Class 19 – Alternatives to HIA

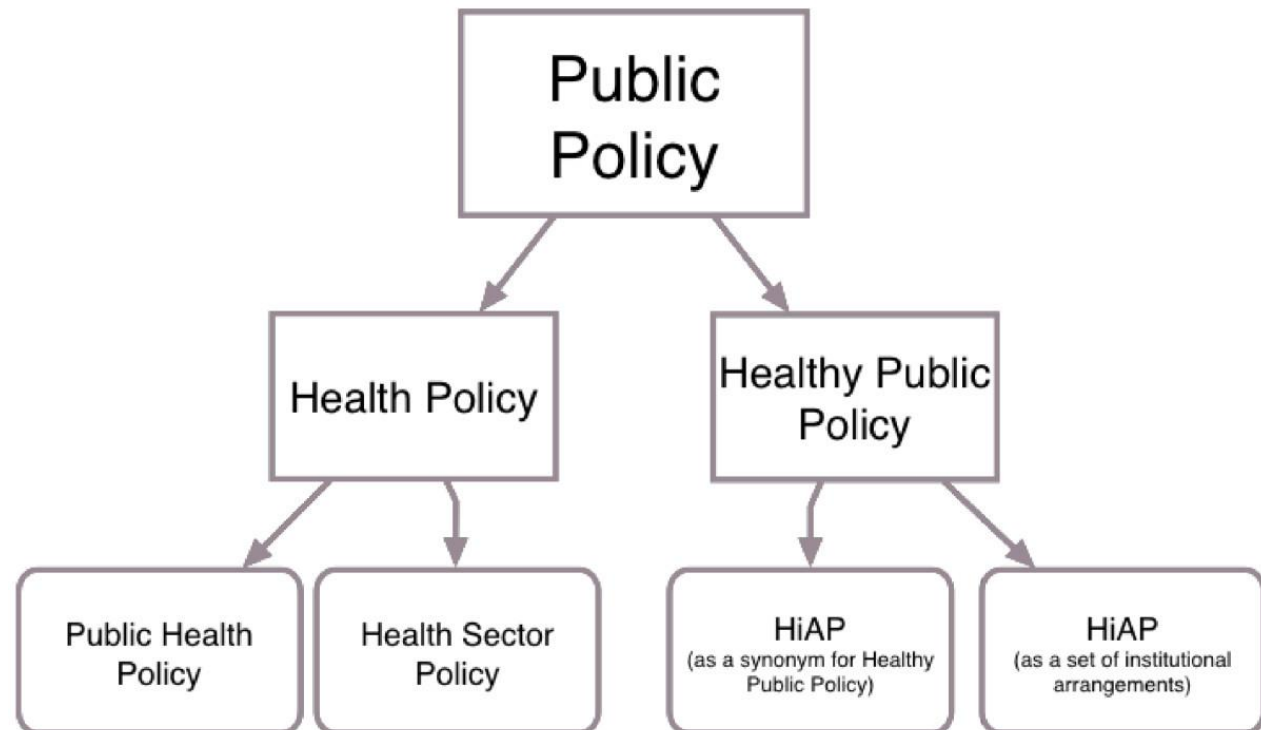# Policy orientation around the social determinants of health

- Canada's 1974 *Lalonde* Report
  - Good health is the bedrock on which social progress is built. A nation of healthy people can do those things that make life worthwhile, and as the level of health increases so does the potential for happiness. … The Government of Canada now intends to give to human biology, the environment and lifestyle as much attention as it has to the financing of the health care organization so that all four avenues to improved health are pursued with equal vigour. Its goal will continue to be not only to add years to our life but life to our years, so that all can enjoy the opportunities offered by increased economic and social justice

- UK's 1980 Black Report on health inequities
  - Recommended the Cabinet Office machinery be made responsible for reducing health inequalities.

Intersectoral Health Action

- 1990s – IHA viewed as crucial to achieving WHO definition of health
- More failure than success
  - ▫ Scholars attribute failure to the fact that IHAs were largely ideological and action-driven
- Draw on literature on collaboration and cooperation; inter-organizational relationship
  - ▫ Replace ideological statements with analysis of *interests*
  - ▫ Coalitions

Healthy Public Policy

- Inspired by work in the mid 1980s, took off mid-2000s

Coalitions

- Temporary alliances among individuals or groups which differ in goals
- Dimensions
  - Distribution of resources
  - Payoff expectation
  - Non-utilitarian preferences (aka 'ties')
  - Effective decision point

Health Impact Analysis

- Goals?
- Step wise process for the assessment and prediction of the potential health impacts of policies, plans, programs and projects
- HIA is typically introduced within the policy and planning cycle *after* a draft proposal has been developed but *before* that proposal is implemented

Health Lens Analysis

- Shape the debate at the conceptual state, not the decision-making stage
- Asks:
  - How can better health help achieve a target?
  - How does this target affect health?

