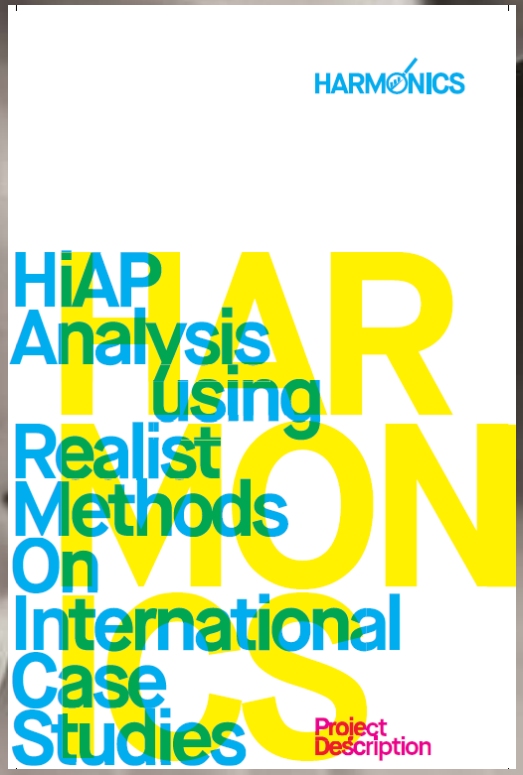
Using realist evidence to strengthen the implementation of *Health in All Policies*

sparking population health solutions

Research for a Healthier Future | An International Summit

April 25 - 28, 2016 | Ottawa, Canada



Panelists

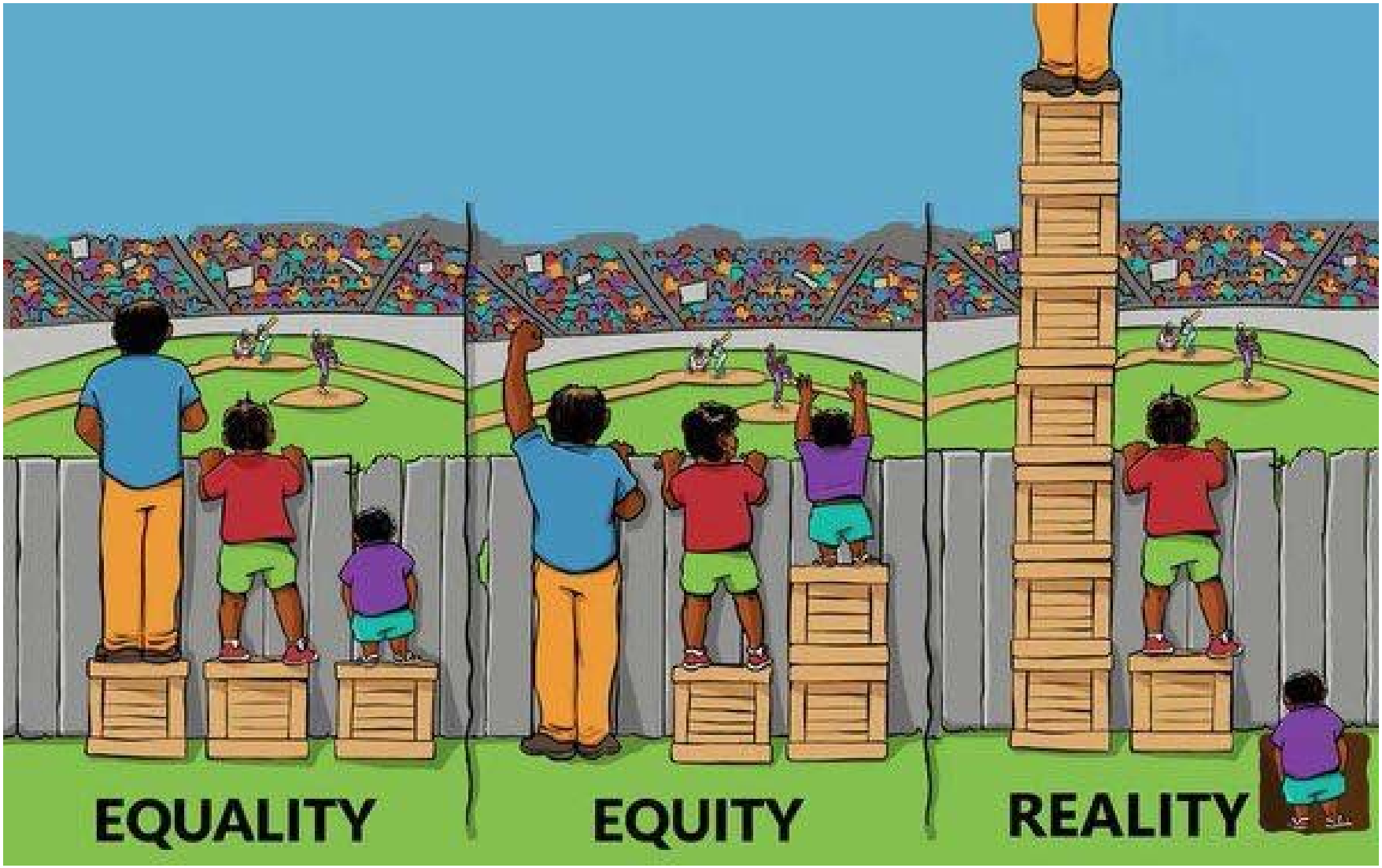
- **Ketan Shankardass**, *Wilfrid Laurier University/Centre for Urban Health Solutions, St. Michael's Hospital*
- **Julia Caplan**, *California Department of Public Health*
- **Alain Poirier**, *Institut national de santé publique du Québec*

