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Evaluation of Health in All Policies: concept, theory and application

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SUMMARY

This article describes some of the crucial theoretical, methodological and practical issues that need to be considered when evaluating Health in All Policies (HiAP) initiatives. The approaches that have been applied to evaluate HiAP in South Australia are drawn upon as case studies, and early findings from this evaluative research are provided. The South Australian evaluation of HiAP is based on a close partnership between researchers and public servants. The article describes the South Australian HiAP research partnership and considers its benefits and drawbacks in terms of the impact on the scope of the research, the types of evidence that can be collected and the implications for knowledge transfer. This partnership evolved from the conduct of process evaluations and is continuing to develop through joint collaboration on an Australian National Health & Medical Research Council grant. The South Australian research is not seeking to establish causality through statistical tests of correlations, but instead by creating a 'burden of evidence' which supports logically coherent chains of relations. These chains emerge through contrasting and comparing findings from many relevant and extant forms of evidence. As such, program logic is being used to attribute policy change to eventual health outcomes. The article presents the preliminary program logic model and describes the early work of applying the program logic approach to HiAP. The article concludes with an assessment of factors that have accounted for HiAP being sustained in South Australia from 2008 to 2013.

Key words: Health in All Policies; policy; evaluation; social determinants of health

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INTRODUCTION

Health in All Policies (HiAP) has developed as a mechanism to promote action on the social determinants of health (SDH) by facilitating action in sectors where health is not a primary consideration. This article discusses approaches to the evaluation of HiAP. It starts by providing a description of HiAP internationally and in Australia. It then discusses the challenges posed in the evaluation of HiAP and considers the nature of research and evaluation partnerships for HiAP. It then takes the case study of HiAP in South Australia (SA) and examines the evaluation approaches applied in that setting. Some early findings from the SA evaluations are provided.

The impact of social, political and economic determinants on health has long been recognized (Baum, 2008). Policy has also been seen as a means of making the impact of these determinants healthier since at least the nineteenth century (Baum *et al.*, 2013b). The importance of intersectoral action was stressed in the Alma Ata Primary Health Care Strategy (World Health Organization, 1978) and the importance of healthy public policy was expressed in the Ottawa Charter (World Health Organization, 1986).

Lessons from earlier attempts to bring about action on the social determinants suggest it requires understanding of, and engagement with, multiple sectors, in ways that support their core business and existing priority areas and that take account of their capacities (Nutbeam and Wise, 1996; Kalegaonkar and Brown, 2000; Mannheimer *et al.*, 2007). Effective governance structures have also been found to support sustainable commitment and action (Public Health Agency of Canada and World Health Organization, 2008). These lessons provide a foundation for current HiAP approaches.

HiAP is an approach to generating public policies across sectors which 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, 2013). It provides a foundation for policy makers from the health sector to work with those in other government sectors to consider the potential health impacts of policies as they are developed and implemented. A HiAP approach is intended to ensure that policies from all sectors have positive, or at least neutral, impacts on population health, wellbeing and health equity (Leppo, 2008). Ollila (Ollila, 2011) outlines four basic HIAP strategies: health at the core; win–win; co-operation; and damage limitation (see Box 1).

Box 1. Types of HiAP strategies

Health at the core: Health objectives are at the centre of the activity, for example tobacco reduction policies or mandatory seat belt legislation.
Win-win: The aim is to find policies and action that benefit all parties, such as providing healthy school lunches that promote learning and health.
Co-operation: Emphasis is on systematic co-operation between health and other sectors which benefits the government as a whole. Health seeks to help other sectors meet their goals as a central aim and health is advanced through systematic, on-going co-operative relationships.
Damage limitation: Efforts are made to limit the potential negative health impacts of policy proposals, such as restricting the sale of alcohol in a new urban development.

Regardless of the particular strategy applied, HiAP responds to the recognition that population health and equity are influenced by a multitude of factors, most of which are outside of the usual scope of the health system (Kickbusch, 2008). This recognition requires a whole-of-government approach to health governance, in which health considerations are made as a usual part of the policy making process across all participating areas, allowing governments to address the key determinants of health in a more systematic manner (Kickbusch, 2008).

Implementing policies that address the SDH has proven to be difficult, partly because of the complexity of devising effective policies (Exworthy, 2008). Policymaking is not a value free, linear and technical process of implementing evidence but rather a political process of making choices influenced by prior values and principles, and perceived opportunities (Ritsatakis and Järvisalo, 2006; Kingdon, 2011). The barriers to effective action may be political and reflect a lack of political will to take action. The understanding of policy making as a complex bureaucratic and political process needs to inform research on HiAP.