Health Lens analysis

- **Engage**: establishing and maintaining strong collaborative relationships with other sectors. Determine agreed policy focus.
- **Gather evidence**: establishing impacts between health and the policy area under focus, and identifying evidence-based solutions or policy options.
- **Generate**: producing a set of policy recommendations and a final report that are jointly owned by all partner agencies.
- **Navigate**: Helping to steer the recommendations through the decision-making process.
- **Evaluate**: Determining the effectiveness of the health lens

New South Wales: Health Impact Assessment	South Australia: Health in All Policies
	1. Engage
	• Develop relationship and discuss process, ensuring flexibility to cater to partners' needs, with a focus on co-benefits.
	• Identify/clarify contextual issues.
	• Negotiate and agree on policy focus, taking political priorities into account.
1. Screening	• Identify resources.
• Identify elements of the proposal that could have an effect on health.	• Plan work and determine processes.
• Decide whether to pursue the process.	• Establish evaluation criteria.
2. Scoping	
• Decide on what, who, with, how and when the analysis will be performed.	
• Ensure focus is directed towards groups most at risk of being disadvantaged.	
3. Identification/Analysis	**2. Gather evidence**
• Review of the scientific literature.	• Undertake evidence gathering phase, using both qualitative and quantitative methods.
• Undertake consultation with experts and target population.	• Joint exploration and discussion.
• Make investigation and analysis.	• Reconcile perspectives.
	• Collaboratively shape conclusions and recommendations.
4. Recommendations and reporting	**3. Generate**
• Develop recommendations to reduce potential negative impacts and maximise positive effects on health, with a focus on improving health and equity as the drivers for these recommendations.	• Produce report and final recommendations, which are tailored to suit the relevant political and fiscal environments.
• Report on the process, findings and recommendations.	• Test 'product'.
	4. Navigate
	• Navigate final report and recommendations through decision making processes and Government hierarchy, while emphasising co-benefits.
	• Provide briefings and presentations and organise necessary meetings.
	• Department of Health and partner agency Chief Executive to sign off.
	• Report to Cabinet task group Senior Officers Group.
5. Evaluation	**5. Evaluate**
• Review HIA process for improvement.	• Employ an external agency to evaluate project process, impact and outcomes and to identify process improvements.
• Evaluate actual policy or project impact if possible after 12 months where possible. In practice this is often difficult due to funding constraints.	• This is intended after all HLA projects, however, funding constraints mean that some projects may not be evaluated.

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Delany, Toni, Patrick Harris, Carmel Williams, Elizabeth Harris, Fran Baum, Angela Lawless, Deborah Wildgoose et al. "Health impact assessment in New South Wales & Health in all policies in south Australia: Differences, similarities and connections." *BMC Public Health* 14, no. 1 (2014): 1. CC BY.