Dialogue Igniter

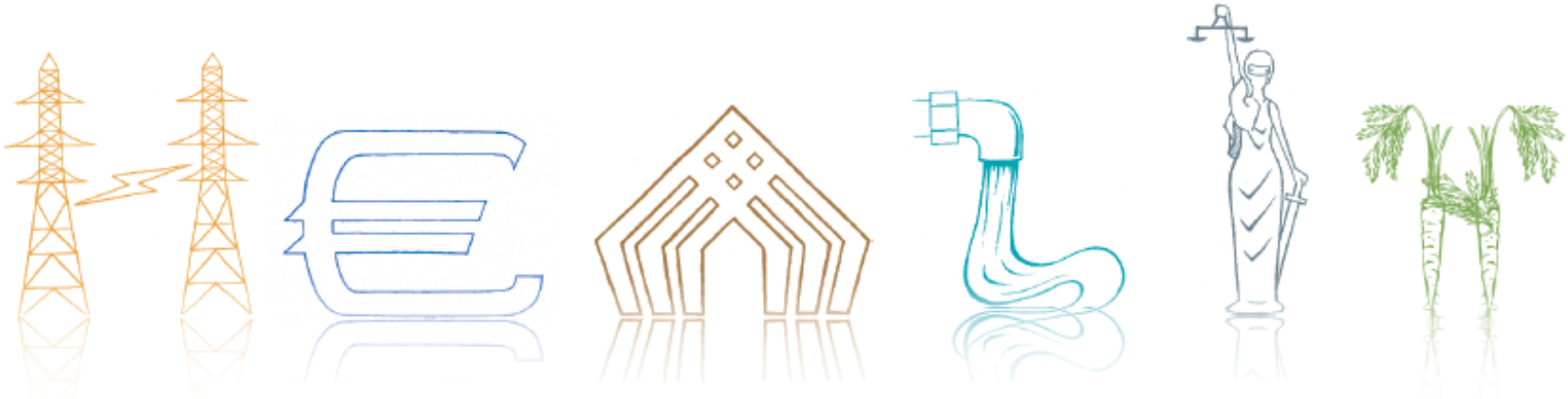
- **Patricia O' Campo**, *Centre for Urban Health Solutions, St. Michael's Hospital*

Two Examples of HiAP

- **California** HiAP Task Force (2010) comprised of 22 State multi-sector agencies/departments focused on improving health and climate change goals
- HiAP in **Québec** (1998) includes creation of Public Health Institute, use of HIA, a focus on intersectoral action to reduce inequalities and a forthcoming 10-year Government Prevention Policy SDOH initiative



