

At the 2011 South Australian Health in All Policies Summer School, we were fortunate to have two expert guest lecturers in the theory and practice of monitoring and evaluation – one from a local university and an advisor from the World Health Organization. This session draws on their personal experiences of applying the theory in practice. It is suggested that, where possible, local experts in the field of Health in All Policies, evaluation and social determinants of health are used to deliver this part of the curriculum, as they will be able to draw on locally relevant examples. If local examples are not available, please refer to the literature contained in this session, the reading list and the South Australian case study contained in the trainer's notes at the end of Lecture 22 (pages 240-244).



References

American Evaluation Association 2010, *An evaluation roadmap for a more effective government*, American Evaluation Association. Available from <http://www.eval.org/p/cm/ld/fid=154>



Additional resources

Improvement and Development Agency 2010, *The social determinants of health and the role of local government*, Improvement and Development Agency, United Kingdom. http://www.local.gov.uk/web/guest/health/-/journal_content/56/10180/3510830/ARTICLE

Nesta 2011, *Using evidence to improve social policy and practice: Perspectives on how research and evidence can influence decision making*, Nesta, United Kingdom. http://observgo.uquebec.ca/observgo/fichiers/89576_AAEP4.pdf

Newman, L, Biedrzycki, K, Patterson, J & Baum, F 2011, 'Partnership in knowledge creation: Lessons learned from a researcher-policy actor partnership to co-produce a rapid appraisal case study of South Australia's social inclusion initiative', *Evidence & Policy*, vol.7, no. 1, pp. 77-96.

Day 4 – Session 16

Lecture 22: Evaluation of Health in All Policies in South Australia

Acknowledgement

This lecture was delivered at the 2011 South Australian Health in All Policies Summer School by Dr Angela Lawless, Deputy Director, Training and Development, South Australian Community Health Research Unit, Flinders University of South Australia.

Introduction

This lecture highlights the importance of evaluation in implementing a Health in All Policies approach, including the importance of research-policy partnerships, identifying evaluation questions and the challenges associated with evaluating public policy interventions.

Evaluation is a critical component of any Health in All Policies approach and moreover, it is a necessary part of good governance. Evaluation is essential to contemporary public sector accountability and sound decision making. As such, it must be done as a part of routine business and embedded in normal processes rather than being considered an 'optional extra'.



Note to course organizers

Depending on your audience and the time allocated to the Monitoring and Evaluation session, you may like to discuss in further detail the role and importance of research-policy collaboration.

The 2011 South Australian Health in All Policies Summer School included a case study to illustrate how the South Australian Health in All Policies Health Lens Analysis process had been evaluated. More information on this case study can be found in the trainer's notes at the end of this lecture. It is recommended that, where possible, a locally relevant evaluation case study is included in this session as a way of providing examples of how to evaluate complex initiatives such as Health in All Policies and policy interventions addressing the social determinants of health.

Slides

Background notes

Evaluation of individual Health Lens Analysis projects is important to ensure the continuous development and fine tuning of the Health in All Policies processes, tools and strategies. As well as contributing to accountability and programme development, evaluation contributes to the knowledge base regarding Health in All Policies. The evaluation of the Health in All Policies initiative as a whole is essential given that Health in All Policies is a relatively new approach and there is much international attention on what strategies successfully address the social determinants of health.

Collaboration and partnerships

Building capability is essential to achieving high-quality evaluations. Staff need to have the skills and capacity to use evaluation results, to contribute to programme theory so that there is a virtuous cycle between research and practice. A collaborative approach offers a good mix – rigorous evaluation requires skills, knowledge and expertise. Collaborative partnerships between internal staff and external evaluators provide a sound mix of programme and evaluation skills and knowledge. Collaboration builds the evaluation capacity of staff, provides a range of expertise for complex evaluations and affords confidence about the objectivity of evaluations. Collaborations between research and policy communities are not always easy but are worth pursuing for these reasons.

Further, engaging stakeholders works towards mutually beneficial outcomes – it is important to provide opportunities for key stakeholders to have their voices heard, and also strengthens partnerships and builds shared understanding.

In South Australia, there has been ongoing evaluation of the Health Lens Analysis projects undertaken as part of South Australia's Health in All Policies initiative.

Challenges associated with evaluation

Evaluating a Health in All Policies approach is complex in many ways:

- Health in All Policies encompasses issue identification, policy agendas, policy making and policy implementation, each requiring appropriate evaluation mechanisms
- Health in All Policies covers a wide range of sectors, disciplines and specialised knowledge bases and is not amenable to traditional study designs because of the importance of context in its implementation
- The political and operational context, and numerous and varied actors and interactions pose evaluation challenges
- Potential interventions range from big picture macro-economic changes to small scale service delivery interventions meaning different evaluation tools are required
- For policies to make a difference they need to be implemented – this is a difficult task
 - More research is required to explore the ways implementation of policies can be made to work
 - One focus of relevant policy research is the exploration of whether the policy intent and social constructions accepted in the policy formulation phase are accepted and understood by those charged with making the policy operational (Rist 1998).

Health in All Policies

What do we want to know?

- How do Health in All Policies mechanisms (e.g. health lens) influence the process of policy making and government business?
- Are they effective in building health and equity considerations into policy and government business?
- What impact do the consequent policies and government business have on the social determinants of health and their distribution?



Slide 1

Notes

Determining what you want to know from an evaluation is an important starting point to developing an evaluation framework for Health in All Policies projects. Additionally, it is important to consider these questions at the beginning of a project so that the process, impact and outcomes can be sufficiently examined.


An effective evaluation framework requires a comprehensive range of analyses that build upon each other to provide a detailed description of the programme, its rationale and its progress towards its objectives. Whilst in some ways these can be seen in a developmental sequence, in reality evaluation will have to deal with the levels concurrently. As processes change or are refined on the basis of experience and feedback they will be revisited by evaluators.

Health in All Policies

How do Health in All Policies mechanisms (e.g. health lens) influence the process of policy making and government business?

Process evaluation: example questions

- Is the health lens operating according to the model?
- Did participants develop a shared understanding of the aims and process? How was this achieved (or not)?
- Were appropriate decision makers involved in the process?
- Were agencies' goals and expectations met? Was the process of mutual benefit to partners?
- What are the barriers and enablers?



Slide 2

Notes

Process evaluation and the notion of improvement are particularly important when evaluating programmes that are innovative and/or still developing. The evaluation must be realistic and consider the critical role of context in Health in All Policies implementation. Evaluation in this context can inform decision making and the on-going development of Health in All Policies strategies. Programmes at an early stage are fragile and insecure and hence any evaluation needs to be constructive.


'Find out what is going on so that responsible decision makers can make the necessary corrections and modifications to keep the program or policy on track' (Rist 1998).

Health in All Policies

Is Health in All Policies effective in building health and equity considerations into policy and government business?

Impact evaluation: example questions

- Is there evidence of the process informing policy or programmes?
- Have participants gained new knowledge/ skills/ attitudes?
- Is there transfer of learning to other areas of work?

**Slide 3****Notes**

Impact evaluation focuses on the immediate effect that a programme has on the people, stakeholders and settings to influence the determinants of health. At the individual level, the immediate effects may include the acquisition of new or improved knowledge, skills and attitudes related to working on intersectoral policy problems, and an appreciation and understanding of the role of the social determinants of health on population health and well-being. At the organizational level, the immediate effects of a Health in All Policies project may include the process/approach being used to inform the development of policies and programmes, including those outside the scope of the original project (Adapted from Department of Human Services 2003).

Health in All Policies

What impact do the consequent policies and government business have on the social determinants of health and their distribution?

Outcome evaluation

Here we face some serious challenges e.g.

- Complexity of social determinants and policy interventions
- Attributing change to the intervention
- Often long time frames
- Measurement tools for social health and well-being
- Measuring prevention (what didn't happen).



Slide 4


Notes

Outcome evaluation examines endpoints of interventions and policy changes, expressed as outcomes such as mortality, morbidity, disability, quality of life, crime rates, unemployment, highest level of educational attainment and equity (Department of Human Services 2003). It is the outcome evaluation of taking a Health in All Policies approach which is often the most challenging, as the slide above articulates.

Health in All Policies

What impact do the consequent policies and government business have on the social determinants of health and their distribution?

- Use programme logic/theory to describe how the programme has made a contribution to long term goals
- Use research findings and 'best practice' examples as evidence of effectiveness of your intervention



Slide 5

Notes

Policy interventions will be affected by many external factors that are beyond the researchers' or policy makers' control. Programmes are multifaceted, organic and take place in changing circumstances, and multiple outcomes may be considered. It is therefore important to clearly describe how the project, programme or policy intervention has impacted on long term health and well-being outcomes through the use of programme logic, backed up with research based evidence and best practice, to illustrate the effectiveness of your intervention.



References

Department of Human Services 2003, *Measuring health promotion impacts: a guide to impact evaluation in integrated health promotion*, Department of Human Services, Melbourne.
[http://docs.health.vic.gov.au/docs/doc/9CF1F628F2BE470FCA257A7F0022825E/\\$FILE/measuring_hp_impacts.pdf](http://docs.health.vic.gov.au/docs/doc/9CF1F628F2BE470FCA257A7F0022825E/$FILE/measuring_hp_impacts.pdf)

Rist, RC 1998, 'Choosing the right policy instrument at the right time: the contextual challenges of selection and implementation', in *Carrots, sticks and sermons: Policy instruments and their evaluation*, Bemelmans, M-L, Rist, RC & Vedung, EO (eds) 2003, Transaction Publishers, New Jersey.



Additional resources

Department for Health and Ageing 2013, *Health in All Policies*, Department for Health and Ageing, Adelaide. www.sahealth.sa.gov.au/healthinallpolicies

Day 4 – Session 16

Lecture 22: Evaluation of Health in All Policies in South Australia



Trainer notes

Evaluation findings from South Australia




Note to course organizers

The content contained in these notes is drawn from the evaluations of a range of South Australian Health Lens Analysis projects – Alternative Water Supplies (Water Security), Regional Migrant Settlement, Digital Technology and Transit-oriented Developments. To access the full evaluation reports for these projects please visit www.sahealth.sa.gov.au/healthinallpolicies.

Health in All Policies

Methods

- In-depth interviews (individual or group) with participants involved in the Health Lens Analysis, and those with an identified interest in the Health in All Policies initiative
- Document analysis.



Slide 1

Notes

Not unlike other policy evaluation, the evaluation of the South Australian Health Lens Analysis projects has required a flexible and iterative approach. A number of methods have been utilised to draw out the key themes, learnings, challenges and outcomes of each project. These include interviews with staff directly or indirectly involved in the project, across all partner agencies, and document analysis to determine key decision points during the project etc.

Health in All Policies

Questions explored...

- Nature of involvement
- Methods
- Aims and progress
- Resources
- Evidence
- Partners
- Agency/decision makers response
- Barriers/enablers
- Improvements
- Other impacts



Slide 2


Notes

The questions explored through the evaluation of the Health Lens Analysis projects are designed to examine the health lens process and identify which aspects worked well and which aspects could be improved. In this way the evaluation could contribute to improving the process. Other evaluation questions were designed to understand the impact of the project.