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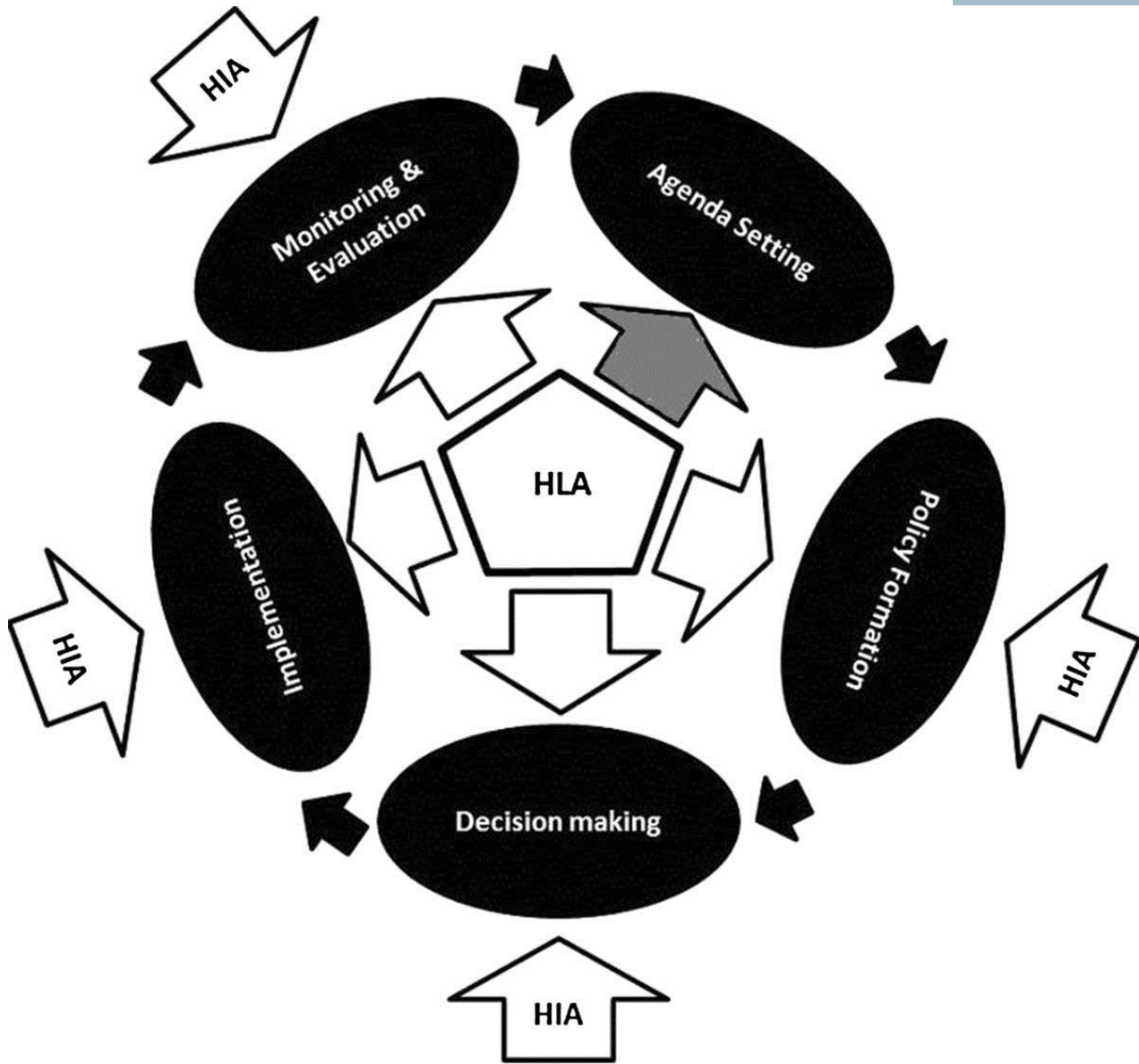- Report to Cabinet task group Senior Officers Group.

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Example

- South Australia
  - Water Sustainability: potential health impacts associated with increasing use of alternative water sources
  - Regional Migrant Settlement: migrant settlement in three regional areas of South Australia
  - +40 others

Health in All Policies

- Equal weight is given to achieving the objectives of non-health sectors
  - Aims to protect against health imperialism
- Integrate health into strategic, long-range, and master planning processes
- Integrate health into routine procedures
- Institutionalize relationships across sectors

Health in All Policies

- Community development for health promotion
  - Depends on the joint participation of community-based organizations and local government
- HiAP: community development practices that address the social determinants of health and reduce health inequities

Case study: Richmond CA

- Richmond starts updating its general plan in 2006 (legally required community development roadmap for 30 years)
- Activists pressure the city to include a "health and wellness" element
- City gets a grant to explore adding this chapter
- Public forums and workshops
- First draft includes 11 aspects

Health and wellness element

- Parks, recreation, open space
- Food
- Medical facilities
- Transportation infrastructure
- Housing
- Economic opportunity
- Neighborhood services
- Safety
- Environmental quality
- Sustainability development
- Government leadership

Pilot projects - 2011

- Healthy developments targeted to two vulnerable neighborhoods
  - Paving and safety improvements
  - Street lighting
  - Safe routes to school
  - Open space and parks
- Identified missing connections to schools and city management

Public engagement

- Decision to draft a Health in All Policies Ordinance and related implementation plan
  - 14 community workshops held in 2012 – 2013
  - governance and leadership
  - economic development and education
  - full-service safe communities
  - environmental health and justice
  - Health homes and social services

Institutionalization

- Richmond City Council approves Health in All Policies ordinance in 2014

Payoffs?

- Sustained attention to equity
- "Policy diffusion"
  - Use of eminent domain to support those undergoing foreclosure and to redevelop abandoned neighborhoods citing health concerns
  - Diverted money from constructing a new jail to community services and parolees - suggested by police chief
  - Improvements in community perceptions, especially among people of color

Reactions?

11.S941 Healthy Cities: Assessing Health Impacts of Policies and Plans
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