International context

HiAP approaches have been adopted across the world. HiAP has now been adopted in 16 countries at the national or sub-national level of government; Australia, Brazil, Cuba, England, Finland, Iran, Malaysia, New Zealand, Northern

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Ireland, Norway, Quebec, Scotland, Sri Lanka, Sweden, Thailand and Wales (Shankardass *et al.*, 2011). Most countries adopted HiAP within the last decade (Shankardass *et al.*, 2011) and more *ad hoc* intersectoral projects to address health and equity preceded formal adoption of a HiAP approach (Shankardass *et al.*, 2011).

Despite differences in the governance of, and priority setting for, HiAP there are some consistent features that characterize a HiAP approach. First, HiAP initiatives are coordinated primarily by formal structures of government and driven by people inside government. Second, HiAP work is specifically linked to structured government policy agendas rather than being *ad hoc* (Shankardass *et al.*, 2011).

HiAP in South Australia

HiAP was adopted in 2008 in South Australia in response to recommendations made by Adelaide Thinker in Residence Ilona Kickbusch (Further information about Ilona's Residency and the Adelaide Thinkers in Residence Program is available at: http://www.thinkers.sa.gov.au/default.aspx, last accessed 28 April 2014). The HiAP approach is coordinated by a small team who work in a dedicated Unit of SA Health. HiAP work is linked strongly to *South Australia's Strategic Plan* (SASP), which calls for 'joined-up' government approaches that work across departments to achieve specified targets and objectives.

Defining features of the SA HiAP model include working on the basis of a co-operation strategy (Ollila, 2011) (see Box 1), central governance and use of a Health Lens Analysis (HLA) process. Central governance from the Department of the Premier and Cabinet provides clear direction, accountability and an across-government mandate for intersectoral collaboration (Government of South Australia, 2010). The HLA process provides a mechanism for examining the connections between policy and health in a systematic and collaborative manner, which results in evidence-based recommendations to guide policy strategy (Lawless *et al.*, 2012). The HLA process and the ways in which it fits into the SA HiAP model are shown in Figure 1. While systematic, the HLA process is also flexible in its approach and can be adapted to the policy context or climate in which it is being applied. The process includes reviewing existing, and in some cases collecting new, evidence to inform policy and involves partners from different sectors working closely together. This allows the process to be adapted to work across different government areas (Government of South Australia, 2010; Lawless *et al.*, 2012). Effective collaboration between SA Health and the sectors it partners with is key to defining the focus and desired outcomes of the HLA work. A key difference between

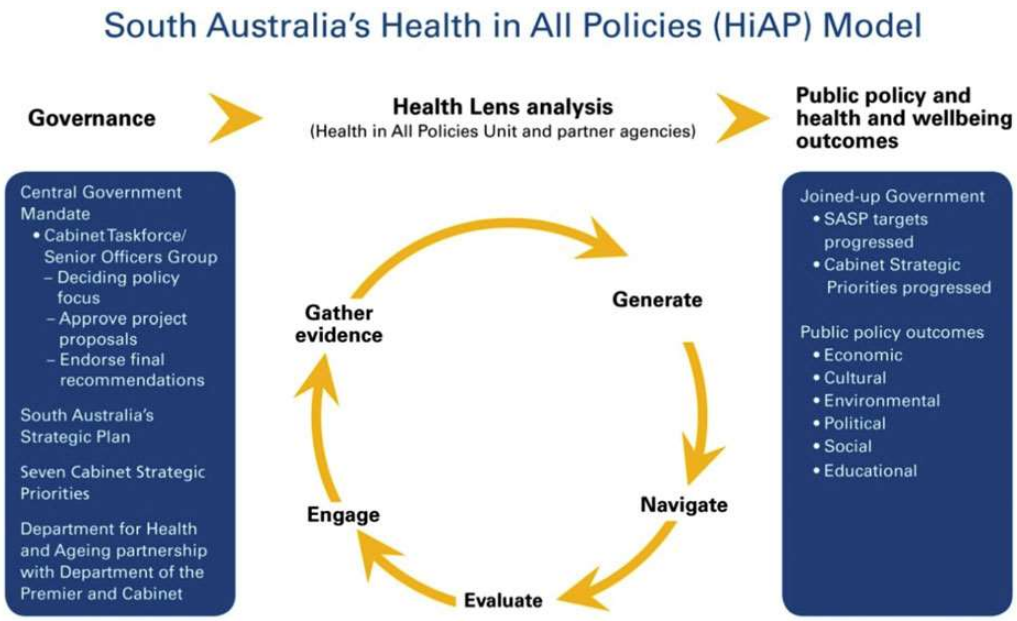

Fig. 1: The SA HiAP model.