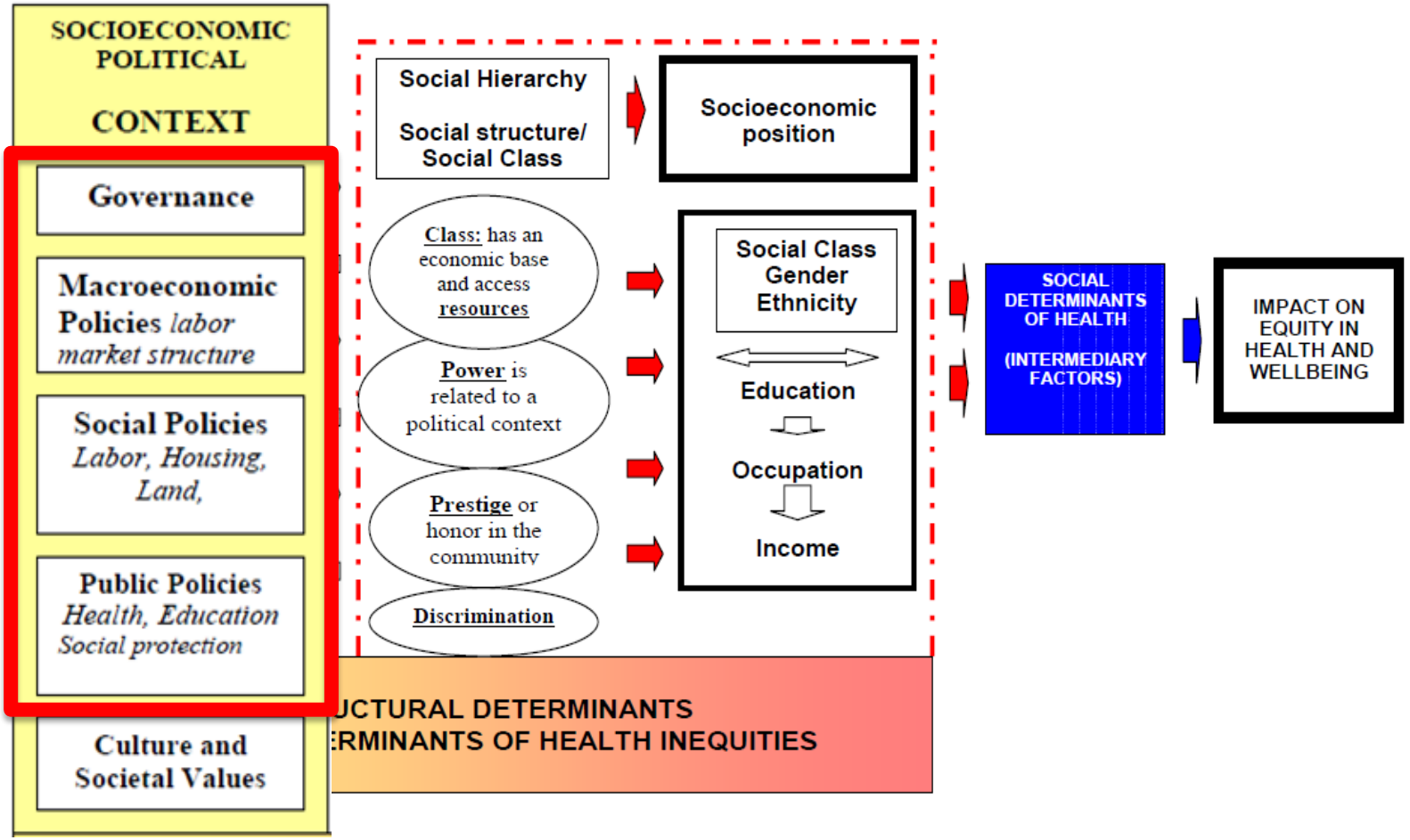
(Interaction Institute for Social Change | Artist: Angus Maguire)



In All Policies

(Adapted from World Health Organization, 2013)

The immense challenge of addressing structural determinants of health

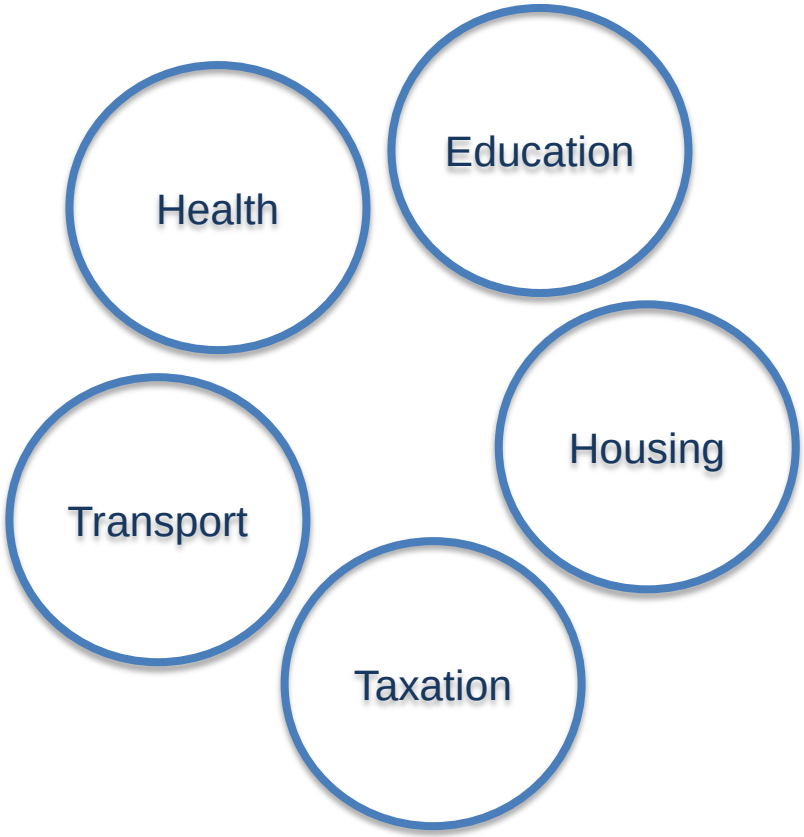


(Solar and Irwin, 2007)

HiAP as integrated governance (cf. Fafard)