Health in All Policies

Water security Key messages

- Proof of concept
- Broad conception of health and well-being allowed for consideration of the issue in terms other than simply quality and safety
- Critical to avoid defining issue only from a health perspective.



Slide 3


Notes

The Water Security health lens project was the first project completed and so it was important to test the ideas underpinning the project and the processes employed. The evaluation confirmed that the process did enable intersectoral collaboration and provided evidence of health considerations informing policy whilst meeting the needs of other agencies (Lawless & Hurley n.d).

Health in All Policies

Regional migrant settlement Key messages

- Highlighted the potential for working on issues where health has not been at the forefront of policy
- Resulted in conceptual learning (redefining goals, problem definitions and strategies) and social learning (dialogue and interaction between stakeholders)
- Require sustained and significant involvement by stakeholders; process needs to provide time for substantial interaction and the building of relationships.



Slide 4

Notes

The evaluation of the Regional Migrant Settlement health lens project demonstrated that it was possible for health to work collaboratively with economic development agencies to shape economic policy to better address health and well-being, although this process takes time (Hurley & Lawless n.d).

Health in All Policies

Digital technology Key messages

- Highlighted the challenges in articulating the ways in which other policy areas impact on health
- Process of discovery
- Required the development of a common understanding regarding how social determinants of health influence health as well as ensuring clarity of the project processes.



Slide 5

Notes

The challenge is to be able to articulate the pathways between public policy outcomes and health outcomes. In areas where health is not traditionally considered, such as in the digital media project, the articulation of links and pathways between the policy area under focus and health and well-being outcomes is fundamental to the success of the project (Hurley & Lawless 2011).

Health in All Policies

Transit-oriented developments

Key messages

- Importance of mandate, commitment and governance
- Contested nature of evidence
- Tensions can be creative
- Role of Health in All Policies unit staff was critical in maintaining the relationships and the momentum.



Slide 6


Notes

Conflict is not necessarily bad or undesirable as, if managed well, it can allow positions and values to be clearly stated, and subsequent negotiated agreements are more likely to be robust and well documented. Clear governance mechanisms are critical to resolving conflict (Lawless & Hurley 2012).

Health in All Policies

Short-term impacts

- Increased understanding of policy makers regarding the impact of their work on health outcomes
- Examples of Health Lens Analysis influencing the 'frame' of policy thinking
- Mobilization of resources for intersectoral work
- Development and dissemination of policy relevant research.



Slide 7

Notes

Policy makers involved in the Health in All Policies Health Lens Analysis projects have an improved understanding of the links between their areas of policy responsibility and health and well-being.

Health in All Policies

Short-term impacts

- Greater understanding and stronger partnerships between health and other government departments (foundation for future intersectoral work)
- A positive disposition toward using Health Lens Analysis for other issues
- Reported change in 'mindset' and thinking about policy problems.



Slide 8

Notes

There is general support for the Health in All Policies process amongst the health lens project partners and a preparedness to continue to participate both in current work and any future health lens opportunities.



References

Hurley, C & Lawless, A n.d, *Applying a health lens analysis to regional migrant settlement: An evaluation of the Health in All Policies approach to policy development*, Department of Health, Adelaide. Available from www.sahealth.sa.gov.au/healthinallpolicies

Hurley, C & Lawless, A 2011, *Applying a health lens analysis to digital technology: An evaluation of the Health in All Policies approach to policy development*, Department of Health, Adelaide. Available from www.sahealth.sa.gov.au/healthinallpolicies

Lawless, A & Hurley, C n.d, *Water security health lens analysis evaluation report*, South Australian Department of Health, Adelaide. Available from www.sahealth.sa.gov.au/healthinallpolicies

Lawless, A & Hurley, C 2012, *Applying a health lens analysis to transit oriented development: An evaluation of the Health in All Policies approach to policy development*, Department for Health and Ageing, Adelaide. Available from www.sahealth.sa.gov.au/healthinallpolicies

Day 4 – Session 16

Lecture 23: Monitoring action on the social determinants of health and Health in All Policies

Acknowledgement

This lecture was delivered at the 2011 South Australian Health in All Policies Summer School by Nicole Valentine, Technical Officer, Department of Ethics, Equity, Trade and Human Rights, World Health Organization, Geneva.

Introduction

The purpose of this lecture was to highlight the critical new international mandate for monitoring and evaluation of action to address the social determinants of health, including Health in All Policies. World Health Organization Member States pledged to monitor progress and increase accountability in the Rio Political Declaration on Social Determinants of Health that was endorsed at the World Conference on Social Determinants of Health, held in Rio de Janeiro in October 2011 (and in the subsequent 65th World Health Assembly in Geneva in 2012). To fulfil the Rio pledge, governments will need to develop robust indicators for monitoring progress and scale up the number of evaluations of complex interventions addressing the social determinants of health, as well as investing in overcoming the methodological challenges associated with inter-disciplinary research and complex interventions. Some of these challenges were highlighted in this presentation.

When using data to monitor progress on the social determinants of health, it is important to ensure that the data collected can be stratified to determine variations between and within populations. Data is commonly differentiated by income, age, geographic location, and ethnicity. Stratification enables systemic differences in outcomes between and within groups to be identified and described. As the impact that health inequalities can have on the success of communities and nations is better understood, the ability to be able to monitor these differences is becoming increasingly important.

Slides

Health in All Policies

Rio Declaration: monitoring and evaluation

At the World Conference on Social Determinants of Health in 2011, Member States pledged to:

- Share disaggregated health outcome and resource use data
- Develop measures of societal well-being
- Evaluate the effectiveness of interventions
- Share knowledge and maintain a commitment to accountability (including through Health in All Policies)
- Support the leading role of the World Health Organization, in collaboration with other United Nations agencies, in strengthening monitoring action of the social determinants of health
- Support the role of the World Health Organization in providing guidance on Health in All Policies
- Exchange examples of good practice.

Slide 1

Notes

In September 2011, the World Health Organization convened the World Conference on Social Determinants of Health to build support for the implementation of action on the social determinants of health. Key to the discussions was how such approaches could be monitored and evaluated. This slide summarises the pledge made by Member States to “Action Area 5” on monitoring; they endorsed the outcomes of the conference and their commitments to monitoring and evaluating cross-sectoral work (World Health Organization 2011a).

Effective monitoring requires a set of indicators that are collected and assessed at regular intervals to help make judgements around progress. Agreeing on a set of internally consistent, measurable, valid and meaningful indicators and data to track changes in social determinants of health across and within countries will be challenging. While some indicators on social determinants of health were tentatively recommended in the background document to the conference (refer Table 3), significant work needs to be done to improve the knowledge base on valid indicators. Increasing investments in evaluations of intersectoral work and in Health in All Policies, contributes to this knowledge base.

Table 3. Potential indicators for monitoring the social determinants of health (World Health Organization 2011b).

Social determinant indicator		Data source
1.	Total debt service as percentage of gross national income	World Bank
2.	Extent to which a country's citizens are able to participate in selecting their government; extent of freedoms of expression, association, and the media	World Bank
3.	Total government expenditure on health and education as percentage of total government expenditure	World Health Organization; United Nations Educational, Scientific and Cultural Organization
4.	Ratio of wages to corporate profits	World Bank
5.	Proportion of young people not in school or employment, by age and sex	Organization for Economic Co-operation and Development
6.	Informal sector employment (%)	International Labour Organization
7.	Gini coefficient (income distribution)	World Bank
8.	Adult literacy rate (%) for the population over 15 years of age*	United Nations Development Programme; United Nations Educational, Scientific and Cultural Organization
9.	Ratio of highest-paid to lowest-paid workers*	International Labour Organization
10.	Net primary school enrolment ratio of females to males*	United Nations Development Programme; United Nations Educational, Scientific and Cultural Organization
11.	Completion of primary/secondary education by ethnicity/racial group in a country*	United Nations Educational, Scientific and Cultural Organization
12.	Access to improved water (%)*	World Health Organization

**Indicators should be stratified by one or more dimensions e.g. socioeconomic status, education, occupation, sex and/or ethnicity (religion, "race," tribal affiliation).*

Evaluation of approaches such as Health in All Policies will assist in building up the knowledge base of indicators for monitoring progress on the social determinants of health. There is also a need to monitor progress in implementing the adoption of “better governance for health and development” (Action Area 1 of the *Rio Political Declaration on Social Determinants of Health*), and to sell the new role of health. A preliminary review of the literature indicates work will be required to identify robust indicators for policy processes (e.g. through “process” and “impact” evaluations), and robust indicators for tracking action on and changes in the determinants of health (“outcome” evaluation).

Evaluations of intersectoral working processes in terms of traditional “process” or “impact” evaluation, can assist in the development of comparable indicators for monitoring action on the social determinants of health by including these considerations:

- How different sectors use knowledge to inform policies (based on their disciplinary affiliations)
- How different sectors’ stakeholders respond to similar types of policy instruments.

Evaluations of impacts on determinants can contribute to the development of the knowledge base on reliable indicators for monitoring by considering how the metrics and databases commonly used in sectors outside of health can be complemented with health data to link action on determinants of health outcomes. With respect to the question of using economic indicators to monitor action on the social determinants of health, it would be interesting to consider the use of economic data in sectoral policy development when conducting evaluations.

Conclusion

Monitoring and evaluation are critical to public health practice in order to gather evidence for intervention effectiveness and inform the continuous development of new approaches such as Health in All Policies. Until now, few evaluations have been conducted, which is why it is critical that government pledges such as found in the *Rio Political Declaration on Social Determinants of Health* (World Health Organization 2011a) provide Member States with the impetus to examine how successful the implementation of approaches such as Health in All Policies are, as well as their expected outcomes.



References

World Health Organization 2011a, *Rio Political Declaration on Social Determinants of Health*, World Health Organization, Geneva.

http://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf

World Health Organization 2011b, *Closing the gap: Policy into practice on social determinants of health discussion paper*, World Health Organization, Geneva.

<http://www.who.int/sdhconference/Discussion-Paper-EN.pdf>

Programme Day 5

Day 5

Bringing it all together

Session 17		
	Time	09:00 – 10:30
	Aim	<ul style="list-style-type: none"> To provide participants with the opportunity to discuss and share their thoughts on the changing role of the Ministry of Health.
	Content	Activity 14: Changing role of the Ministry of Health Group feedback Comments by trainers Question time
Break 10:30 – 11:00		
Session 18		
	Time	11:00 – 12:30
	Aim	<ul style="list-style-type: none"> To provide participants with an understanding of how global, national and local governance influences action on the social determinants of health.
	Content	Lecture 24: Health in All Policies and the global agenda Question time Lecture 25: Local action in the global context Question time Activity 15: Working groups
Break 12:30 – 13:30		
Session 19		
	Time	13:30 – 15:00
	Aim	<ul style="list-style-type: none"> To provide participants with the opportunity to discuss and share their thoughts on the key characteristics of smart governance for health.
	Content	Activity 16: Group discussion

Break		15:00 – 15:30
Session 20		Official close of course and certificate ceremony
	Time	15:30 – 17:00
	Aim	<ul style="list-style-type: none"> • Not applicable.
	Content	Final course wrap-up Participants’ perspective by scholarship recipient Reflections from an international perspective Reflections from the South Australian perspective Certificate ceremony and photos Closing remarks and farewell Last minute house keeping
Close		17:00

Day 5

Session 17: Changing role of the Ministry of Health

Introduction to session

The role of the Ministry of Health is changing; it is becoming more diverse and flexible in light of the changing nature of policy issues and the regional and global context. This session provides participants with an opportunity to reflect on the course content, specifically governance for health; the role of the health sector in the implementation of a Health in All Policies approach; the changing role of the Ministry of Health, and the implications for participants' practice in their own country context.