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the HLA process and other mechanisms, such as Health Impact Assessment, is that HLAs are already integrated into the planning and decision-making processes of government rather than being external to them.

CHALLENGES AND ISSUES FOR EVALUATION OF HiAP

Evaluation of HiAP poses practical, theoretical and methodological challenges. HiAP operates in complex and dynamic systems which involve a range of sectors and disciplines, drawing on multiple, specialized knowledge bases. It occurs within changing political and operational contexts and involves numerous diverse actors. To borrow Pawson *et al.*'s (2004, p. iv) words 'social (or in this case policy) interventions are complex systems thrust amidst complex systems'.

While evaluation is increasingly built into the policy process (Colebatch, 2002), there remains a lack of knowledge about how to best undertake such research. Little attention has been paid to the 'how to' of policy analysis—the research designs, theories and methods (Walt *et al.*, 2008). In particular, there is little published work in low and middle income countries (Gilson and Raphaely, 2008; Walt *et al.*, 2008). Sanderson (Sanderson, 2000) argues that a 'sharper focus' on the theoretical underpinnings of evaluation is required, and suggests complexity theory and critical realism may be helpful.

Glouberman and Zimmerman (Glouberman and Zimmerman, 2002) draw a distinction between simple, complicated and complex undertakings. Rogers (Rogers, 2008) applies this distinction to five aspects of interventions and Table 1 shows the complex and complicated aspects of HiAP. Complicated aspects such as involvement of multiple agencies provide logistical challenges, but Rogers (Rogers, 2008) suggests that the greatest challenges in building an evaluation framework arise when interventions have both complicated and complex aspects, as in the case of HiAP.

Theory-based logic models are useful as a basis for the evaluation of complicated and complex initiatives. In the case of HiAP, the logic models are likely to change over time as more sophisticated understandings of the HiAP initiative are developed. This is because the causal chains are often not linear, are long, thickly populated and involve negotiation and feedback (Pawson *et al.*, 2004).

Sanderson (Sanderson, 2000) also raises the issue of context dependency, pivotal in the theory of complex systems. Evaluation of policy

Table 1: Complicated and complex aspects of HiAP

Aspect	Complicated/complex	Challenges for HiAP evaluation
Governance and implementation	Complicated because . . . Multiple agencies and reporting lines, often interdisciplinary, and may be cross-jurisdictional	Negotiating agreement about evaluation parameters given differing organizational cultures and expectations regarding evaluation Negotiating access to all relevant stakeholders and data
Simultaneous causal strands	Complicated because . . . Multiple simultaneous causal strands	HiAP interventions usually work through several causal paths, e.g. policy and process change may be required in several departments to achieve shared objectives
Alternative causal strands	Complicated because . . . Different causal mechanisms operating in different contexts	Any particular HiAP intervention may be effective in a favourable context, but fail to work when replicated in another context
Non-linearity and disproportionate outcomes	Complex because . . . Recursive, with feedback loops	Small initial effects may lead to large ultimate effects through a reinforcing loop or critical tipping point. Processes and policy development are iterative and 'messy' rather than linear
Emergent outcomes	Complex because . . . Emergent outcomes of differing value and importance to various stakeholders	Dealing with complex social issues. Specific objectives emerge and change through negotiation across sectors and some outcomes may not be anticipated. HiAP processes may produce or respond to new opportunities, e.g. the opening of a policy window. Measures may not be able to be developed in advance, making pre- and post-comparisons difficult

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systems must describe and develop understanding about the key contextual factors that impact on a policy. Programs operate according to the conditions into which they are placed (Pawson and Tilley, 1997) and the success or failure of a policy initiative may be the result of local circumstance or timing. Comparative analyses of similar policy initiatives in different contexts will also highlight the role of context in understanding policy (Sanderson, 2000). Despite differences in contexts however, it is still possible to derive more generalizable lessons about policy from case study research.

