Health in All Policies

South Australia’s country case study on action on the social determinants of health

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Disclaimer

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Executive Summary

The successful adoption and implementation of Health in All Policies (HiAP) in South Australia (SA) has been influenced by the following four essential factors: a high level mandate from central government, an overarching policy framework which can accommodate health lens application to diverse program areas, a commitment to work collaboratively and in partnership across agencies, and a strong evaluation process. This represents a practical and applied inter-sectoral approach to complex policy issues.

As is the case for many other countries and jurisdictions, the South Australian health system is struggling with escalating health care costs, the growing burden of an ageing population and an increasing incidence of chronic disease. At the same time the evidence base has been clearly documenting that the best opportunities to change the dynamics that influence health lay outside the direct control of the health sector. The social determinants of health provide the social, economic and environmental levers to influence population health outcomes. It was within this context that Professor Ilona Kickbusch proposed that South Australia adopt a HiAP approach and that this approach be applied to targets contained within South Australia’s Strategic Plan (SASP); the Government’s overarching vision for its State.

The unique advantage of this proposal was the significant and strategic importance of SASP to all South Australian government agencies. SASP contains 98 targets under 6 objectives and there is comfortable alignment between the SASP objectives and the social determinants of health. Oversight for HiAP was placed under the auspices of the high level committee (the Executive Committee of Cabinet) responsible for overseeing the implementation of SASP, reflecting the strategic importance of the work.

Investing in building strong inter-sectoral relationships provides an opportunity to explore some of the interconnections between the SASP targets, and to identify joint areas of work to achieve a win-win solution; that is to work towards the achievement of partner agencies’ targets as well as improve the health of the population. HiAP provides a mechanism for agencies to jointly reflect on a particular policy issue, and work in a collaborative and deliberative way to determine issues and take timely and proper policy decisions.
The HiAP health lens analysis process builds on traditional health impact assessment methodology by incorporating a suite of additional methods (e.g. economic modelling) to allow the process to deliver both rigour and flexibility that accommodates the operational culture and policy imperatives of the partner agency. As a consequence, the methodology employed for a health lens is modified for each target area. Evaluation, an essential component of the HiAP process, is built into each individual health lens.

South Australian government departments have been very receptive to and positive about South Australia’s HiAP processes, and responses from Executive Committee of Cabinet and in particular its sub group, the Chief Executive’s Group, have also been very positive.

**Problem Space**

Population health is largely determined by the policy decisions of other sectors and agencies. In general, these agencies do not consider health improvement part of their core business or goals.

So the challenge is how can health agencies work across sectors so that the policies of other sectors/agencies are health improving and not health harming?

The South Australian Government has begun to implement Health in All Policies (HiAP) as a key strategy to help tackle this challenge. HiAP seeks to build cross sector capacity to ensure healthy public policy is a goal shared by all sectors.

Health systems in developing countries are facing new and increasingly complex health challenges. For many OECD countries increasing health costs represent an unprecedented burden on economies competing in a global forum. As in many other jurisdictions health system costs in South Australia are rising dramatically, absorbing a greater proportion of government expenditure and impacting on the budgets and subsequently the business of other government departments. The Health Minister has publicly canvassed the notion that if cost containment is not achieved, up to half of South Australia’s government revenue will be spent on health care within the next decade (currently about 30 %) [See Fig. 1].
As health costs escalate changes in the demographic profile of the South Australian population also act to place pressure on the continued capacity of the economy to grow\textsuperscript{3}. Labour force participation, a key requirement of an expanding economy, will decline at a rapid rate in the next few years. There is an imperative for South Australia to maintain a healthy and productive workforce as a base for economic growth. As the workforce ages and younger generations more predisposed to chronic disease enter the workforce, South Australia has the potential to experience a “double whammy” of workforce shortages through both ageing and ill health. One way to meet these challenges is to promote the health of the workforce and reduce the impact of chronic disease across all age groups.

