

What is Health in All Policies?

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Health in All Policies definition

Health in All Policies is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity

(WHO, 8th Global Conference Definition, 2013)

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Health in All Policies definition

*Health in All Policies is a **structured** approach to **working** across sectors **and with communities** on public policies. It **promotes trusting relationships and engages stakeholders** to systematically take into account the ~~health~~ implications of decisions. **Health in All Policies** seeks synergies ~~and avoids harmful health impacts~~, in order to improve **societal goals**, population health and health equity.*

*(WHO, 8th Global Conference Definition, 2013;
Amended by RQ, 1st December 2014)*

HIAP key points

The existing definition stinks, but that's not fatal.

HiAP isn't one tool or method, ...

... it is a collection of tools and methods wrapped in a (slightly awkward) name – Health in All Policies.



Why would we
run with HiAP?

Also, HiAP is enabling

- * Partner agencies can work together, particularly those agencies who are most influential in the determining societal outcomes (read: determinants of health)
- * Working alongside the community
- * You can collectively work to your strengths (methods, tools)
- * You can collectively plan, rather than react to demand-driven work
- * It works.

Internationally it is seen as the way to go...

Signalled by:

- * EU Declaration on Health in All Policies (2007)
- * WHO: Adelaide Statement on Health in All Policies (2011)
- * Global Plan of Action on Social Determinants of Health (2011)
- * WHO: 8th Global Conference on Health Promotion: Helsinki Statement on Health in All Policies (2013)
- * Sixty-seventh World Health Assembly (2014)

Key point

If people and organisations move to HiAP it will more likely be because:

1. it works,
2. it's flexibility, and
3. it contributes to meeting your (personal and organisational) values.



Turn to your neighbour...

- * Why would you run with HiAP?
- * Why might your organisation run with HiAP?

What HiAP is not!

One-off, project based, issue based, working at the officer-level only. No matter how good quality, and effective and useful – it's not HiAP.

For example, one-off:

- * community and stakeholder engagement to inform a project/programme
- * Health (and other) impact assessments
- * Needs assessments
- * Issue based committee's
- * Cross sector action

HiAP is *strategic planning and/or governance to deliver a partnership* which allows...

- * Integrated budgets and accounting
- * Cross sector action teams to co-develop policy and/or implement
- * Cross cutting information systems and evaluation frameworks
- * Joined up workforce development
- * Community and stakeholder engagement (to inform communities, but also to collect data to inform decisions)
- * Health (and other) impact assessments
- * Legislative frameworks
- * Inter ministerial and inter department committee's
- * Joint communication strategy and implementation
- * Usual demand driven actions

Key points

Governance is the one critical aspect that differentiates HiAP (and adds additional value) beyond how many of us already (effectively) practice.

HiAP is not coercive.

HiAP as a pizza



Two sets of skills for applying HiAP concepts

Strategic skills, to:

- * innovate (develop appropriate forms of governance)
- * build and maintain relationships
- * understand systems and decision making
- * identify allies/blockers
- * negotiate
- * re-frame issues
- * access and share resources
- * share power
- * understand different cultures and viewpoints, and
- * inspire people from other agencies.

Technical skills, to:

- * use tools (screening, HIA, SIA, sustainability assessments, HEAT, WOHIA);
- * develop policy
- * implement projects
- * project manage
- * talk to the social determinants of health
- * write clearly
- * train others.

Your skills

- * Write a list of the skills that you can bring to HiAP....



HIAP key point

Lots of different skills
(and therefore different people)
are needed to work in this way.

Movement needed in the health sector

| Traditional approach | Reorientation needed |
|--------------------------|------------------------------------|
| Put health first | Health as part of the synergy |
| Health as the goal | Joint goals |
| Health in the lead | Health working alongside |
| Health impact assessment | Health in all Policies |
| Technical policy focus | Politically astute policy action |
| Health governs | Partnerships and shared governance |

Movement needed in other sectors

| Traditional approach | Reorientation needed |
|---|--|
| Organisational goals the only goals | Joint goals |
| Health, wellbeing and/or fairness alluded to or absent | Health, wellbeing and fairness explicitly included |
| We lead | Work alongside others |
| Environmental impact assessment/ Economic assessment | Use a broad suite of tools |
| Technical policy focus | Politically astute policy action |
| We govern | Partnerships and shared governance |

HiAP in South Australia

“We don’t try and pull other agencies onto health’s agenda or priorities.”

We don’t try to turn other sectors of government into health agencies.

We work with them on their issues and their priorities and help them achieve their policy goals in ways that protect and promote health.”

(Carmel Williams, 2014)

HiAP key points

To work in a HiAP style – reorientation of the health sector and other sectors is required.
This is not necessarily easy to achieve.

Two of the best examples of HiAP in the world
are right here in Australasia.

Contact details

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