HiAP is, by its nature, an exercise involving multiple stakeholders with some shared, and some divergent, goals, values and reasons for supporting (or not) a policy proposal. Methodologically, this requires evaluators of HiAP to engage with all pertinent stakeholders to understand their interests, objectives and their organizational and social context (Sanderson, 2000). Renger and Bourdeau (Renger and Bourdeau, 2004) propose values inquiry as a useful approach to prioritizing the outcomes deemed most important by stakeholders. Sanderson (Sanderson, 2000) also suggests that values inquiry can inform future valuing of policies and is important given the scope for value conflict in cross-sectoral initiatives.

PARTNERSHIPS BETWEEN POLICY MAKERS AND RESEARCHERS TO UNDERTAKE POLICY EVALUATION

The evaluation literature debates the relative merits of internal and external evaluations. It is argued that external evaluators (often equated with university researchers) combine strong evaluation skills with independent and fresh eyes (Feuerstein, 1986). However, external evaluations may cause anxiety, and may have less detailed knowledge of the program. In contrast, internal evaluators bring detailed knowledge and understanding of the program, dynamics and context. However, they may not be objective or sufficiently skilled in evaluation. Internal–external dichotomies may diminish with collaborative approaches as all evaluators share activities such as planning, data collection and evaluation as well as the data that emerges from the evaluation; thereby transforming the relationship between the 'internal' and 'external' (Newman *et al.*, 2011). HiAP evaluations can also be conducted with academic researchers who may not be considered as true outsiders (Feuerstein, 1986) in the first place, because many such researchers have developed their skills in close collaboration with policymakers and service providers, often involving long-term relationships within the field.

Evaluations involving policy makers and researchers working together can also move the debate from either internal versus external evaluators to how best to create a new way for researchers and policy makers to evaluate and work together in order to improve population health equitably. By engaging in the science of delivery alongside the science of discovery (Catford, 2009), evaluations can answer questions about what works, for whom, and under what circumstances.

EVALUATION OF SOUTH AUSTRALIAN HEALTH IN ALL POLICIES

Our observations of the particular challenges of evaluating HiAP have been applied to a two-phase evaluation of HiAP in South Australia. In phase 1, we undertook an evaluation examining perceptions and processes of HiAP. It started with interviews with senior South Australian public servants to ascertain their interest in HiAP, and continued with process evaluations of the health lens analysis projects (HLAs) (see summary of results below) which were conducted from the beginning of the HiAP initiative. Subsequently, an application for more extensive research was funded by the National Health & Medical Research Council (NH&MRC) for a 5-year period (2012–2016). This article describes the research framework and preliminary results of the evaluation research.

Research framework

The research is guided by the central question: 'Has the implementation of Health in All Policies approached improved health, well-being and equity in South Australia?'. (Refer to http://www.flinders.edu.au/medicine/sites/southgate/research/health-equity-and-policy/hiap.cfm for a full list of research questions.) It seeks to determine the extent to which HiAP is effective as a method of developing and delivering public policy that modifies the determinants of health in ways that improve population health and/or reduce health inequalities. The research is

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framed by five core theoretical or methodological approaches or tools that have been progressively developed since 2008:

- Critical action research and organizational learning approach;
- Realistic evaluation;
- Program logic as a basis for attribution of health and equity outcomes;
- Development of theories on policy agenda setting and implementation;
- Use of complexity as a frame for understanding policy making processes.

Critical action research and organizational learning approach

Phase 1 process evaluation was designed to capture the experience and perspectives of participants in HLA projects and document any short-term impacts of the projects. This involved a collaborative action research approach whereby emerging findings informed the ongoing development of the HLA model. This was particularly important in the start-up phase of HiAP. Experience from previous attempts to implement intersectoral interventions suggests that while there is consensus about the need for intersectoral approaches, attempts at this type of work have often failed (O'Neill *et al.*, 1997) so building in process evaluation from the outset was vital. The critical action research framework provides the flexibility required to conduct research in a dynamic, changing policy environment. We anticipate that the key methods detailed in the grant application will remain, but the action research framing provides flexibility if circumstances change. Our approach to the research also allows us to examine power relationships (Crotty, 1998) and, in particular, the ways in which equity is approached by HiAP. An organizational learning approach flows from the action research focus as it allows for the HiAP Unit and its partners to take insights from the emerging research results and apply them to their work.