Other pressing issues of concern to the South Australian government are poverty, social exclusion, climate change including ongoing drought, reduced access to water and potential for reduced fresh food supplies. These problems have complex causes, cross governmental domains and are often considered ‘wicked’ or ‘messy’ problems. Solutions are beyond the scope of any one agency or sector prompting joined up policy and intersectoral action.

Health in all Policies can be seen as an approach that builds on previous healthy public policy strategies and incorporates the insights from more recent work on the determinants of health. It is in essence a collaborative or partnership approach to policy development aiming to embed a concern with health and equity in the policy development process.

It introduces better health (improved population health outcomes) and reducing the health gap as shared goals across all parts of government, through an integrated policy response across portfolio boundaries. By incorporating a concern with health impacts into the policy development process of all sectors and agencies, it allows government to address the key determinants of health in a more systematic manner while taking into account the benefit of improved population health for the goals of partner agencies.\textsuperscript{4}
Fig. 1 Projected whole of SA State Government Budget at current rate v’s projected requirements for Department of Health budget to meet growing demand

Context
As is the case for many other countries and jurisdictions, the South Australian health system is struggling with escalating health care costs, the growing burden of an ageing population and an increasing incidence of chronic disease. At the same time the evidence base has been clearly documenting that the best opportunities to change the dynamics that influence health lay outside the direct influence of the health sector. The social determinants of health provide the social, economic and environmental levers to influence population health outcomes. It was within this context that Professor Ilona Kickbusch was appointed by the South Australian Government as Thinker in Residence in 2007.

The Adelaide Thinker in Residence program, an initiative of the South Australian Premier, brings influential leaders and experts to SA to live in residence for around three months to meet and engage
with key decision makers and, at the conclusion of their residency, provide a series of recommendations to the Premier for action.

Professor Kickbusch’s brief was to assist in formulating new approaches to health, wellbeing and health governance in South Australia. Professor Kickbusch proposed that South Australia adopt a health in all policies (HiAP) approach and that this approach be applied to targets contained within South Australia’s Strategic Plan (SASP), the overarching vision for the State.

South Australia has a strong commitment to SASP. It is a strategic framework designed to enhance the state’s prosperity, sustainability and quality of life for its citizens. SASP guides the activities of the government, business and the South Australian community. It sets explicit targets, recognising the need for concerted and cooperative action across multiple sectors of South Australian society to achieve them. The targets included in SASP mirror the social determinants of health covering issues related to work, employment, education, food, transport, housing environment, early life and social support. SASP could equally well be described as a blueprint for action on the social determinants of health.

A HiAP approach to SASP provides a mechanism to explore the interconnections between SASP targets and to identify opportunities for joined up government. Linking HiAP with SASP provided the opportunity to establish HiAP as a whole-of-government concern, which has been a missing link in previous attempts at joined-up policy approaches.

To assist in the successful delivery of SASP the South Australian government established strong monitoring and accountability mechanisms. For example, individual chief executives of government departments are held directly accountable to the Premier for the achievement of the targets allocated to their department. A key element of the SA HiAP approach has been that it be driven, and be seen to be driven, by the key central government agency, which in the South Australia context, is the Department of the Premier and Cabinet. Using HiAP as a means to achieve SASP, has meant that the leadership and governance structures established to implement SASP could be adopted for HiAP, ensuring commitment from the highest decision makers within government.
Implementation of health in all policies

Governance

The Government of South Australia established the Executive Committee of Cabinet, ExComm, to drive the implementation of SASP. ExComm is led by the Premier of South Australia with members including a small number of senior government Ministers and two independent members from outside government. The Minister for Health is not a member. ExComm monitors the performance of departmental Chief Executives who are responsible for progressing sets of individual SASP targets. A sub group of ExComm, the Chief Executive’s Group ExComm CEG oversees the ongoing performance of departments against their SASP targets and directs the implementation of HiAP across SASP.

The Department of Health and the Department of the Premier and Cabinet (DPC) collaborate to support the ExComm CEG fulfil this role through the application of health lens projects, providing strategic advice and building capacity across the system.

This governance structure works horizontally across the policy making environment and at the same time takes advantage of the traditional vertical decision making structures that operate within government systems.