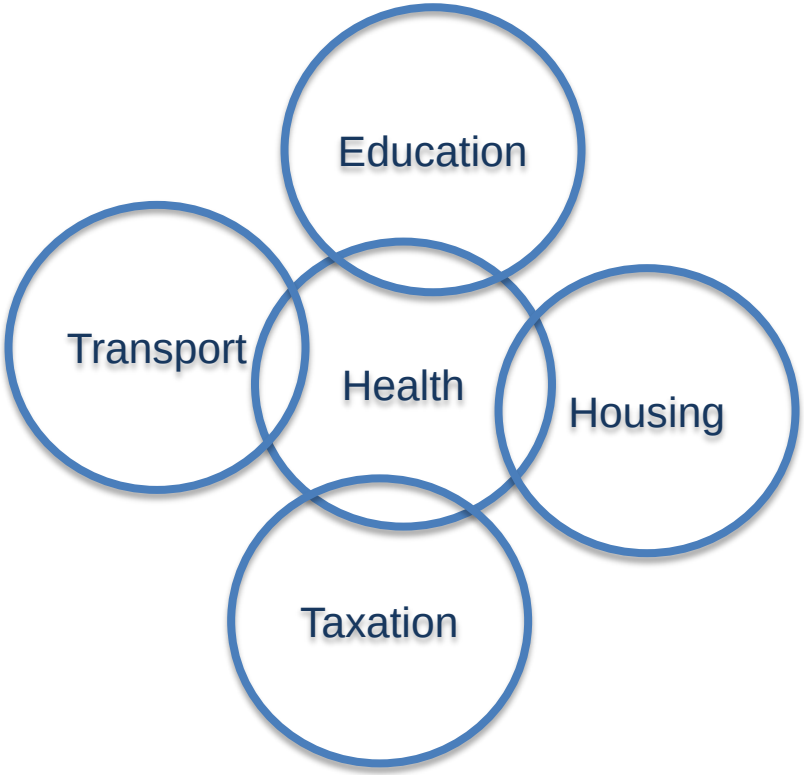
Policy "silos"

- Unique budgets
- Unique mandates



"Integrated governance"

- Shared budgets
- Overlapping mandates



Some models of HiAP

Jurisdiction	Initiation of HiAP	Model of HiAP
Quebec	Section 54 of the Public Health Act (2003)	Use of impact assessment tools to react to new, potentially harmful policies/programs/developments
Thailand	National Health Act (2007)	
Sweden	Swedish Public Health Objectives Bill (2003)	Coordinating instersectoral action on strategic health objectives
Finland	Health 2015 Strategy (2001)	
California	HiAP Task Force (2010)	Coordinating intersectoral action on broader strategic objectives
South Australia	Health in All Policies Unit (2007)	
Iran	Supreme Council for Health and Food Security (2006)	Needs-based strategy for strengthening health equity