Using realistic evaluation

From the beginning of our research, the aim was to understand not just what worked about HiAP but also to examine how and why it worked and what barriers there are to it working. The realistic evaluation concepts of mechanisms and context (Pawson and Tilley, 1997) directed attention to the context in which HiAP activities took place. 'Social programs, consist not just of what we observe (i.e. program inputs, activities, and outcomes) but also of interactions between mechanisms and contexts, which account for what we observe' (Astbury and Leeuw, 2010, p. 371). An understanding of the importance of context is shaping data collection and the analysis and interpretation of results.

Program logic as a basis for attribution of health and equity outcomes

The principles that underpin HiAP are not the equivalent of treatment protocols in medicine. They are broad directional statements that can have very different implications in operational terms depending on context. Consequently, a clear articulation of the logic underpinning HiAP is necessary to shape the evaluation. Thus, we are not seeking to establish causality through statistical tests of correlations but by a 'burden of evidence' that supports logically coherent chains of relations that emerge through the contrasting and comparing of findings from many relevant and extant forms of evidence. This technique will allow us to make a series of assumptions about the implementation of HiAP, which can link immediate outcomes of the initiative to longer term health and equity outcomes. Figure 2 shows the preliminary program logic we have developed for the overall HiAP initiative. It highlights the importance of the particular context of South Australia and the impact this has on implementation. It also sets out the assumptions which underpin HiAP—for example that population health is largely determined by social factors and processes which are mainly affected by policies and actions outside the health sector. It then shows the main features of the implementation and the ways in which these link to short-term impacts, which can be argued to ultimately link to improved population health. The form of evidence for the program logic does not rely on random assignment but rather on the burden of proof (i.e. the strength of the argument linking HiAP's implementation to short-term impacts and then longer term health gains). This form of argument is shown by the work HiAP is doing with the education sector to increase literacy among lower SES families. In the 5 years of the project, and without randomized controlled conditions, which are difficult in the real world of implementation, we would not be able to show empirically and without bias that, in this instance, an increase in literacy leads to health gains.

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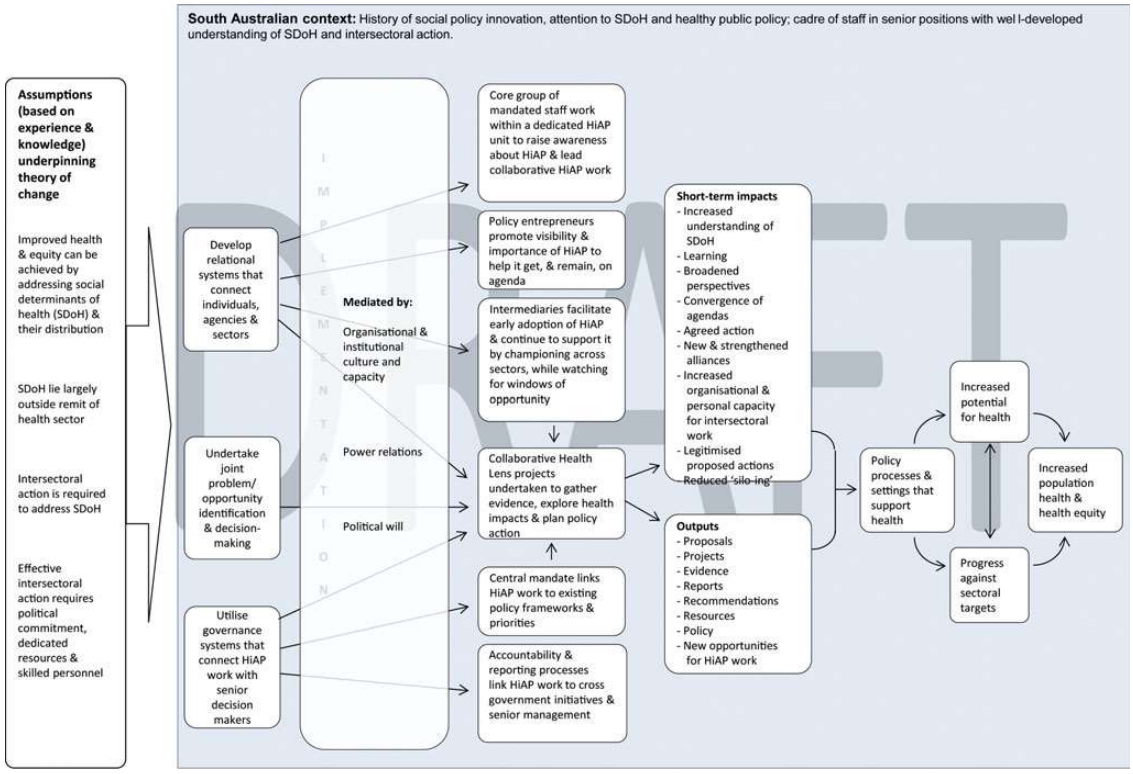

Fig. 2: The draft preliminary program logic model (as at July 2013).