Central government leadership of the HiAP process has been an essential step and provides a clear statement of commitment that HiAP will be supported by all of government, not just the health sector. It has also given partner agencies the impetus ‘to engage’ in HiAP. HiAP provides the means to explore some of the interconnections between the SASP targets and to identify joint areas of work to achieve win-win solutions. Driving HiAP through SASP responds to the links between economic development, productivity and health and wellbeing. It clearly documents relationships and poses recommendations to strengthen both health outcomes and the SASP target.

Health lens analysis

The health lens is a key feature of the HiAP model. Health lens is a model to analysis a policy problem in order to derive benefit for population health and at the same time help agencies achieve their SASP targets. It outlines a series of steps that can be practically applied to SASP targets by a range of government agencies. It is a collaborative approach combining the skill and expertise of key health
personnel with staff from participating agencies, jointly assessing options and posing solutions. It is a process that investigates the potential health impacts of particular plans and proposals, and examines the contribution of a healthier population to achieving the SASP target. A range of well-established methodologies and tools are used to examine these connections in a rigorous and systematic manner.

**Health lens analysis process**

There are five essential elements included in the health lens analysis process that underpin its effectiveness and ability to deliver mutually beneficial outcomes:

- **Engage**: establishing and maintaining strong collaborative relationships with partner agencies.
- **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 and governance processes
- **Evaluate**: determining the effectiveness of the health lens.

Engagement formally commences with the agreement between the lead agency and DH on the broad policy areas to be considered. This is followed up with the convening of a joint expert working group (JEWG) consisting of representatives from key agencies who have influence on the policy area who partner on the project (partner agencies). Some more complex projects require duel governance structures with a both high level steering group and a working group. The JEWG determines the specific policy focus of the health lens analysis. This process can take time as individual SASP targets, having a wide policy scope, tend to be ambitious, so it is important to consider which aspects have the best potential. This time also offers an important engagement opportunity, strengthening relationships and building understanding between the partner agencies. It provides a means by which goals and objectives can be agreed upon and a work plan collaboratively developed. Once the focus of the health
lens analysis has been agreed and a project plan developed, the most suitable research and analysis tools are identified for the **evidence gathering** step.

The health lens projects use a range of tools and methods that are designed to provide the most useful information. The methods are largely dependent on the stage of development of the SASP target—whether it is still at the information-gathering or problem-identification phase, or the implementation or evaluation phase. One particularly important part of this process is to clearly describe the relationship between the policy area under focus and the health and wellbeing outcomes. In several cases the connection between the health outcomes and the agency’s outcomes are direct and therefore more obvious and easily identified and described. In other cases the relationship between health and the policy area is not immediately obvious or is less direct. Yet despite this, the policy may be a significant contributor to health outcomes. In both circumstances it became essential to document the explicit pathway between the policy issue of interest, and the related determinants of health together with their consequences for health and wellbeing outcomes.

It is also during the evidence gathering phase the community voices are sought through a range of methods such as focus groups and interviews.

Once the evidence gathering has been completed, the JEWG considers the evidence in line with the original policy proposal and **generates** a series of recommendations designed to both improve population health and wellbeing and support the achievement of the lead government agency’s SASP target. The recommendations and associated final report are provided to the each of the partner agencies’ Chief Executives for approval prior to being sent to the ExComm CEG. An informal consultation plan is mapped out for each of the partner agencies, where key stakeholders are briefed on the findings and recommendations. The health lens process **navigates** the final recommendations through the government bureaucratic structures required as part of the approval process. This ensures that health factors and priorities remain in focus through further processes of consultation and decision-making.
**Department of Health commitment**

In addition to obtaining cross-government commitment for HiAP through SASP and DPC, it has also been important to obtain internal commitment from the SA Department of Health (DH). Executive level drive and leadership has been essential. A high-level DH governance structure has been established to support the HiAP Unit and prioritise access to the technical resources required. DH has committed staff and financial resources to support the development of HiAP and, in particular, consolidate the technical expertise required to support partner agencies in applying HiAP to their targets.