HARMONICS

Quebec

South Australia

Sweden

Norway

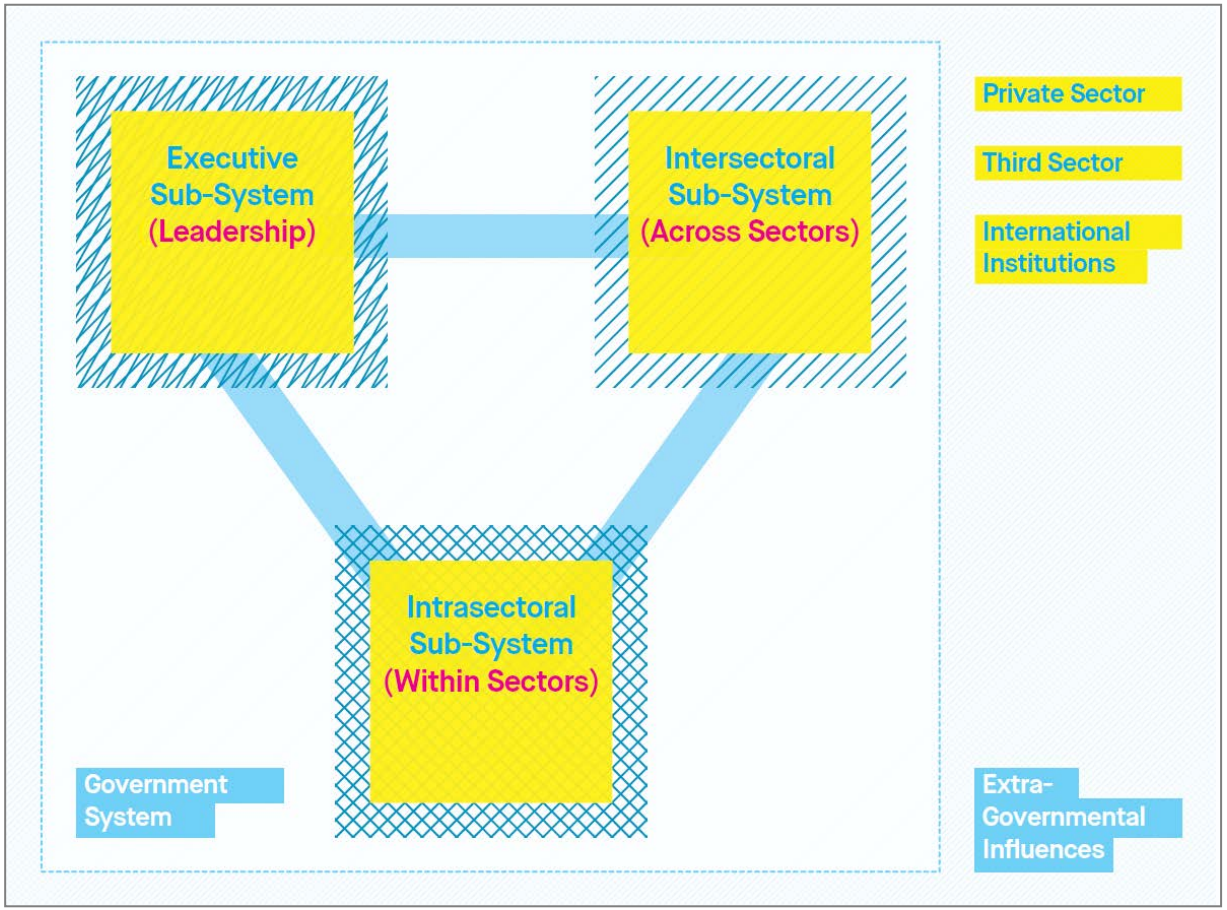
Finland

Ecuador

Thailand

California

Scotland



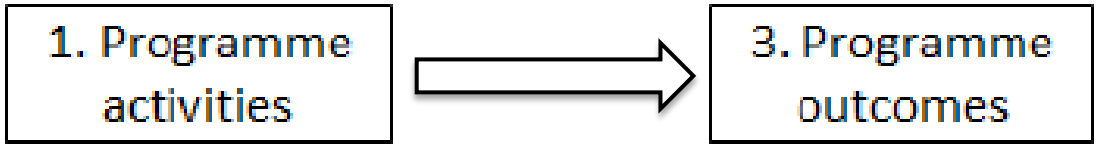
Systems Framework of HiAP Implementation

(Shankardass et al, Forthcoming)

Scientific realist approach

A focus on the development of theory to understand what works, for whom, in what circumstances and why

- Explanations for how and why HiAP governance structures and strategies work (and don't work) in unique contexts
- Plurality of outcomes related to success/failure of HiAP implementation