This session encourages participants to apply their learning around governance for health and Health in All Policies. Participants from a health background reflect on their own role and the role of their colleagues and superiors in the Ministry of Health. For participants outside the health sector, this session provides the opportunity for them to reflect on how the Ministry of Health works towards meeting its expected outcomes, and how this role may look in the future.

Learning objectives and experiences

At the end of this session, participants should:

- Understand the changing role of the Ministry of Health in the 21st century.

Content

Activity 14: Changing role of the Ministry of Health

30 minutes

This activity prompts participants to define the role of a 21st century Ministry of Health and identify steps necessary to make the transition to a 21st century Ministry of Health.

Group feedback

30 minutes

Comments by trainers

20 minutes

Question time

10 minutes



Additional resources

World Health Organization & Government of South Australia 2010, *Adelaide Statement on Health in All Policies*, World Health Organization, Government of South Australia, Adelaide.

http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf

World Health Organization Regional Office for Europe 2011, *Governance for health in the 21st century*, World Health Organization Regional Office for Europe, Copenhagen.

http://www.euro.who.int/__data/assets/pdf_file/0010/148951/RC61_InfDoc6.pdf

Day 5 - Session 17

Activity 14: Changing role of the Ministry of Health

Description of Activity

Purpose

This activity asks participants to define the role of a 21st century Ministry of Health and identify steps necessary to make the transition to a 21st century Ministry of Health, reflecting on the presentations delivered throughout the course.

Groups

It is suggested that participants remain in their home groups for this activity.

Instructions

Based on discussions during the course, work in your groups to:

- Define the role of a 21st century Ministry of Health
- Identify steps necessary to make the transition to a 21st century Ministry of Health.

Record your answers in your work book

30 minutes

Day 5 - Session 17

Activity 14: Changing role of the Ministry of Health



Trainer notes

While this session focuses on participant reflections through the use of a working group exercise, content is provided below to guide the trainer in delivering the session.

Governance for health calls upon the health sector to extend its reach beyond managing health care systems to working with other government agencies and citizens to improve population health and well-being. This includes health taking a leading role as a broker, facilitator, 'nudger', problem solver and advocate, and having the structures and skills to know which role to play.

The European policy framework *Health2020* (World Health Organization Regional Office for Europe 2012) identifies a number of new roles for the Ministry of Health:

- **Strengthening leadership in the health sector** to support the development and implementation of strategies and health goals, and the delivery of health care services. Importantly, the health sector must not only consider how other sectors' policies affect health, but also how the policies of the health sector affect other sectors and stakeholders.
- **Initiating and engaging in intersectoral approaches and acting as brokers and advocates for health.** This role includes highlighting the importance of good health on economic, social and political outcomes, and the adverse effects ill health and inequities can have on every sector, government and society. Adopting a partnership approach and leadership style characterised by diplomacy, evidence, argument and persuasion is necessary to succeed in this role.
- **Establishing formal structures and processes that support intersectoral collaboration.** Adopting a Health in All Policies approach includes moving health up the policy agenda, strengthening the policy dialogue on health and its determinants and building accountability.
- **Government commitment to establishing structures and processes involving a wide range of stakeholders.** These structures and processes bring together representatives from civil society to promote health and advance the health agenda at all levels of government. For example, the World Health Organization Healthy Cities and Communities movement.
- **Effective leadership to support better results for health.** Leadership for health encompasses individuals, sectors and organizations and requires creativity and skills to find new ways of tackling complex policy problems. Together with Member States, the World Health Organization has a special responsibility to exercise such leadership and to support Ministries of Health in achieving their goals.
- **Empowering people, citizens, consumers and patients** is critical to improving health outcomes, health system performance and patient satisfaction. The Ministry of Health must consider the voice of these groups as they often draw attention to health-damaging environments, lifestyles or products and to gaps in the quality and provision of health care, as well as generating novel solutions.

Further, the Adelaide Statement on Health in All Policies (World Health Organization & Government of South Australia 2010) outlines the new responsibilities of the health sector in supporting a specifically Health in All Policies approach:

- Understanding the political agendas and administrative imperatives of sectors outside of health;
- 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 sectors outside of health;
- Evaluating the effectiveness of intersectoral work and integrated policy making;
- Building capacity for better intersectoral action through better mechanisms resources, agency support and skilled and dedicated staff;
- Working with other arms of government to achieve their goals and in doing so, advance health and well-being.



References

World Health Organization & Government of South Australia 2010, *Adelaide Statement on Health in All Policies*, World Health Organization, Government of South Australia, Adelaide.
http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf

World Health Organization Regional Office for Europe 2012, *Health 2020: A European policy framework supporting action across government and society for health and well-being*, World Health Organization Regional Office for Europe, Copenhagen.
http://www.euro.who.int/__data/assets/pdf_file/0009/169803/RC62wd09-Eng.pdf

Day 5

Session 18: From global governance to local governance – action on the social determinants of health

Introduction to session

The purpose of this session is to provide participants with an understanding of how Health in All Policies fits within the global political context and action on the social determinants of health, with reference to recent developments in the field such as the *Rio Political Declaration on Social Determinants of Health* http://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf (World Health Organization 2011).



Note to course organizers

At the 2011 South Australian Health in All Policies Summer School, this session provided participants with the opportunity to hear the reflections of two senior figures in the field of social determinants of health – one key decision maker working at the global health agenda and the other an internationally renowned academic.

Trainers are encouraged (where possible) to seek an expert in the field at the regional or local level who is able to share their insights on the difficulties and opportunities of working at a global level. You may also like to consider using webinars, video conferences and/or blogs as a way of connecting participants to the global perspective.

It is also suggested that this session refer to the latest global policy documents and political discussions relevant to Health in All Policies and the social determinants of health.

You may wish to provide a regionally relevant example of a grass roots community group for this session or use the People's Health Movement example (refer to training notes on page 264).

Learning objectives and experiences

At the end of this session, participants should:

- Have a clear understanding of Health in All Policies in the global context, with particular reference to the World Conference on Social Determinants of Health held in Rio de Janeiro, Brazil in 2011
- Understand the importance of local governance structures and how they can influence actions at the national and global level (e.g. People's Health Movement).

Content

Lecture 24: Health in All Policies and the global agenda

25 minutes

This lecture examines the challenges and successes of global action on the social determinants of health and the global agenda.

Question time

10 minutes

Lecture 25: Local action in the global context

25 minutes

This lecture argues that local communities must play an essential role in shaping and determining the policy changes required to address the social determinants of health. The People's Health Movement is used as an example of how local community voices have shaped policy decisions and improving outcomes.

Question time

10 minutes

Activity 15: Working groups

20 minutes



Note to course organizers

For Lecture 24, identify the most recent developments in social determinants of health (e.g. statements, declarations) available internationally. Where possible, use examples relevant to the local context for the second presentation on local action in the global context.



References

World Health Organization 2011, *Rio Political Declaration on Social Determinants of Health*, World Health Organization, Geneva. http://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf



Additional resources

Global Health Watch <http://www.ghwatch.org/>
People's Health Movement <http://www.phmovement.org/>
World Health Organization 2011, *Social determinants of health*, World Health Organization, Geneva. http://www.who.int/social_determinants/en/

Day 5 – Session 18

Lecture 24: Health in All Policies and the global agenda

Acknowledgement

This presentation was delivered at the 2011 South Australian Health in All Policies Summer School by Dr Rüdiger Krech, Director, Department of Ethics, Equity, Trade and Human Rights, World Health Organization, Geneva.

Introduction

This lecture examines the challenges and successes in harnessing global action on the social determinants of health and the global agenda, with reference to the *Rio Political Declaration on Social Determinants of Health*.

Slides



World Conference on Social Determinants of Health
RIO DE JANEIRO | BRAZIL | 19-23 OCTOBER 2011
All for Equity

Health in All Policies

Rio Declaration action areas:

- To adopt better governance for health and development
- To promote participation in policy-making and implementation
- To further orient the health sector towards reducing health inequities
- To strengthen global governance and collaboration
- To monitor progress and increase accountability

Slide 1

Notes

The *Rio Political Declaration on Social Determinants of Health* http://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf (World Health Organization 2011) adopted by 125 Member States in Rio de Janeiro, Brazil, in October 2011, and by the 65th World Health Assembly in Geneva in 2012, outlines five action areas for institutionalization and scale-up, as outlined on this slide.

Call for global action

The call for global action committed governments: “to take action on social determinants of health to create vibrant, inclusive, equitable, economically productive and healthy societies, and to overcome national, regional and global challenges to sustainable development.”

The declaration called upon the World Health Organization, United Nations agencies and other international organizations to advocate for, coordinate and collaborate with member states

- i. "in the implementation of these actions, recognizing that action on the social determinants of health will require more capacities and to exchange best practices"
- ii. "to achieve the target of 0.7 percent of Gross National Product for official development assistance by 2015"
- iii. "to meet the challenge of sustainable development through recognizing the important policies needed to achieve both sustainable development and health equity through acting on social determinants"
- iv. "to recommend that the social determinants approach is duly considered in the ongoing reform process of the World Health Organization"

In summary

Common to all these commitments is the need for better accountability for Health in All Policies, and for better organizational capacities and skills for the health sector in dealing collaboratively – to the extent possible - with other sectors of government and for supporting participatory, intersectoral approaches across government. Global actors need to facilitate this growth in public health capacity, together with member states and civil society, through thinking locally, having the evidence in and for local contexts, and by providing global standards for public health to address the social determinants of health.