The implementation of HiAP in SA has not been heavily resource intensive. A small unit has been established within DH to support the central governance structures in partnership with DPC, and apply the health lens to agreed SASP targets alongside other government departments.

An emerging challenge for SA’s HiAP model is to maintain its relevance with the broader health sector. The very premise upon which it is based, namely preventing disease and illness through improving the SDOH, can be seen to underplay the downstream role of the health sector, particularly the part of the sector involved in planning and delivering health services. The immediate issues facing health
services appear to have little to do with the determinants, and they realise no immediate benefit from the model. Fortunately, there is a strong recognition across the health system that the determinants underpin health and that efforts must be made to strengthen them. This support is unlikely to last without evidence that the model is effective. Furthermore, the model needs to demonstrate that it can directly support the important issues confronting health, such as chronic disease and obesity. The HiAP Unit is actively working to ensure that the model works effectively with SASP targets of both partner agencies and the health sector.

**Progress Report on Health in All Policies Projects – July 2011**

**Completed Projects**

**Water Sustainability**

*Lead Agency:* Office for Water Security

*SASP Target:* T3.9 South Australia’s water resources are managed within sustainable limits by 2018.

The Water Security health lens project considered the potential health impacts associated with increasing the reuse of three alternative water sources and recommended the reuse of stormwater because of its positive health impacts and controllable negative risks to health. This recommendation was captured in the “Water for Good Plan” and the Office for Water Security has requested further health lens projects with the HiAP unit.

**Digital Technology: Increasing broadband uptake in low SES populations using mobile phones**

*Lead Agency:* Department of Further Education, Employment Science and Technology

*SASP Target:* T4.8 Broadband usage: Broadband usage in South Australia to exceed the Australian national average by 2010, and be maintained thereafter.
The Digital Technology health lens explored effective ways of supporting broadband uptake in low SES populations, which will improve their access to information including health information. It discovered that such populations have little access to computers but have high levels of mobile phone ownership, creating opportunities for increased broadband access through mobile phone technology. DFEEST has indicated that they expect all recommendations to be implemented within the next 12 months. An evaluation of the project was completed at the end of 2010.

**Regional Migrant Settlement**

Lead Agency: Department of Trade and Economic Development; Multicultural SA, AGD is a key partner.

SASP Target: T1.24 Overseas migration: Increase net overseas migration gain to 8500 per annum by 2014.

Contributes to T5.9 Regional population levels: Maintain regional South Australia’s share of the state’s population (18%).

The Regional Migrant Settlement health lens used focus groups to explore issues facing regional migrants. The project resulted in the development of a series of recommendations to assist agencies in creating policies and programmes that achieve positive settlement outcomes for migrants and the regional communities that they settle in. Positive settlement outcomes will alleviate pressures on government services, including health services. Some of these recommendations have begun to be implemented within regional community groups. All evaluation participants agreed that the HiAP process was worthwhile and would recommend it to others.

**Transit-oriented Developments (TODs) Health Lens**

Lead Agencies: Department for Transport, Energy and Infrastructure; Department of Planning and Local Government; Land Management Corporation, SA Health.
SASP 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 as part of the process.

The four agencies have collaborated to develop a ‘TODs...through a Health Lens’ a guide to planning healthy urban communities. The guide identifies the interactions between the elements of a TOD and health effects. TODs are complex in that they closely involve both building/design and transport as core components. The guide document highlights how positive health outcomes can be achieved through thoughtful planning and development of TOD sites. It is used to inform planners, developers and relevant health experts. The recommendations and guide have been approved by Cabinet and will be launched in September 2011.

Current Projects

Healthy Weight Desk Top Analysis

Lead Agency: SA Health,

Partner Agency: Dept Transport Energy and Infrastructure, Primary Industries and Resources SA, Housing SA, Dept Families and Communities, Dept of Planning and Local Govt, Office for the Ageing, Dept of Corrections, Office for Consumer and Business Affairs

SASP Target: T2.2 Healthy Weight: Increase the proportion of South Australians 18 and over with healthy weight by 10 percentage points by 2014.