However, compelling evidence that increased literacy leads to improved health exists in the broader public health literature. We, therefore, use program logic to outline theoretical causal pathways linking this evidence to the activities planned under the HiAP initiative. Thus, the intended short-term HiAP objective of increasing parental engagement in literacy at home is linked by evidence to improved literacy and, eventually, to improved health.

Theories on policy agenda setting and implementation

Our aim is to go beyond understanding of the local example of HiAP and produce evidence that is helpful to a broader understanding of the processes of policy making within government. To this end, we are using insights from policy theorists to examine how HiAP was adopted as a policy framework in SA and whether and how it remains there over the 5 years of the research. For example, multiple streams theory argues that public policy is shaped by ideas, interests and institutions that interact in three 'streams' (problems, policies and politics) in unpredictable yet ultimately understandable ways (Kingdon, 2011). This theory holds that in order for policies to be adopted, a *policy window* needs to open. A convergence of problem definition, policy solutions and political support are all required for this to happen. We are using this theory to examine the sustainability of HiAP in SA. The early analysis indicated that the uptake of HiAP in South Australia was in response to a convergence of policy and politics that opened a window of opportunity (Kickbusch *et al.*, 2014). We will also use theories relevant to the implementation of policies including Kaluzny and Hemandez (Kaluzny and Hemandez, 1988) (see analysis in Baum *et al.*, 2013a) and policy network theory to examine the ways in which HiAP policy networks function, building on the work of Lewis (Lewis, 2005). Additionally, policy theory is developing from our critical action research approach and research partnership linking researchers and policy actors (described below). Local knowledge about policy will be regularly tested against the formal theoretical insights we use.

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Complexity as a frame for understanding policy making processes

Our evaluation has to be robust in the light of the complexity of HiAP implementation. In making sense of this complexity, the evaluation is aided by the use of systems theory and its application to health systems (Hawe *et al.*, 2009; World Health Organization, 2009). The cross-government systems in which HiAP is implemented meet the definition of complex systems as 'constantly changing, with components that are tightly connected and highly sensitive to change elsewhere in the system. They are non-linear, unpredictable and resistant to change, with seemingly obvious solutions sometimes worsening a problem' (World Health Organization, 2009, p. 19). We intend to examine the extent to which HiAP policy actors use complex systems thinking (for elaboration of this see Baum *et al.*, 2013a). Complexity is also relevant to policy adoption as Exworthy (Exworthy, 2008, p. 321) suggests the complexity of the SDH as 'multi-faceted phenomena with multiple causes' has frustrated the elevation of SDH onto political agendas.

Parsons (Parsons, 1995) suggests policy research should consider the interactions between policy goals, values, purposes and priorities and the organizational context of policy making. Attention to these interacting spaces in our phase 1 process evaluation led to examination of the role of overarching state-wide policy frameworks, governance structures and processes, and organizational cultures and structures and their interaction with HiAP processes.

Building common ground between researchers and policy makers

We recognized from the outset that our team would face the issues that arise when policy makers and researchers work together. Policy makers have to respond to short-term politically driven goals. This contrasts with the slower processes typical of research. Researchers' career progression depends on them publishing in peer-reviewed journals. This goal is not shared by policy makers. Researchers ideally require completely free access to all the policy players involved in HiAP yet the policy makers have to take account of the burden placed on policy partners and ensure that the research does not interfere with the actual process of policy making. Our team appreciated that we need to make such different goals and their implications for the research explicit at the outset. Consequently, once the funding was received, we held a 4 h professionally facilitated planning session. The starting point for our session was having the policy actors consider the issues they imagined the researchers may have about the research and vice versa. This meant each side imagined being in the other's shoes which demonstrated the considerable scope for misalignment of processes and goals between those in the university and those in government.