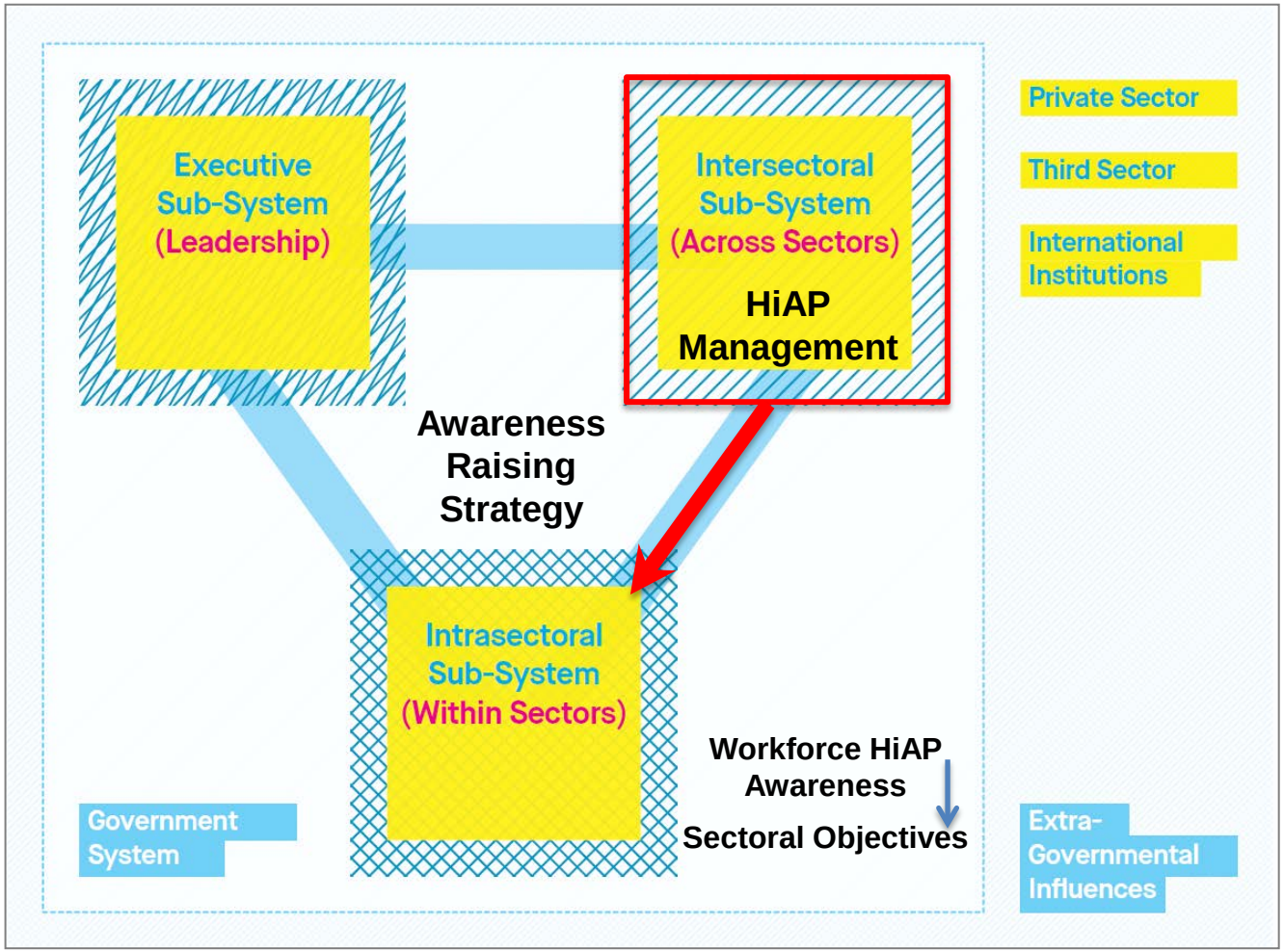

1. Programme activities
3. Programme outcomes

Realist multiple case study process

1. Initial systems framework and hypotheses about components affecting HiAP implementation processes
2. Case-specific predictions given hypotheses & case context
3. Collect data and construct "CMOs" within cases
   - ❖ Key informant interviews & literature
4. Test hypotheses across cases and improve understanding of the system

	Case	HiAP Mandate (Period of Analysis)	# of Informants	Literature Reviewed
Phase 1	**Quebec**	*Public Health Act, Section 54 (2002-2012)*	14	30
	South Australia	*Health in All Policies (2007-2012)*	14	65
	Sweden	*Public Health Objective Bill (2003-2012)*	14	24
Phase 2	**California**	*HiAP Task Force (2010-2015)*	9	25
	Ecuador	*Buen Vivir (2009-2015)*	17	25
	Finland	*Health 2015 (2001-2015)*	10	23
	Norway	*National Strategy to Reduce Social Inequalities in Health (2007-2015)*	13	28
	Scotland	*Equally Well (2008-2015)*	15	52
	Thailand	*National Health Act (2007-2015)*	13	45

What strategies should be used to engage policy sectors into HiAP?



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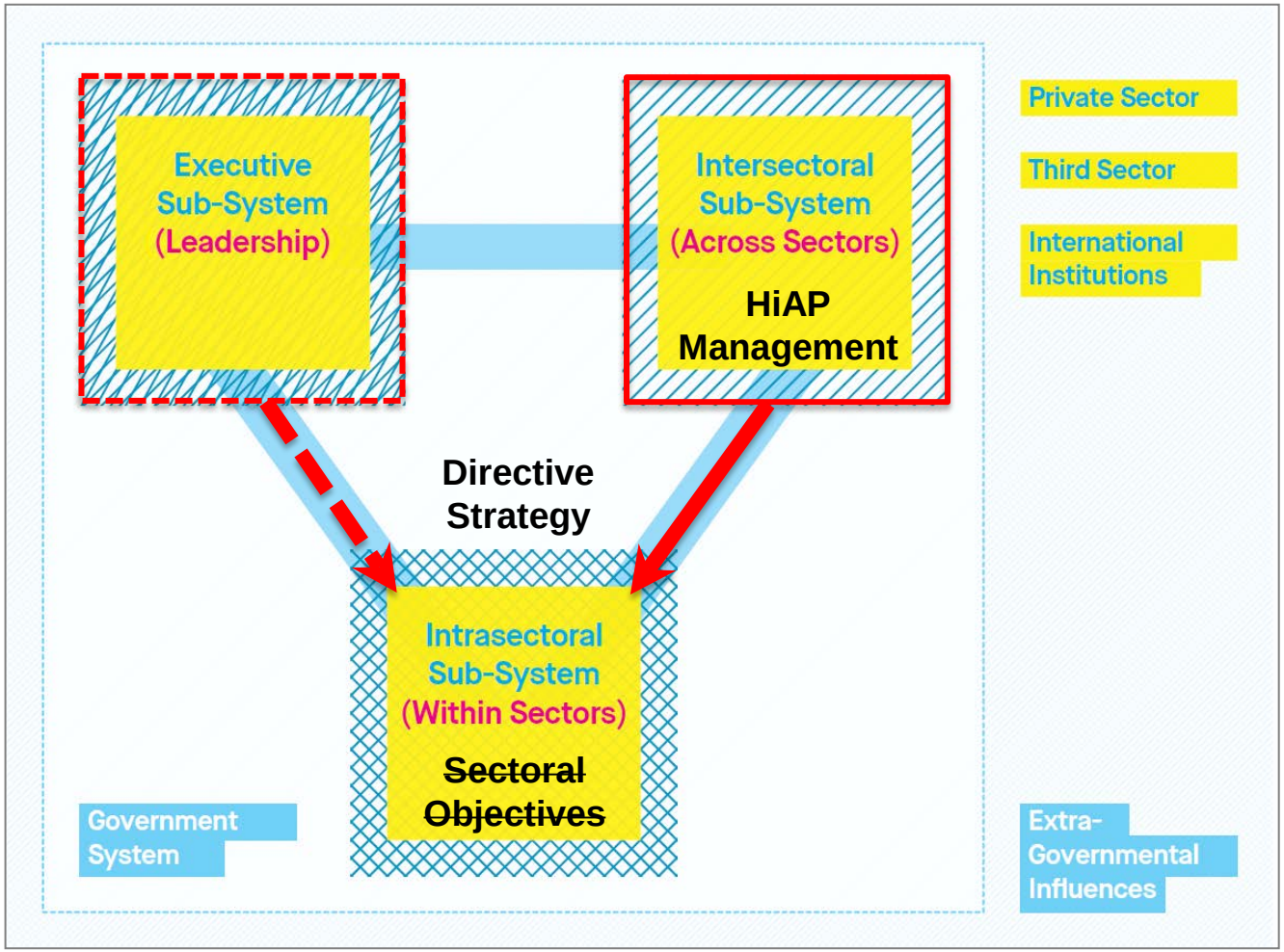