The Healthy Weight Desktop Analysis was a collaborative project between the Health in All Policies (HiAP) unit and Health Promotion Branch (HPB), Department of Health. Encouraging individuals and communities to eat healthily and be physically active is part of the Department of Health’s focus on
prevention, as reflected in South Australia’s Strategic Plan (SASP) Target 2.2 Healthy Weight: *Increase the proportion of South Australians 18 years and over with healthy weight by 10% points by 2014*. The purpose of the Healthy Weight Desktop Analysis project was to identify SA Government departments which had the most interest in and potential to act on the healthy weight agenda. The project identified opportunities and drivers for South Australian Government departments to become more actively involved in supporting the achievement of T2.2 Healthy Weight and to increase commitment across government to actively support the healthy weight agenda. This was done by mapping the benefits for other sectors in taking specific policy actions which influence healthy weight, investigating options to increase across government commitment to address healthy weight through an examination of existing government structures, and examining the potential for a whole of government commitment to healthy workplaces and a healthy workforce.

**Aboriginal Road Safety**

Lead Agencies: SA Police; Department for Transport, Energy and Infrastructure; Attorney-General’s Department; Department of Correctional Services; SA Health; Department of Further Education, Employment Science and Technology

SASP Target: T2.5 Aboriginal healthy life expectancy: Lower the morbidity and mortality rates of Aboriginal South Australians.

The Aboriginal Road Safety project proposal has been approved by the CEG and by all six partner CEs. It focuses on supporting Aboriginal people to obtain and retain their driver’s license, as evidence shows that holding a driver’s licence directly improves road safety. In addition, a high proportion of Aboriginal people in prison are there due to traffic offences. Increasing license ownership will lead to improved mobility, reduced prison rates, road safety and ultimately health and wellbeing.
Parental Engagement and Literacy in the Early Years of Schooling

Lead Agencies: Department of Education and Children’s Services; SA Health

SASP Target: T6.12 Year 3: By 2010, 93% of students in Year 3 to achieve the national benchmarks in reading, writing and numeracy.

The Education health lens proposal has been approved by the CEG. The project aims to support parental engagement with literacy to improve literacy outcomes for children in the early years of schooling. Poor literacy can affect people’s health directly by limiting their personal, social and cultural development, as well as hindering the development of health literacy. DECS has created a fulltime position to support the project and four low-SES schools are to trial strategies to support families to create literacy rich home environments. Qualitative evidence has been gathered from parents to increase understanding of the factors that make it difficult for parents to create literacy rich home environments.

Castle Plaza TOD Redevelopment Health Lens Analysis

Lead Agency: Marion Council

SASP Target: 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.

The Marion City Council health lens project was conducted as a three day intensive workshop where key govt dept’s, representatives from Marion City Council (a local government agency) and the private developer worked to incorporate the healthy TOD principles (developed through the TOD health lens) into the Castle Plaza TOD Redevelopment project. A key focus of the project has been the impact of local government decision making on the health and wellbeing of local communities, and has encouraged the uptake of HiAP by local governments.
Overseas Students

Lead Agency: SA Health; Dept Further Education, employment, Science and Technology; Multicultural SA

SASP target: T1.16 Share of overseas students: Double South Australia’s share of overseas students by 2014.

The Overseas Students health lens project proposal has been approved by partner chief executives and the CEG. Student health and wellbeing is a key factor in drawing overseas students to South Australia, as well as reducing these student’s demands on health and other government services. Anecdotal evidence shows that VET sector students face greater challenges during their stay in South Australia. The project will use consultations with students and key bodies to identify what health and wellbeing issues exist for VET students before making recommendations for future action. The focus will be on existing services and increasing student’s access to these, including considering private providers’ responsibility for facilitating student access to mainstream services.

Healthy Sustainable Regional Development in the Upper Spencer Gulf Region

Lead Agency: SA Health; Primary industries and Resources SA

SASP Target: T1.18 Minerals production: Increase the value of minerals production to $3 billion by 2014.

T1.19 Minerals processing: Increase the value of minerals processing to $1 billion by 2014.

T5.9 Regional population levels (existing – modified): maintain regional South Australia’s share of the state’s population (18%).