Setting out the potential problems enabled the team to discuss and plan the research governance structures and process in such a way as to minimize the chances of the potential problems eventuating. A memorandum of understanding has been agreed, which defines the roles, responsibilities and expectations of all partners and details a dispute resolution process. The project is also governed by a research project executive which contains all the Adelaide-based chief and associate investigators. This group meets approximately every 6 weeks. A Project Advisory Group brings an 'outsider' perspective to the research (Feuerstein, 1986). Our international investigators sit on the boundary between insiders (having contributed to design of research and following its progress) and outsiders, with their international perspective bringing valuable comparative, outsider, perspectives. The project manager is based at the Flinders University of SA but spends time in the Government offices with the intention of gaining an insiders' perspective on the work of the HiAP Unit and in order to develop trusting relationships with the team.

Tools and methods

The research is being undertaken in three overlapping stages.

Stage 1: Theories and context

(1) The development of program logic models is detailing exactly how the SA HiAP model operates, what contextual factors influence it and what theories of change are inherent to it. The preliminary model is shown in Figure 2 and will be further developed in consultation with key players over the coming years. Program logic models will also be developed for each of the detailed HLAs conducted in stage 2.

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(2) Semi-structured interviews with key political and other non-bureaucratic actors who have knowledge of HiAP implementation and process are being conducted. These interviews will generate understanding about the key contextual factors associated with HiAP development and implementation (Sanderson, 2000). Senior executives from health and partnering sectors will also be interviewed several times to ascertain whether HiAP work is meeting intended goals. This is important in understanding the factors that influence HiAP's ongoing success. The identification of suitable participants for all interviews has been undertaken collaboratively to ensure that the most appropriate people are approached. However, to uphold research ethics, the final participant list and interview content will be shared only between the academic researchers.

Stage 2: Testing the theories developed in stage 1 and examining how HiAP works in practice

(1) Eight HLA projects are being examined to trial the program logic framework and build detailed consideration of how context influences HiAP work. This will involve document analysis and interviews with key stakeholders.
(2) Detailed case study analyses of two of the HLAs will also be undertaken to develop comprehensive understanding about what was achieved. Planning for this has been collaborative to determine which HLAs will be selected and who will be interviewed. Such collaboration is integral to ensuring that the policy staff are comfortable with the research process, particularly in ensuring that it does not compromise relationships across sectors.
(3) Online surveys of policy actors from all the sectors involved in HiAP will be administered regularly over the 5 years of the project. The surveys will track awareness of and attitudes towards HiAP and provide information on the bureaucratic context.

Stage 3: Synthesis of the various forms of data to produce transferable knowledge

(1) Early dissemination of the initial findings by the academic researchers, and feedback from the policy staff, will ensure the political usefulness of the findings. Synthesis and triangulation of data will be done frequently and the process will map the emerging findings against our research questions. This will enable us to identify gaps that may require us to collect additional data. This process will also identify contested evidence and allow the research team to debate and discuss different interpretations. This stage will also permit rapid feedback of emerging results to the range of sectors involved in HiAP.

Annual research forums

Reflection and collaboration are being encouraged through annual research forums. Partners and other stakeholders are invited to reflect on emerging findings. This assists in the synthesis and rigorous analysis of the findings, while also ensuring their relevance and transferability to the policy community.

Early findings from South Australian HiAP evaluation

The initiatives that the South Australian Health in All Policies have worked on are shown in Table 2. This illustrates the varied projects and the multiple project partners who have been involved in HiAP.

Our phase 1 process evaluations were based on document analysis, interviews and focus groups. Key findings (for further information refer to the evaluation reports at: http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/health+in+all+policies/research+and+evaluation+of+health+in+all+policies, last accessed 28 April 2014) (elaborated in Lawless *et al.*, 2012) suggest that the HLA process had had a number of positive effects. First, policy makers reported an increased understanding of the impact of their work on health outcomes. Secondly, there had been some changes in the direction of policy. For example, departmental Chief Executives in the Department of Trade and Economic Development, SA Health and Multicultural SA endorsed recommendations of the Migrant Settlement HLA regarding policies and programs designed to improve settlement outcomes for migrants and the communities they join. Thirdly, the HLA had led to stronger partnerships between health and other government departments. Policy makers in the non-health settings also appeared likely to use HLA in future work.