References

World Health Organization 2011, *Rio Political Declaration on Social Determinants of Health*, World Health Organization, Geneva. http://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf

Day 5 – Session 18

Lecture 25: Local action in the global context

Acknowledgement

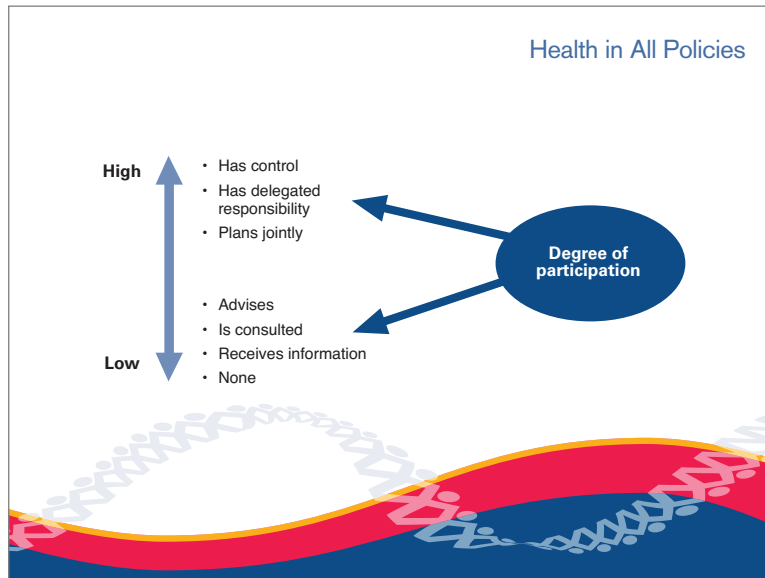
This presentation was delivered at the 2011 South Australian Health in All Policies Summer School by Professor Fran Baum, Director, Southgate Institute for Health, Society and Equity, Flinders University of South Australia.

Introduction

The importance of local action on the social determinants of health was explored during this session. It highlighted the vital role that community members have framing the issue, and determining appropriate and locally relevant solutions. Listening to community voices and empowering community members to participate in policy decision making is one of the key action areas of the *Rio Political Declaration on Social Determinants of Health* http://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf (World Health Organization 2011). The important role of grass-roots networks such as the “People’s Health Movement” is also examined in this session.

The governance required to act on the social determinants of health is not possible without a new culture of participation that ensures accountability and equity. Facilitating participation can help safeguard equity as a principle and ensure its inclusion in public policies. The participation of communities and civil society groups in the design of public policies, in the monitoring of their implementation, and in their evaluation is essential to action on the social determinants of health.

Slides



Slide 1

Notes

This slide depicts the degrees to which communities can participate in governance and action on the social determinants of health.

- In circumstances where the community **has control**, the community is asked by an organization to identify the problem and make key decisions around the goals and means of the action. The organization is willing to help the community at each step of the way to accomplish the goals.
- When the issue is delegated to the community, the organization identifies and presents a problem to the community, defines the limitations and asks the community to make a series of decisions which can be embodied in a plan.
- When the community and organization **plans jointly**, the organization presents a tentative plan subject to change after consultation with the community.
- When the organization presents a plan to the community and invites questions, the community is taking on an **advisory** role.
- If the community **is consulted**, the organization tries to promote the plan and gain support so compliance can be expected.
- If the community **receives information**, the organization makes a plan and announces it, with compliance expected.
- When community participation is very low, the community is told nothing at all.

The winner's and loser's triangles (Figure 3) seeks to illustrate how different approaches to working impact on the community. Public health professionals who blame individuals for their poor health (persecutors) or consider themselves experts with the solution (rescuers) often unintentionally leave communities and individuals feeling like victims (the health promotion losers). These types of approaches do not consider how to increase the self-esteem of the community and/or individual or improve their belief in being able to initiate change (Baum 2008).

In contrast, public health professionals who offer their skills and work in partnership with people (assertive health worker) or who are willing to try and understand the issue from the individual or community's perspective (caring health worker), place the community in a position of control (the health promotion winners). Ultimately, this approach is more likely to result in solutions (as opposed to temporary measures) that respect the role of the community, its power and the need for information. It is important however to note that this approach is often at odds with the training health professionals receive and more work is required to address victim-blaming philosophies that are often present in the health workforce (Baum 2008).



Figure 3. Health promotion winners' and losers' triangles (Adapted from Baum 2008).



Note to course organizers

At the 2011 South Australian Health in All Policies Summer School, this lecture contained the example of the People's Health Movement. It is recommended that trainers choose locally relevant examples where possible. If you elect to use the People's Health Movement in your course, additional content can be found in the trainer's notes for this lecture.



References

Baum, F 2008, *The New Public Health* (3rd edn), Oxford University Press, Melbourne.

World Health Organization 2011, *Rio Political Declaration on Social Determinants of Health*, World Health Organization, Geneva. http://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf



Additional resources

World Health Organization 2011, *Social determinants of health*, World Health Organization, Geneva. http://www.who.int/social_determinants/en/



Trainer notes

People's Health Movement

Health in All Policies

People's Health Movement

To adopt better governance for health and development

- Global network of people's health movement formed in 2000 People's Health Charter stressing health equity
- Global Secretariat in Cairo, Cape Town & Delhi
- Country circles advocating for health as a human right, attention to social determinants, community controlled health services and against privatization of services essential to health
- Watching the World Health Organization e.g. Alternative Rio Declaration
- Global Health Governance
- Global Health Watch
- 3rd People's Health Assembly
Cape Town 6th-11th July 2012



Slide 1

Notes

The People's Health Movement is a global network of grass-roots organizations that was formed in December 2000 at the first People's Health Assembly. The People's Health Movement is based on country circles which work at the grassroots in over 70 countries around the world by advocating for health equity and health for all. The People's Health Movement's vision on health is based on action on the social determinants of health and, within, the health sector, on comprehensive primary health care (see <http://www.phmovement.org>).

Health in All Policies

Vision of the People's Health Movement

Equity, ecologically-sustainable development and peace are at the heart of our vision of a better world - a world in which a healthy life for all is a reality; a world that respects, appreciates and celebrates all life and diversity; a world that enables the flowering of people's talents and abilities to enrich each other; a world in which people's voices guide the decisions that shape our lives.

Slide 2

Notes

The Vision of the People's Health Movement is drawn from the *People's Charter for Health*. This document has been translated in to 70 languages and presents a vision for health equity and discusses key strategies. The charter promotes intersectoral actions for health and stresses the importance of being clear on the values that underpin action on health (see <http://www.phmovement.org/>).

Health in All Policies

Global food crisis

Number of undernourished people worldwide

Region	1990-92 (Millions)	2004-06 (Millions)
World	~850	~850
Developed Countries	~10	~10
Developing Countries	~850	~850
South Asia	~300	~350
East Asia	~150	~150
South East Asia	~100	~100
CS Asia	~10	~10
West Asia	~10	~10
Sub-Saharan Africa	~150	~200
North Africa	~10	~10
Latin America and Caribbean	~50	~50

Food and Agriculture Organization of the United Nations 2009 cited in Global Health Watch 2011

Slide 3

Notes

The People's Health Movement prides itself on "speaking truth to power". Global Health Watch publishes the *Global Health Watch* report in response to the World Health Organization's World Health Report. The global food crisis example is drawn from Global Health Watch 3 (Global Health Watch 2011).

Health in All Policies

Global food crisis

Financial firms and other speculators increasingly entered the market in order to profit from short-term changes in price. At the height of the boom, such investors owned 35 per cent of corn futures contracts, 42 per cent of soybean contracts, and 64 per cent of wheat contracts in April 2008



Global Health Watch 3

Slide 4

Notes

The People's Health Movement's analysis of health issues stresses the importance of taking a critical perspective that analyses the role of power and assessment of who holds power and who has most to lose if the status quo is to change. Thus in relation to the food crisis which has seen major changes to the global food supply the People's Health Movement examines the growth in the global trade and the dramatic increase in the sale of high fat and high sugar foods, especially in low income countries. The People's Health Movement and other civil society groups maintain that good public policy should be based on extensive public participation and democratic participation in public policy processes.



References

Global Health Watch 2011, *Global health watch 3: an alternative world health report*, Zed Books, London. <http://www.ghwatch.org/sites/www.ghwatch.org/files/global%20health%20watch%203.pdf>
People's Health Movement. <http://www.phmovement.org>

Day 5 – Session 18

Activity 15: Working groups

Description of Activity

Purpose

The purpose of this activity is for participants to discuss how global action on the social determinants of health and the global agenda is linked to the local agenda in their context. Participants are encouraged to share examples of how community from their context have influenced action at the global level (e.g. People's Health Movement).

Groups

It is suggested that participants remain in their home groups for this activity.

Instructions

1. In your groups discuss the way the global agenda is linked to the local agenda in your jurisdictions.
2. Provide examples, where applicable, of how the local community in your context have shaped policy decisions required to address the social determinants of health, and how this has influenced action at the national or global level, and how the national and global agendas influence action at the local level.

Record the main discussion points in your work book.

(20 minutes)

Day 5

Session 19: Factors for success

Introduction to session

This session provides the opportunity for participants to reflect on the content of the course – what they have learnt and how they will apply this in supporting action on the social determinants of health in their context. In a course such as this, it is important to provide enough time for participants to reflect on their experience, to share their insights and to describe how they intend to apply the knowledge and skills developed during the course.

Participants will have the opportunity to reflect on and share their understandings around effective governance for health. They will also start to think about how they can apply what they have learned from the course to their own situation, particularly in supporting action on the social determinants of health.

Learning objectives and experiences

At the end of this session, participants should:

- Have shared what they have gained from the course
- Reflected on applying this knowledge to their own contexts.

Content

Activity 16: Group discussion

90 minutes

Day 5 - Session 19

Activity 16: Group discussion

Description of Activity

Purpose

The group discussion provides participants with an opportunity to reflect on their experiences and learning at the course, and plan the actions they will take upon their return home to further the Health in All Policies agenda in their own context.

Groups

Depending on group size and dynamics, this activity could be completed in groups of 2 - 3, or as a whole group discussion.

Instructions

1. Based on your experience, and what you have learned from the Summer School, identify the three key actions you will take when you return to your jurisdictions
2. Identify why these three actions are important.

Day 5

Session 20: Official close of course and certificate ceremony

Introduction to session

The closing ceremony provides an opportunity to celebrate the participants' achievements and recognize their commitment through the presentation of a certificate of attendance. Such a ceremony also provides an ideal opportunity to invite local/regional decision makers to host or officiate during the closing ceremony, and to recognize the important contribution of the course's sponsors, organizers and contributing partner agencies.



Reflections from South Australia

The official closing ceremony of the 2011 South Australian Health in All Policies Summer School was used to recognize the valuable contribution of the 32 international and national participants through the presentation of a 'Certificate of Attendance'. The closing ceremony was also important in engaging senior officials from the Government of South Australia and the World Health Organization and to thank them for their support of the course. There was also an opportunity for selected participants to provide feedback on the overall course.

At the 2011 South Australian Health in All Policies Summer School, the final session was opened by the Course Director, who provided a brief reflection on the week. This was followed by the participants' perspective delivered by one of the participants who received a scholarship to attend the course. The participants' perspective was important as it provided the course organizers and senior officials from the Government of South Australia and the World Health Organization, with feedback on how the course fitted with their training expectations, and how the knowledge and skills obtained from the course will be applied in their own country context.

The officials from the Government of South Australia and World Health Organization were then invited to provide reflections on the course from a global and a local perspective, respectively. The officials awarded participants with their Certificate of Attendance and were photographed with each participant. Individual photographs were sent to the participants, along with a group photograph from the course dinner, shortly after the conclusion of the course.