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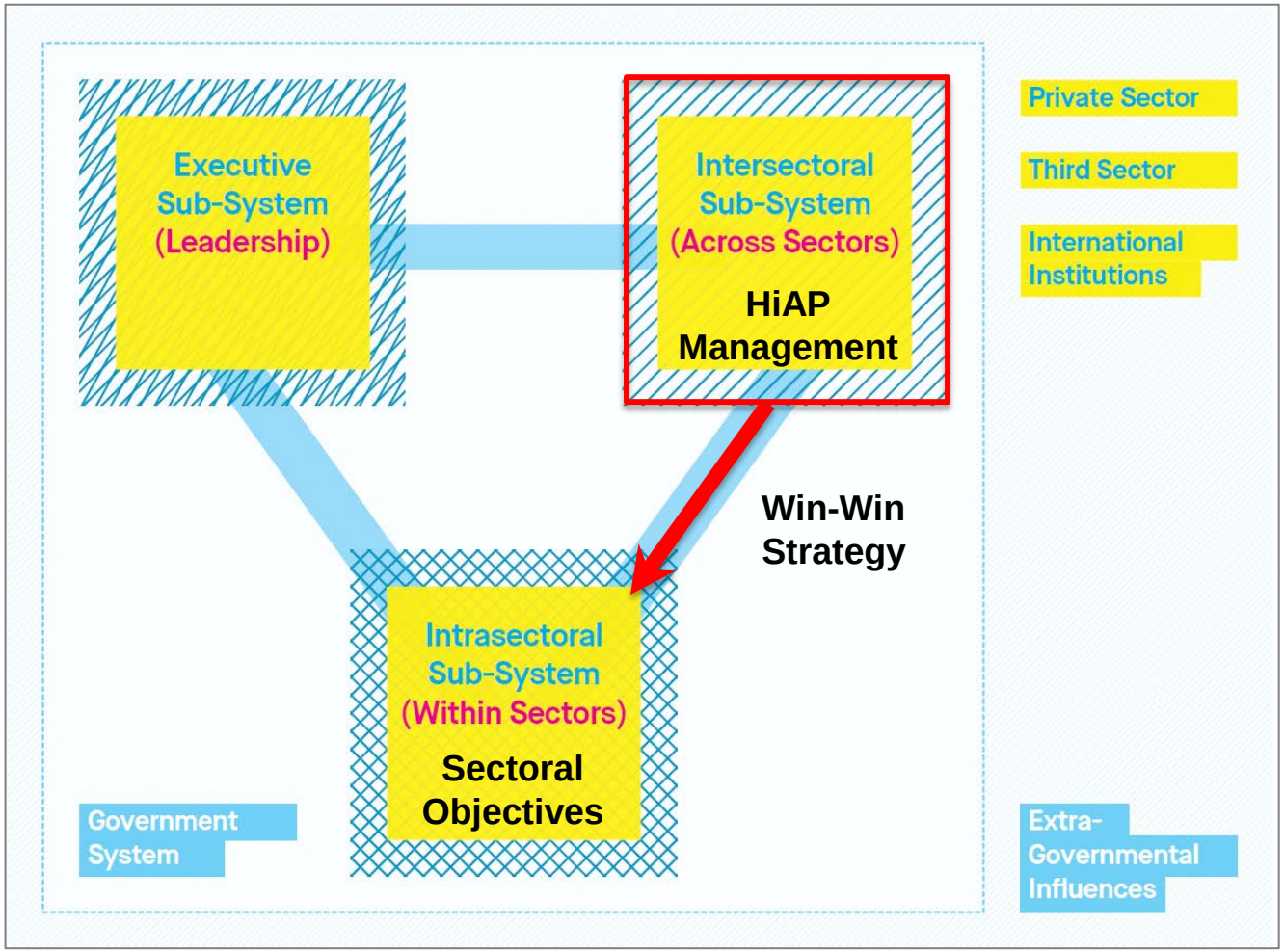

What strategies should be used to engage policy sectors into HiAP?