The Healthy Sustainable Regional Development Health Lens Project Proposal has been approved by CE’s. This project will look at the intersections between health and wellbeing and regional economic development with a particular focus on mineral production and the workforce sustainability issues. At
the federal level there is an increased focus on regional social, economic and environmental development, and an emphasis on empowering local communities to promote their local interests. In this context, it is important for local communities to identify health and wellbeing as part of their regional economic development profile.

**Active Transport**

Lead Agency: DTEI

SASP Targets: T2.2 – Healthy weight: increase the proportion of South Australians 18 and over with healthy weight by 10 percentage points by 2014.

T2.9 – Road safety – fatalities: by 2010, reduce road fatalities to less than 90 persons per year.

T2.10 – Road safety – serious injuries: by 2010 reduce serious injuries to less than 1000 per year.

The Active Transport health lens is in the engagement phase with potential partner agencies exploring the scope of the project. Ensuring the accessibility of active transport (cycling and walking) options increases general population health. In particular, increasing the opportunities to be active will contribute to achieving the healthy weight target of the health department. Currently, within the transport sector, arguments for cycling and walking routes struggle to compete with the economic imperatives of road and rail infrastructure. This project will look at ways of strengthening the economic arguments supporting cycling and walking so as to be able to compete for limited funds within the transport sector.

**Evaluation**

As the methodology is developmental, it has been important that each SASP health lens be evaluated to determine its success. Has the health lens analysis influenced the policy decisions of the partner agencies? Did their goals benefit from the process? What determinants were influenced through this
work? The evaluation will also ensure that the analysis process can be refined to be flexible and adaptable to all government agencies’ needs as well as deliver policy options that contribute to improved health outcomes.

Evaluation is built into the HiAP model with commitment to undertake joint evaluation by both DH and the health lens partner agency.

The evaluations are commissioned by SA Health and conducted by researchers from the South Australian Community Health Research Unit at Flinders University. Evaluation design is developed with HiAP unit staff but activities are undertaken independently and confidentially. The researchers use qualitative methods to collect feedback from participants including senior level decision-makers who receive the HLA final reports and recommendations.

To date four of the completed Health Lens projects have been evaluated. Common themes have been emerging related to increased understanding of the social determinants of health, evidence to inform policy-making, changes in policy direction and a positive disposition to the HLA as a method of intersectoral collaboration.

- Increased understanding by policy makers of the impact of their work on population health and health equity.
- Changes in policy direction as a result of a Health Lens Analysis.
- Development and dissemination of policy relevant research.
- Greater understanding and stronger partnerships between health and partner agencies.
- A positive disposition toward employing Health Lens Analyses in future work

Defining health broadly, and bringing health into the policy frame early, facilitated engagement of all sectors and implementation of intersectoral actions. This appears to have been one of the successes of this HiAP approach with a sense of shared ownership of both process and product emerging. Reflections of health lens participants suggest the HLA process has resulted in a shift in policymakers’ thinking. Both conceptual learning (redefining goals, problem definitions and strategies) and social learning (dialogue and interaction between stakeholders) appear to have taken place. The
evaluation of these HLAs suggests that this process has considerable promise in achieving such a shift in mindset.

In addition, DH and DPC have recognised the need to evaluate the entire HiAP model. Plans are underway to identify how best to effectively conduct an evaluation of policy changes that will necessarily be wide ranging, with significant health impacts only emerging in the longer term.

**Lessons learned**

One of the important lessons learnt through working across government has been the recognition that the concept of health inequity is rarely raised during the policy discussions and deliberations between Health in All Policies team members and health lens partner agencies. Yet in nearly all health lens projects the focus moves to issues related to inequity. Reflections on why this is, has lead HiAP team members to conclude that often the problematic policy areas for government agencies overlap with issues of equitable distribution and utilisation of government resources. While this is not a prefect explanation of a complex pattern of relationships between health and partner agencies or the government and its citizens, it has aided the HiAP team in understanding that the health lens projects do have capacity to impact on health inequalities.

**References**


www.who.int/social_determinants/