Content

Final course wrap-up by Course Directors

10 minutes

Participants' perspective by scholarship recipient

5 minutes

Reflections from an international perspective (Dr Rüdiger Krech)

10 minutes

Reflections from the South Australian perspective (Mr David Swan)

10 minutes

Certificate ceremony and photos

20 minutes

Closing remarks and farewell

2 minutes

Last minute house keeping

3 minutes

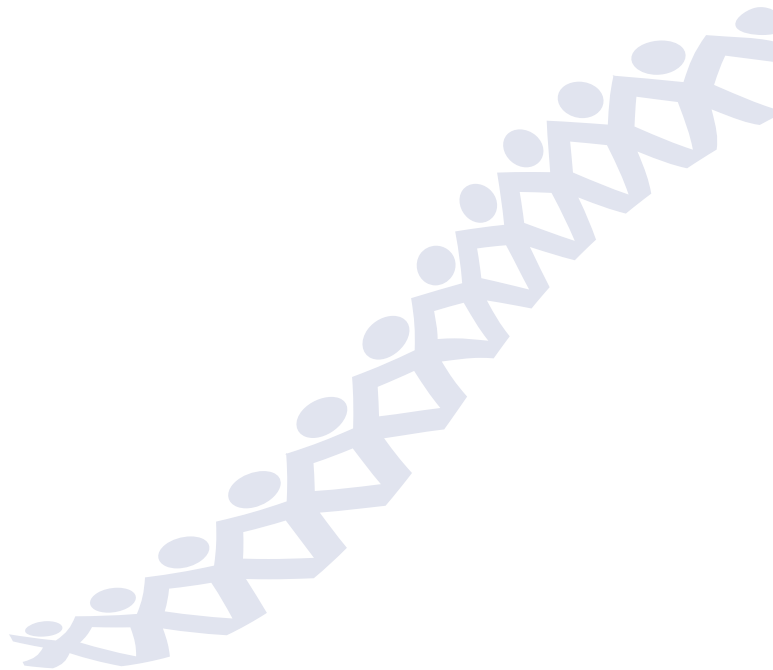


Note to course organizers

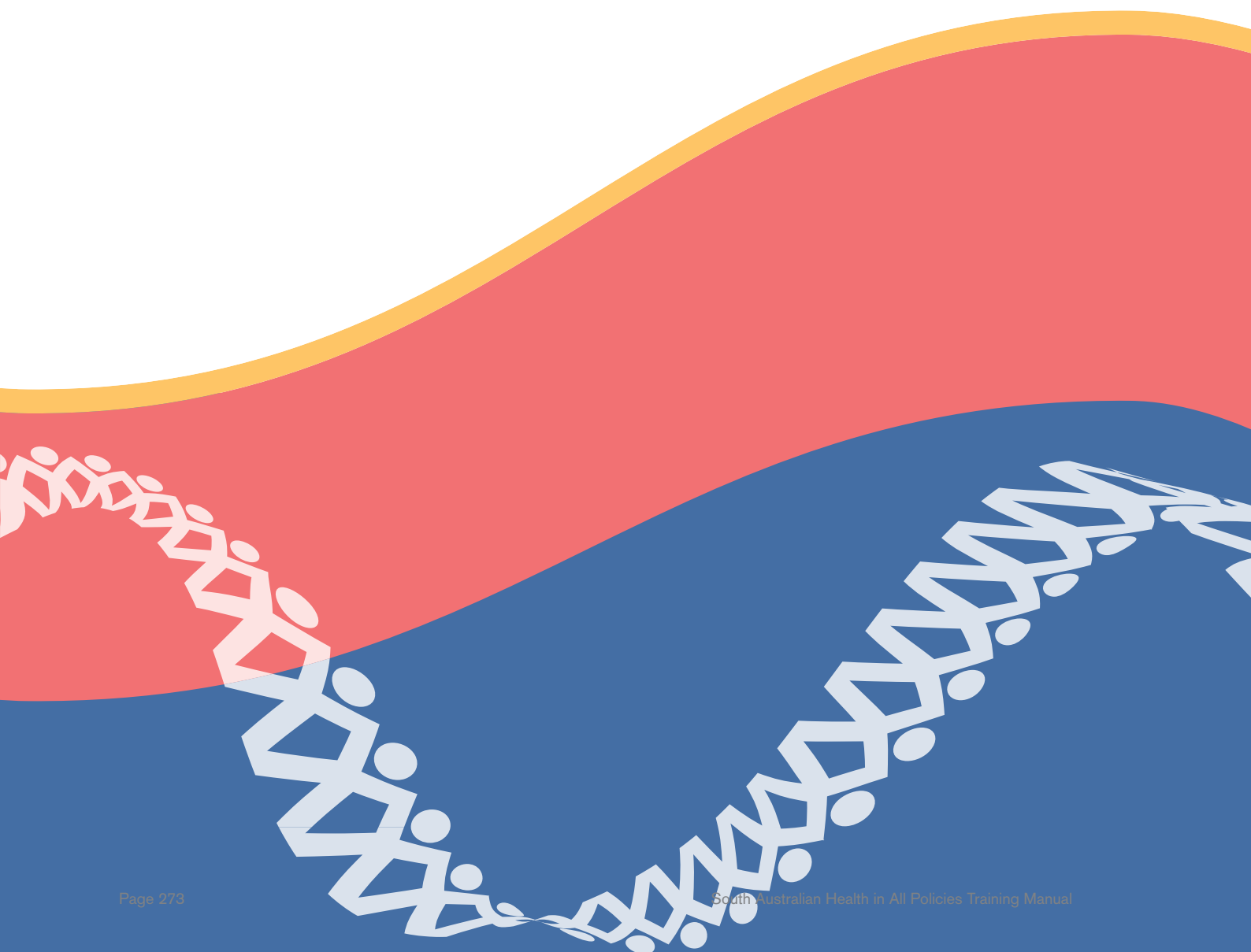
At the 2011 South Australian Health in All Policies Summer School, Mr David Swan, Chief Executive of the South Australian Department of Health, and Dr Rüdiger Krech, Director of the Department of Ethics, Equity, Trade and Human Rights, World Health Organization, Headquarters were invited to speak and present the participants' certificates.

It is recommended that, where possible, senior executives from the organizations who have provided support to your course are invited to present and/or attend the closing ceremony as it provides an opportunity to reflect on the success of the training, and to formally thank them for their support.

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Key Terms and Definitions



Key Terms and Definitions

Commission on Social Determinants of Health: a global network of policy makers, researchers, and civil society leaders brought together by the World Health Organization to provide support in tackling the social causes of poor health and health inequities. The Commission had a three year mandate (2005–2008) to gather and review evidence on what was needed to reduce health inequities within and between countries and to report its recommendations for action to the Director-General of the World Health Organization (World Health Organization 2008).

Environmental Impact Assessment: a process to predict the environmental effects of proposed initiatives before they are implemented. More specifically, an environmental assessment may identify possible environmental effects; propose measures to mitigate adverse effects; or predict whether there will be significant adverse environmental effects (Canadian Environmental Assessment Agency 2012).

Evaluation: a process that seeks to determine as systematically and objectively as possible the relevance, effectiveness and impact of an on-going or completed programme, project or policy in the light of its objectives and accomplishments. It encompasses their design, implementation and results with the view to providing information that is credible and useful, enabling the incorporation of lessons learned into both executive and legislative decision making processes. Evaluation is often undertaken selectively to answer specific questions to guide decision makers and/or programme managers, and to provide information on whether underlying theories and assumptions used in programme development were valid, what worked and what did not work and why (United Nations 2006).

Governance: the process by which governments (including their different constituent sectors) and other social organizations interact, relate to citizens, and take decisions in a complex and globalized world. In this process, societies or organizations make decisions, determine whom they involve in doing so, and identify ways to ensure accountability for actions (Graham, Amos & Plumptre 2003).

Governance for health: attempts of governments and others to steer communities, whole countries or groups of countries in the pursuit of health and well-being as a collective goal (Bell & Hindmoor 2009).

Health: a state of complete physical, mental, and social well-being, as opposed to the mere absence of disease or infirmity (World Health Organization 1948).

Health equity: the absence of differences in health that are not only unnecessary and avoidable but are also considered unfair and unjust. Health equity does not imply that everyone should have identical health outcomes, but it does imply that all population groups should have equal opportunities for health and therefore that there should not be systematic differences in health status between groups (World Health Organization 2011a).

Health governance: actions and means adopted by a society to organize itself for the promotion and protection of the health of its population (Dodgson, Lee & Drager 2002).

Health Impact Assessment: a combination of procedures, methods and tools used to systematically judge the potential, and sometimes unintended, effects of a policy, plan, programme or project on the health of the population and the distribution of those effects within the population (World Health Organization European Centre for Health Policy 1999).

Health in All Policies: a policy strategy to strengthen the link between health and the policies of sectors outside of health and the effects on health of all policies, such as those for agriculture, education, the environment, finance, housing and transport. It seeks to improve health and at the same time contribute to the well-being and the wealth of countries through structures, mechanisms and actions planned and managed mainly by sectors other than health (Wismar & Ernst 2006).

Health inequality: differences in health status or in the distribution of health determinants between different population groups. For example, differences in mobility between elderly people and younger populations. Health inequalities can be the result of biology, choice or external factors outside the control of the individuals concerned. Where the causes of inequalities are outside the control of the individual, the uneven distribution may be unnecessary and avoidable as well as unjust and unfair, so that the resulting health inequalities also lead to health inequities (World Health Organization 2012a).

Health inequity: unfair and avoidable or remediable inequalities in health between populations within countries and between countries. These differences arise from social processes and are not natural or inevitable (World Health Organization 2011a).

Health Lens Analysis: a process developed and implemented as part of the South Australian Health in All Policies approach to analyse policy problems and develop policy recommendations in partnership with other agencies. The process involves (i) engaging with partner agencies, (ii) gathering evidence, (iii) generating policy recommendations, (iv) navigating the recommendations through decision making processes, and (v) evaluating the project's outcomes (South Australian Department of Health 2011).

Health promotion: the process of enabling people to increase control over, and to improve, their health (World Health Organization 1986).

Health system: all activities with the primary purpose of promoting, restoring and maintaining health (World Health Organization 2000).

Healthy public policy: an explicit concern for health and equity in all areas of policy and accountability for health impact. The main aim is to create a supportive environment to enable people to lead healthy lives, making healthy choices possible or easier for citizens (World Health Organization 1988).

Intersectoral action: working with more than one sector of society to take action on an area of shared interest. Sectors may include government departments such as health, education, environment and justice; ordinary citizens; non-profit societies or organizations; and business (Health Canada 2000).

Joined-up government: refers to the diffusion of governance vertically across levels of government and areas of governance, as well as horizontally throughout sectors (World Health Organization Regional Office for Europe 2011).

Local (municipal) government: Australia has three tiers of government – federal, state and territory, and local government. Functions of local government vary between the states and territories but typically include infrastructure and property services (e.g. footpaths), environmental health, community services, planning and development, and the provision of cultural facilities (Australian Local Government Association 2010).