- Awareness raising and directive strategies are only effective when used in concert with a win-win strategy
- Win-win strategy works by facilitating both acceptability and feasibility of HiAP implementation

What strategies should be used to engage policy sectors into HiAP?

- Win-win mechanisms include:
  - development of a shared language
  - use of tools (HIA) to facilitate policy coordination
  - integrating health into other policy agendas & dual outcomes
  - use of scientific evidence for credibility

HARMONICS

Scientists

- Ketan Shankardass
- Patricia O'Campo
- Carles Muntaner
- Ahmed Bayoumi
- Catherine Mah
- Joseph Wong
- Lauri Kokkinen
- Agnes Molnar
- Emilie Renahy
- Andrew Pinto

Trainees

- Alix Freiler
- Faraz Vahid Shahidi
- Goldameir Oneka
- Debbie Finn
- Sundus Haji Jama

Thank you!

harmonics-hiap.ca

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CALIFORNIA
HEALTH
IN ALL POLICIES
TASK FORCE

California Health in All Policies Task Force

Sparking Solutions
April 27, 2016

Julia Caplan, MPP, MPH

Public Health Institute, in partnership with
California Department of Public Health, Office of Health Equity

CDPH California Department of PublicHealth
PUBLIC HEALTH INSTITUTE

California Health In All Policies Task Force

HiAP Task Force: Multi-Agency Work Groups

- Active Transportation
- Land Use, Schools and Health
- Farm to Fork
- Health & Equity in Land Use Planning
- Food Procurement
- Housing Siting and Air Quality
- Violence Prevention

Keys to Success

- Backbone staff team
- Top down directive
- Focus on co-benefits or win-wins
- Flexibility

Challenges

- Unfunded and voluntary
- Politics and leadership turnover
- Increasing demands on public health
- Difficult to measure or demonstrate impact
- Siloed resources

Contact information

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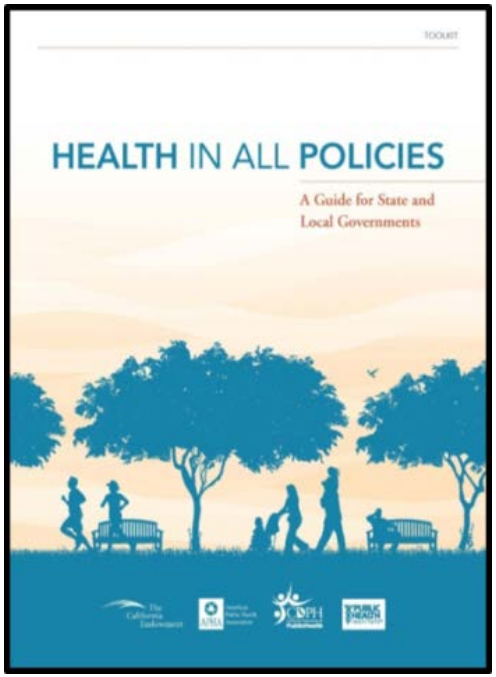
http://sgc.ca.gov/s_hiap.php

HiAP mailing list
HiAP@cdph.ca.gov



Québec Health in All Policies

Sparking Solutions
April 27, 2016

Alain Poirier, MD, MSc, FRCPC

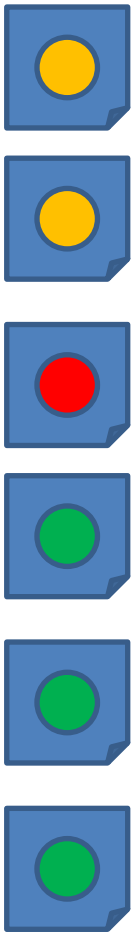
Institut National de santé publique du Québec

Québec Health in All Policies

- Public Health Act with HIA Mandatory (2001)
- National Public health program (2002-08-15)
- Governmental Action plan on healthy lifestyles (2006-12)
- Governmental Prevention policy (to be announced)

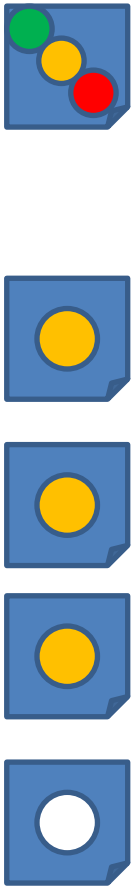
Checklist to success (GAP)

- Real political engagement
- Logical Plan (no consultation)
- Funding Gov. Action Plan (0$)
- Civil society actions (48$M)
- Expertise support (I>M)
- Multi-dimensional integration



Checklist to success (GAP)

- Mobilization (Local, National, Regional)
- Evaluation (Process>Impact)
- Personnel stability (Health>Ô)
- Time (6 years)
- Changing norms



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Québec en Forme

http://www.quebecenforme.org/

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Igniting Questions

- Can sectors work well outside of their silos?
- How do we measure impact of HiAP? Must it include health outcomes?
- HiAP is a political process. Are we using the right frameworks and theories in our research and evaluations?
- Should the health sector lead HiAP?
- Given the little evidence about its success, should we continue to pursue HiAP?