Monitoring: the periodic assessment of the progress of a programme in achieving the expected accomplishments and delivering final outputs in comparison with the commitments set out in the programme budget (United Nations 2006).

Monitoring and evaluation: the combination of monitoring and evaluation together provide the knowledge required for effective programme and project management and for reporting and accountability responsibilities (United Nations 2006).

Negotiation: a process whereby two or more parties seek an agreement to establish what each shall give or take, or perform and receive in transaction between them (Saner 2008).

Non-communicable diseases: non-communicable diseases are diseases of long duration and generally slow progression which are not passed from person to person. The four main types of non-communicable diseases are cardiovascular disease, cancers, chronic respiratory diseases and diabetes (World Health Organization 2011b).

Proportionate universalism: action taken to reduce the steepness of the social gradient in health, with a scale and intensity that is proportionate to the level of disadvantage (Marmot, Allen, Goldblatt et al 2010).

Public Health: the science and art of preventing disease, prolonging life and promoting health through organized efforts of society (Acheson 1988).

Public Policy: influences how a society's resources are shared across the population and sets the agenda and accountability for the delivery of government services and programs. Public policy is ultimately made by governments and can take different forms for example: legislation, regulations, guidelines, directives, strategic, technical and operational policy (Scribner & Brinkerhoff 2000).

Risk factor: health risk factors are those that are associated with ill health, disability, disease and death. Risk factors may be behavioural, biomedical, environmental or genetic, or related to demographic factors (Australian Institute of Health and Welfare 2012). For example, poor diet, lack of physical activity and smoking have been identified as risk factors for heart disease.

Relative risk: relative risk measures the magnitude of an association between an exposed and non-exposed group. It describes the likelihood of developing disease in an exposed group compared to a non-exposed group (University of Michigan 2010).

Social determinants of health: the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are responsible for most health inequity, the unfair but avoidable differences in health status seen within and between countries (World Health Organization 2008).

Social gradient: the relationship between an individual's socioeconomic position and their health status. Within countries, the evidence shows that, in general, the lower an individual's socioeconomic position, the worse their health. The social gradient in health runs from top to bottom of the socioeconomic spectrum, and is a global phenomenon seen in low, middle and high income countries. The social gradient in health means that health inequities affect everyone (World Health Organization 2012b).

Social stratification: the classification of people into groups based on shared socio-economic conditions; which allows for the further analysis of health inequalities and social determinants by key factors that categorizes populations (such as geographical location, ethnicity, income, age, or gender), both over time and cross-sectionally. Information systems should facilitate the establishment of relationships between health outcomes and social stratification variables to lay the foundation for further work in monitoring differences in outcomes between and within populations (World Health Organization 2011a).

Urban environment: urban environments are extremely complex environments of suburban concentration in which a large number of environmental, social, cultural and economic factors have an impact on individual and population health and well-being (International Council for Science 2011).

Well-being: people's experience of positive and negative emotions, satisfaction, vitality, resilience, self-esteem and sense of purpose and meaning. Social well-being has two main components: supportive relationships and a feeling of trust and belonging; together they form a picture of what we all really want: a fulfilling and happy life (New Economics Foundation 2011).

Whole of government approach: the diffusion of governance vertically across levels of government and arenas of governance and horizontally throughout sectors. Whole of government activities are multilevel, from local to global government activities and actors, and increasingly also involving groups outside government. A whole of government approach stresses a need for better coordination and integration centred on the overall societal goals for which the government stands. Health in All Policies is one whole of government approach to making governance for health and well-being a priority for more than the health sector and working in both directions: the impact of other sectors on health and the impact of health on other sectors (World Health Organization Regional Office for Europe 2011).

Whole of society approach: an approach with the aim of extending the whole of government approach by additional emphasis on the roles of the private sector and civil society, as well as political decision makers such as parliamentarians. A whole of society approach goes beyond institutions: it influences and mobilizes local and global culture and media, rural and urban communities and all relevant policy sectors, such as education, transport and the environment. Whole of society approaches are a form of collaborative governance, which places emphasis on coordination through normative values and trust-building among a wide variety of actors (World Health Organization Regional Office for Europe 2011).

Wicked problems: the term 'wicked' in this context is used not in the sense of evil but rather as an issue that is highly resistant to resolution. Successfully solving or at least managing wicked policy problems requires reassessment of some of the traditional ways of working and solving problems. In order to address wicked problems successfully, there must be broad recognition and understanding, including from governments and ministers, that there are no 'quick fixes' or simple solutions (World Health Organization Regional Office for Europe 2011).



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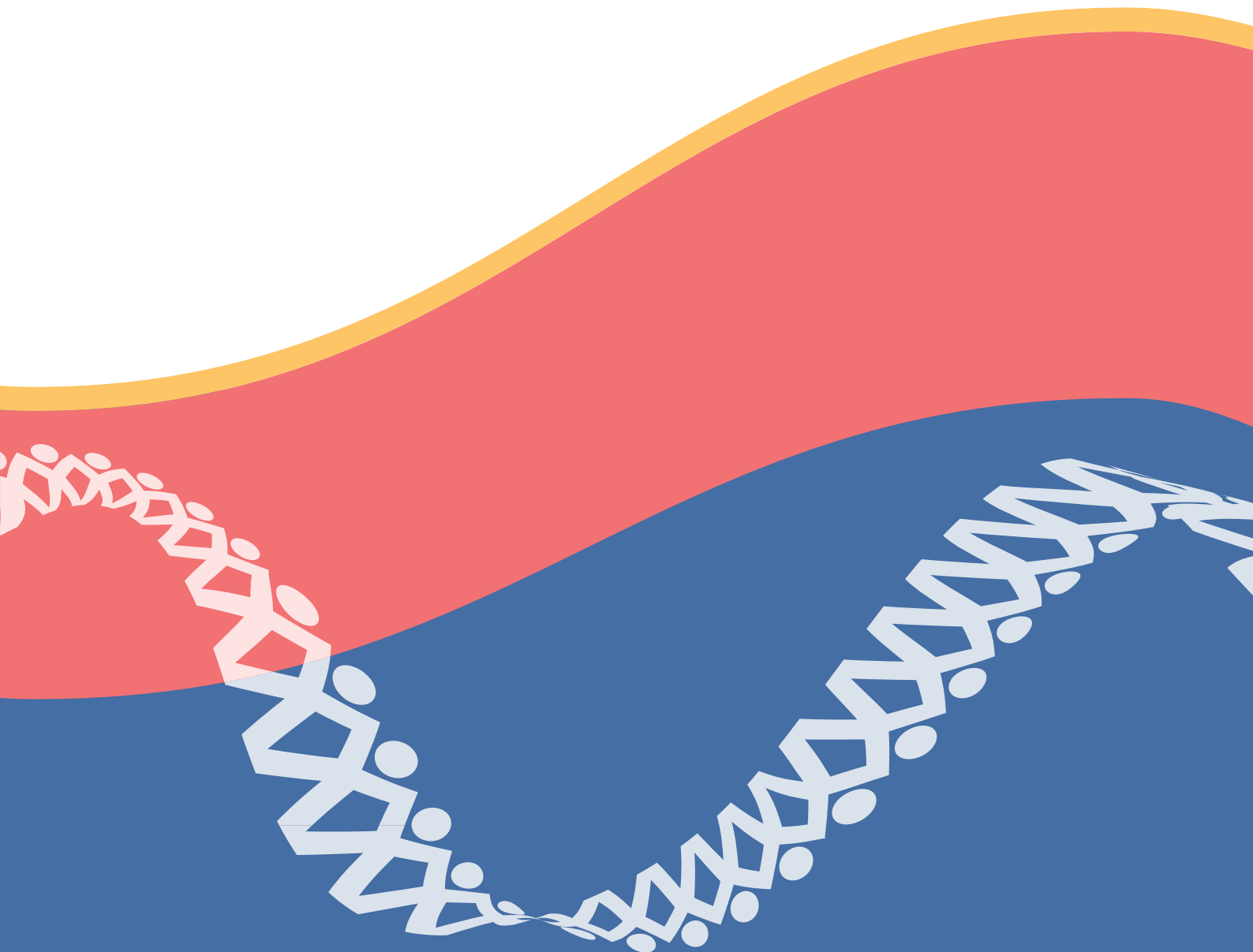
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Appendix 1 –

Planning Notes and Templates



Participant Selection Criteria

Name

<i>Recommendation</i>
Yes
No
Further Consideration
Waiting List

1. Position / role

Title:
Organization:
Level of responsibility: Low Medium High

2. Professional category

<input type="checkbox"/> Student
<input type="checkbox"/> Academic
<input type="checkbox"/> Practitioner
<input type="checkbox"/> Government <ul style="list-style-type: none"> <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal / Country
<input type="checkbox"/> Non-government organization /Community organization
<input type="checkbox"/> World Health Organization
<input type="checkbox"/> Research
<input type="checkbox"/> Technical

Participant Selection Criteria

3. Sector

<input type="checkbox"/>	Health
<input type="checkbox"/>	Non-health

4. Country / World Health Organization Region

Country:
World Health Organization region: Africa Americas South East Asia Europe Eastern Mediterranean Western Pacific

5. In principal support / funding

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	No, but has a source in mind

5. Gender

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

6. Comments on application/Expression of Interest

E.g. background and experience brought to the course, leverage potential, referees

Expression of Interest

Information for Applicants

****** Note to applicants: please read the information contained in this document carefully, prior to submitting your application.***

Who should apply?

Participants most likely to benefit from the 2011 South Australian Health in All Policies Summer School will include:

- senior civil service officials, policy making or advisory positions in government
- heads or deputy-heads of public health agencies
- policy makers in public health
- managers of large public health programmes or strategies
- senior policy makers from sectors related to societal well-being, such as finance, planning, urban development, agriculture etc.

Key Dates

- Applications close: 31 July 2011
- Applicants notified of outcome: 9 September 2011
- Successful applicants to confirm attendance at the Summer School: 16 September 2011
- Payments must be received prior to the commencement of the Summer School.

Application process

Applications for the Summer School will close on 31 July 2011 at midnight, Central Australian Time (GMT+10). Applicants should complete and attach the following documents:

- Application form
- Expression of interest
- Current résumé.

Please note we cannot guarantee that applications received after the closing date will be considered. The applicant is responsible for submitting all required documents correctly and by the due date.

Documents must be submitted electronically to: hiap@health.sa.gov.au. Receipt of applications will be acknowledged by email.

Short-listed applicants will be assessed by the Summer School Review Panel. The Review Panel will include the Course Directors and staff from SA Health and the World Health Organization (Headquarters and Western Pacific Regional Office). Applicants will be notified of the outcome of their application by email by 9 September 2011.

Expression of Interest

Successful applicants are expected to confirm their attendance at the Summer School through payment of the course fee by 16 September 2011. Successful applicants will be provided with details of the payment process at the time of notification of success.

Funding

It is hoped that the Summer School will draw participants from a range of low and middle income countries. In saying this, the Summer School Organizing Committee acknowledges that funding is likely to be an issue in some cases. Unfortunately the Government of South Australia is not in a position to contribute funding beyond what is already being put forward to cover the costs associated with planning and convening the event.

Interested applicants are therefore encouraged to identify and secure funding for their attendance at the Summer School within their country/regional context. Limited funding may also be available from World Health Organization country offices and participants should explore this and other potential funding opportunities.

The course fees will cover a proportion of the costs associated with the Summer School, including some meals (morning tea, lunch and afternoon tea on the days of the Summer School), as well as two social functions which will include a dinner and welcome event, and all course materials. As an indication, participants should budget for a minimum of AUD\$150 per day⁶, to cover costs related to modest accommodation and other meals (e.g. continental breakfast and dinner). If participants wish to stay in more luxurious accommodation then this will increase the daily living expenses.

** More information relating to accommodation, places to eat and other places of interest will be provided on the website closer to the Summer School date.*

Confidentiality

All applications will remain confidential and applicants' details will not be disclosed to external parties. Applications will, however, be distributed to SA Health and World Health Organization staff involved in the assessment process.

Change of circumstances

Successful applicants will be required to notify SA Health of any changes to their circumstances that may disrupt their ability to attend the Summer School. SA Health must also be notified of any changes in contact details as soon as possible.

Contacting SA Health

Should you have any further questions about the Summer School, or if you have any specific questions regarding your application, please contact the Carmel Williams, Course Co-Director, Manager, Health in All Policies unit, SA Health, hiap@health.sa.gov.au or +61 8 8226 7100.

⁶ At April 2011 the value of the Australian dollar is approximately equivalent to the US dollar.

Expression of Interest

Applicant details

1. Applicant contact details

Title	
Surname	
Given name/s	
Address Line 1	
Address Line 2	
Suburb/Town/City	
State/province/ region	
Postcode	
Country	
Email	
Telephone	
Fax	

2. Current position

Please provide as much detail as you feel necessary. If you work in more than one position, please provide information relating to your primary position.

Position title	
Division/branch	
Organization	
Address (if different from that stated in Question 1)	

3. Approval to attend

Do you have in-principal approval to attend the Summer School?

- Yes
 No

Expression of Interest

4. Funding

Do you have in-principal funding support from your agency to attend the Summer School?

- Yes
 No

If No, do you have a source of funding in mind?

- Yes: Specify
- No

5. Referee contact details

Provide the names and full contact details for two available referees.

Referee 1	
Title	
Surname	
Given name/s	
Address Line 1	
Address Line 2	
Suburb/Town/City	
State/province/ region	
Postcode	
Country	
Primary Telephone	
Fax	
Email	
Area of expertise	
Reason for nominating this referee	

Expression of Interest

Referee 2	
Title	
Surname	
Given name/s	
Address Line 1	
Address Line 2	
Suburb/Town/City	
State/province/ region	
Postcode	
Country	
Primary Telephone	
Fax	
Email	
Area of expertise	
Reason for nominating this referee	

Please complete a brief response (250-300 words per question in Arial 11 font) to the following questions:

- Why are you interested in attending the Health in All Policies Summer School?
- What areas of learning advertised in the course flyer hold the most interest for you and why?
- What related experiences would you be willing to contribute as a participant?
- How do you envisage applying the learnings from the Summer School upon your return?

Social function template

Title and purpose of function:	
Names and contact details of organizer(s):	
Day and date:	
Start and finish times:	
Location details:	
VIPs invited:	
Description of attendees:	
Structure of function:	<i>Provide brief run sheet detailing times of speakers etc.</i>

Continued over page

Social function template

<p>Notes:</p> <p><i>E.g. dietary requirements/ allergies, is the any specialised equipment required</i></p>	
----------------------------------------------------------------------------------------------------------------------------	--

Course flyer - page 1

Adelaide, South Australia
28 November –
2 December 2011

Health in All Policies Summer School

There is increasing recognition that the implementation of a 'Health in All Policies' (HiAP) approach requires new skills and competencies, both within the health sector and across other sectors. In 2010, the World Health Organization (WHO) and the Government of South Australia co-organised an international meeting on HiAP, where new skills and competencies in public health were discussed and documented in the Adelaide Statement on HiAP. As reflected in the Adelaide Statement on HiAP, action on the social determinants of health is complex and requires a joined-up cross sector approach. It recognises that a healthy population is a key requirement for achieving society's goals and that addressing the growing inequity gap within low and middle-income countries will improve well-being for everyone.

This course is being convened as a follow-up to the Adelaide meeting by the Government of South Australia with technical support from WHO. It will bring together practitioners and academics from several highly esteemed international and regional universities. Professor Ilona Kickbusch is the summer school's Course Director and is joined by Course Co-Director Ms Carmel Williams, Manager HiAP SA Health. The course directors will also be joined by distinguished international faculty members including Professor Fran Baum, member of the WHO's Commission on Social Determinants of Health, and regional experts from a broad range of sectors, including public health.

The course will build on the Adelaide Statement and, in particular, it aims to:

- explore the concepts and approaches to taking action on the social determinants of health and health equity, including intersectoral action, HiAP, joined-up policy-making and shared health governance
- identify and define frameworks and tools that underpin HiAP approaches, including policy innovation, novel mechanisms and partnerships, sustainable development, new instruments and better regulatory frameworks
- examine national and regional approaches to shared health governance and HiAP in a range of issues; e.g. non-communicable diseases, health equity
- review and share efforts of HiAP practice from participants' own experiences.

Target audience

Experience from similarly targeted courses around the globe shows that participants most likely to benefit from this summer school will occupy the following types of positions:

- senior civil service officials, policy-making or advisory positions in government
- heads or deputy-heads of public health agencies
- policy-makers in public health
- managers of large public health programmes or strategies
- senior policy-makers from sectors related to societal wellbeing such as finance, planning, urban development, agriculture, etc.

Participant outcomes

- Opportunity to meet and interact with like-minded policy-makers from across the region.
- An improved knowledge of the HiAP concept and experiences.
- The knowledge, skills and experience of applying a HiAP approach.

Course flyer - page 2

Learning methodologies

- Interactive lectures
- Case studies
- Interactive exercises
- Plenary discussions
- Small group discussions/presentations
- Role-playing/negotiation simulations
- Complementary texts/handouts
- Individual feedback and evaluations

The course is designed with a strong focus on participant involvement, with limited time dedicated to lectures.

Course directors

- Prof Ilona Kickbusch
- Ms Carmel Williams

Faculty members

- Prof Fran Baum (Flinders University, South Australia)
- Ms Christine Fang Meng-sang (Council of Social Service, Hong Kong)
- Mr Robert Quigley (New Zealand)
- Experts from WHO

Guest lecturers

An exciting group of renown guest lecturers from a diverse range of settings

Course fees

Participant registration is **US\$2500**. This covers costs associated with course tuition, learning materials and social functions. It does not include travel costs, accommodation or other living expenses whilst in Adelaide.*

Limited funding may be available. For more information on funding or the course, please contact the course organisers:

Carmel Williams, Course Co-Director and Manager, Health in All Policies Unit, SA Health, South Australia

Anjana Bhushan, Technical Officer, WHO (WPRO)

Nicole Valentine, Technical Officer, WHO (Geneva)

Applications

As there are a limited number of positions available for this course, please send a short covering letter, résumé and completed application form to hiap@health.sa.gov.au

Applications will be open until **31 July 2011**. Successful applicants will be notified by email by 9 September 2011. For further information on the application process, please contact Carmel Williams.

Application forms are available from:

Carmel Williams, Course Co-Director
Manager, Health in All Policies Unit
PO Box 6
Rundle Mall
Adelaide South Australia
Australia 5000

Tel +61 8 8226 7957
Fax +61 8 8226 7102
hiap@health.sa.gov.au

For more information on HiAP and related work, please visit the following sites:

www.sahealth.sa.gov.au/healthinallpolicies

www.ilonakickbusch.com

<http://www.wpro.who.int/>

www.who.int/social_determinants/en

* Participants will be responsible for the organisation and payment of their own flights and accommodation, however the Summer School organisers are happy to provide advice where possible.



<http://www.glif.gov.au/>

FIS: 11084.1



Government
of South Australia



World Health
Organization

Case study guidelines (poster)

Participants are asked to develop a case study on intersectoral action in their country context using the guidelines below. The provision of a case study is necessary for attendance and successful completion of the course.

Content

Case studies should address action on a social determinant of health using a Health in All Policies, joined-up government and/or intersectoral partnership approach, using an example from your country context. Participants should consider and address the following questions in their case study:

1. What are some of the specific mechanisms used in working on policies and programmes to advance intersectoral action to benefit health and health equity?
2. What role or roles did the health system/sector take?
3. What were the governance structures underpinning the policy/programme, and did they help or hinder the process?
4. What were the main strengths, weaknesses, threats (barriers to implement and sustain the action) and opportunities (facilitating factors) present?

It is suggested participants use the following headings and points to structure the case study:

1. **Context** - the broad environment where the policy/programme development took place
2. **Approach** and content of the policy and intersectoral arrangements in the process of developing the policy/programme
3. **Impact** - reflections on implementation and results of the policy/programme
4. **Reflections** on key actors, factors and events that may have contributed to the success of and challenges to the policy/programme.

Presentation

Case studies should be presented either as (i) an A2 sized poster or (ii) a four A4 page printed case study, using the following guidelines:

- All case studies should contain the name, organization and country of the author
- Do not include an abstract
- Headings should be used and preferably in bold type
- The poster should be self-explanatory and may contain images
- Velcro will be supplied to attach case studies to boards for display
- Boards can not be written on.

Note. Case studies must be printed prior to attending the course as printing facilities are not available at the Education Development Centre.

Case study guidelines

Poster session

- Case studies will be displayed at the poster session on Monday 28 November from 5:30-6:30pm at the Education Development Centre
- Case studies should be provided to staff on the registration desk by 9:00 am on the day of the poster session
- Poster packaging/rolls should be clearly labelled with the name of the author
- Participants will be responsible for collecting posters/printed case studies at the close of the poster session.

If you have any concerns about the case study, please contact the course organizers at hiap@health.sa.gov.au.

Course pre-readings

Asia Pacific Global Action for Health Equity Network (HealthGAEN) 2011, *An Asia Pacific spotlight on health inequity: Taking action to address the social and environmental determinants of health inequity in Asia Pacific (executive summary)*, HealthGAEN, Canberra. http://www.aphealthgaen.org/attachments/article/53/AP-HealthGAEN-Report-on-SEDH_Full-Report.pdf

Buckett, K, Williams, C & Wildgoose, D 2011, *Health in All Policies: South Australia's country case study on action on the social determinants of health*, World Health Organization, Geneva. <http://bit.ly/oK1yji>

Department of Health, 'Health in All Policies', *Public Health Bulletin South Australia*, vol. 5, no. 1, pp. 1-56.

Department of Health 2010, 'Health in All Policies: Adelaide 2010 International Meeting', *Public Health Bulletin South Australia*, vol. 7, no. 2, pp. 1-60.

Kickbusch, I 2010, 'Health in All Policies: the evolution of the concept of horizontal health governance', *Implementing Health in All Policies Adelaide 2010*, Kickbusch, I & Buckett, K (eds), Government of South Australia, Adelaide. Available from www.sahealth.sa.gov.au/healthinallpolicies

World Health Organization 1986, *Ottawa Charter for Health Promotion*, World Health Organization, Geneva. <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>

World Health Organization, Commission on Social Determinants of Health 2008, *Closing the gap in a generation: health equity through action on the social determinants of health*, World Health Organization, Geneva. http://www.who.int/social_determinants/thecommission/finalreport/en/index.html

World Health Organization 2011, *Closing the gap: Policy into proactive on social determinants of health*, World Health Organization, Geneva. http://www.who.int/sdhconference/discussion_paper/en/

World Health Organization & Government of South Australia 2010, *Adelaide Statement on Health in All Policies*, Government of South Australia, Adelaide. http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf

World Health Organization Regional Office for Europe 2011, *Governance for health in the 21st century: A study conducted for the World Health Organization*, World Health Organization Regional Office for Europe, Copenhagen http://www.euro.who.int/__data/assets/pdf_file/0010/148951/RC61_InfDoc6.pdf

Day evaluation example

(b) The learning resources are useful to develop my understanding of the key concepts presented on Day 2.

Strongly Agree			Undecided			Strongly Disagree
7	6	5	4	3	2	1

(c) The number of participants in each "home group" is appropriate for effective participation.

Strongly Agree			Undecided			Strongly Disagree
7	6	5	4	3	2	1

(d) The time allocated for each session is adequate to address the key concepts.

Strongly Agree			Undecided			Strongly Disagree
7	6	5	4	3	2	1

(e) There is enough time allocated for breaks (morning and afternoon tea, lunch).

Strongly Agree			Undecided			Strongly Disagree
7	6	5	4	3	2	1

(f) There is sufficient access to members of the academic faculty to ask questions.

Strongly Agree			Undecided			Strongly Disagree
7	6	5	4	3	2	1

(g) The content of day 2 was highly relevant to my work and learning needs.

Strongly Agree			Undecided			Strongly Disagree
7	6	5	4	3	2	1

(h) The workload for Day 2 was too much.

Strongly Agree			Undecided			Strongly Disagree
7	6	5	4	3	2	1

Day evaluation example

Skill Development:

These questions relate to how you found the learning objectives and presentation of key concepts on Day 2 of the Summer School?

(a) The learning objectives for Day 2 sessions were clearly outlined.

Strongly Agree		Undecided			Strongly Disagree	
7	6	5	4	3	2	1

(b) I understand how a Health in All Policies approach plays an integral part in addressing the non-communicable disease agenda.

Strongly Agree		Undecided			Strongly Disagree	
7	6	5	4	3	2	1

(c) The application of a Health in All Policies approach to examining the 'wicked problem' of obesity was useful.

Strongly Agree		Undecided			Strongly Disagree	
7	6	5	4	3	2	1

(d) The site visit provided an opportunity to understand the challenges and opportunities for Health in All Policies at the local level.

Strongly Agree		Undecided			Strongly Disagree	
7	6	5	4	3	2	1

(e) I am aware of how a Health in All Policies approach can assist local governments to partner at the local level in order to improve health and well-being in their communities.

Strongly Agree		Undecided			Strongly Disagree	
7	6	5	4	3	2	1

Day evaluation example

Additional Feedback:

We value any additional written feedback that you may have about Day 2.

(a) What were the best aspects of the Day 2 programme, and why?

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(b) What did you enjoy least about Day 2, and why?

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(c) What could be changed in order to improve your learning experience/understanding?

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Thank you for your feedback on Day 2.

Course evaluation example

We are interested in receiving your overall feedback on the 2011 Health in All Policies Summer School.

Evaluation Questions:

1. The Summer School met my expectations.

Strongly Agree

Undecided

Strongly Disagree

7

6

5

4

3

2

1

Comments:

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2. What I liked most was:

a.

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b.

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c.

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Course evaluation example

3. What I would like to see improved:

- a.
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- b.
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- c.
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4. What I did not like:

- a.
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- b.
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- c.
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Course evaluation example

5. As a result of this Summer School I have a better understanding of Health in All Policies.

Strongly Agree			Undecided			Strongly Disagree
7	6	5	4	3	2	1

6. As a result of this Summer School I am enabled to act on Health in All Policies in my context.

Strongly Agree			Undecided			Strongly Disagree
7	6	5	4	3	2	1

7. Please provide comments on the organization of the Summer School.

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8. Would you like to make any other comments?

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Thank you for your feedback on the Summer School.
We wish you a safe return home.

List of Key Statements

World Health Organization 1948, *Constitution of the World Health Organization*, World Health Organization, Geneva. http://www.who.int/governance/eb/who_constitution_en.pdf

World Health Organization 1978, *Declaration of Alma Ata*, World Health Organization, Geneva. http://www.who.int/publications/almaata_declaration_en.pdf

World Health Organization 1986, *Ottawa Charter for Health Promotion*, World Health Organization, Geneva. <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>

World Health Organization 1988, *Adelaide Recommendations on Healthy Public Policy*, World Health Organization, Geneva. <http://www.who.int/healthpromotion/conferences/previous/adelaide/en/index.html>

World Health Organization 1991, *Sundsvall Statement on Supportive Environments for Health*, World Health Organization, Geneva. <http://www.who.int/healthpromotion/conferences/previous/sundsvall/en/>

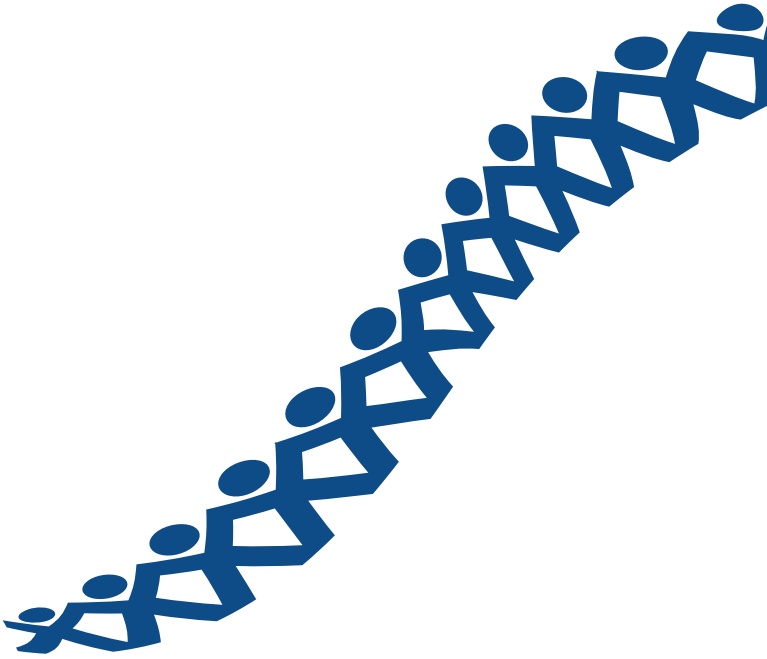
World Health Organization 2005, *Bangkok Charter for Health Promotion in a Globalized World*, World Health Organization, Geneva. http://www.who.int/healthpromotion/conferences/6gchp/bangkok_charter/en/

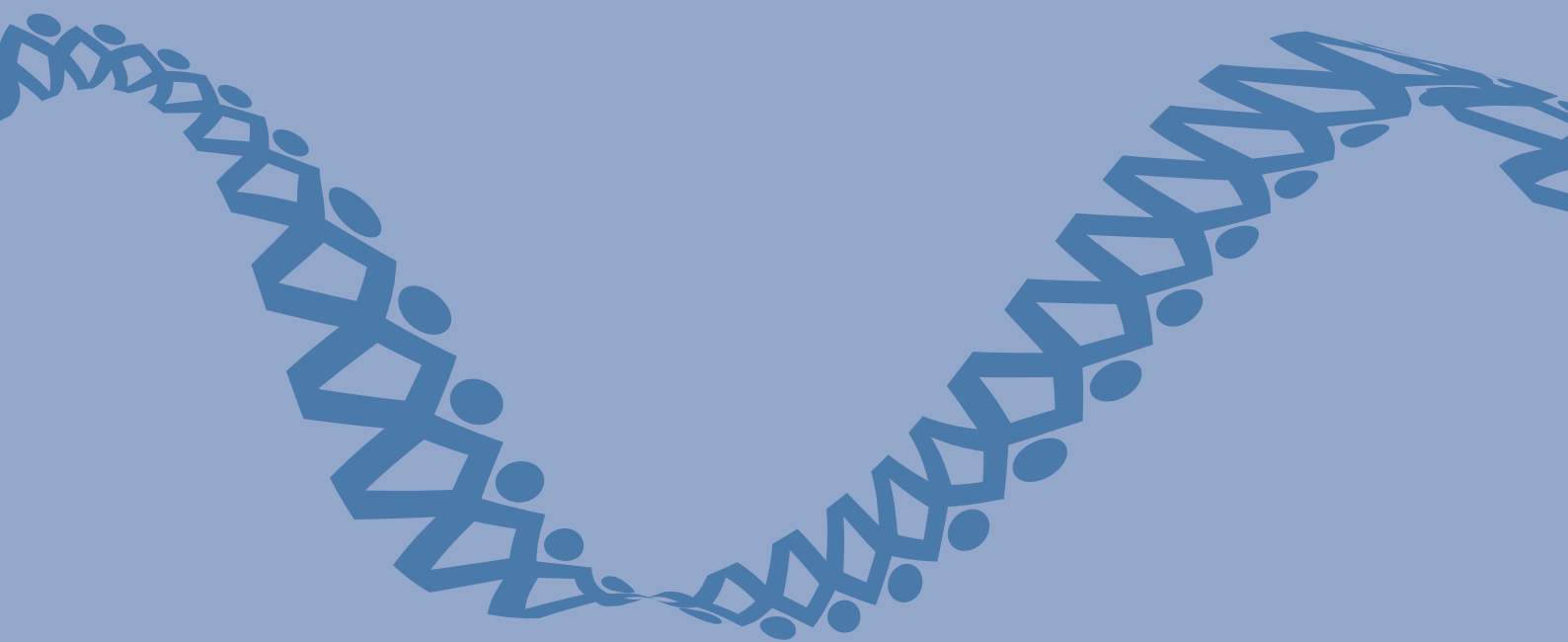
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World Health Organization 2011, *Rio Political Declaration on Social Determinants of Health*, World Health Organization, Geneva. <http://www.who.int/sdhconference/declaration/en/>

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United Nations 2011, *Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases*, United Nations, New York. <http://www.un.org/en/ga/ncdmeeting2011/>





For further information

Health in All Policies

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

World Health Organization

Social Determinants of Health
Email: hiap@who.int or actionsdh@who.int

If you require this information in an alternative language or format please contact SA Health on the details provided above and they will make every effort to assist you.



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