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Table 2: Policy initiatives in which South Australian Health in All Policies have been involved from 2007 to 2014

Policy initiative	Description of policy and partner agencies
Water Sustainability	Collaborated with Department for Water to assess health impacts of reusing storm water, grey water and rain water
Rural Migrant Settlement	Worked with Department of Trade and Economic Development to develop strategies to improve health and wellbeing of migrants
Digital Technology	Assessed equity impacts of digital technology expansion by collaborating with Department for Technology
Transit-oriented Developments (TODs)	Collaborated with Departments for Planning and Transport to integrate health considerations into urban planning
Marion City Council Re-Development–Rapid Assessment	Worked with a local council to assess and improve health impact of infrastructure redevelopment
Improving Parental Engagement in Children's Literacy	Working with Education Department to improve extent to which parents from low socio-economic backgrounds are involved in their children's literacy
Aboriginal Road Safety	Collaborated with Departments of Transport, Correctional Services, Education and Employment as well as Attorney General's and SA Police to reduce high level of mortality for Aboriginal people by increasing rate of drivers licensing
Healthy Weight (desktop analysis)	In collaboration with the Health Department devised a process to gain increased policy commitments from a range of government agencies that supported action on healthy weight
Active Transport: economic assessment for cycling and walking infrastructure	Undertook economic appraisal to articulate costs and benefits of supporting cycling and walking in collaboration with Department for Transport
Active Ageing Through Workforce Participation	Collaborated with Country Health to devise strategies for supporting active ageing through continued workforce participation
Healthy Sustainable Regional Communities	Collaborating with Departments for Mining and Regions to ensure communities gain wellbeing and technological benefits from mining related development
International Student Health and Wellbeing	Collaborated with Multicultural SA and Department of Further Education to identify health and wellbeing needs of international students
Learning or Earning	Partnering with Department of Further Education to increase the proportion of young people who transition from school to further training or work
Cabinet Strategic Priorities	Worked across Departments to undertake a rapid health lens analysis of new priority areas adopted by Cabinet

The process evaluation has indicated the importance of uncovering and negotiating differences in assumptions, language and organizational cultures between participating agencies and individuals. Developing a shared understanding of the work of other sectors as relevant to SDH underpinned the success of HLA projects. The process of articulating the links between the HiAP initiative and eventual health outcomes was critical in providing a basis for the collaboration and developing a project plan. The focus on equity varied between HLA projects and was a contested area and one that we will be exploring in more detail in phase 2 of the research.

The HLA process appears to be a promising practice in terms of bringing about a shift in policy makers' thinking. If these shifts are sustained over time, it can be thought of as a policy learning process which 'involves relatively enduring alterations of thought or behavioural intentions that result from experience and which are concerned with the attainment or revision of the precepts of the belief system of individuals or of collectives' (Sabatier, 1993, p. 19).

What accounts for HiAP remaining sustainable in South Australia?

Early data analysis in phase 2 of the research examined how the SA HiAP initiative has succeeded in remaining on the policy agenda over the past 5 years (by drawing on Kingdon, 2011). While Kingdon (Kingdon, 2011) does not devote much attention to considering how initiatives are sustained after a policy window has been created,

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Box 2. Key factors and actions that have contributed to HiAP remaining on the policy agenda since 2008

Problems: HiAP is promoted as a strategy to address complex (wicked) problems

Initial residency and subsequent return visits of a high profile health theorist (Ilona Kickbusch) who promoted HiAP as a strategy to manage SA's rising rates of chronic disease, ageing population and resulting budgetary pressure, thereby, also giving this an international context.

The current size of the health care budget and the projections for its growth were perceived as unsustainable and HiAP was positioned as an innovative means of reducing demand for health care.

Policy: HiAP is positioned as an integral and integrated part of the SA policy context

Executive Committee of Cabinet mandated the application of HiAP approaches across strategic projects linked to South Australia's Strategic Plan at the end of 2008.

HiAP has been able to adapt to key policy drivers, such as whole of government policies, SASP and the Seven Cabinet Priorities (SASP is the acronym for the South Australian Strategic Plan. SASP is a key policy driver in SA, which includes measurable targets that reflect goals and priorities for SA. The Seven Cabinet Priorities focus Government work on key areas of importance and progress work to achieve SASP targets in these areas. Further information available at: http://saplan.org.au/, last accessed 28 April 2014) and, within the health sector, the SA Primary Prevention Plan and the Eat Well, Be Active Strategy.

Links between HiAP, SA policy documents, broader state priorities and the international policy context are emphasized and regularly promoted by HiAP staff.

HiAP requires only a small investment with the potential for a significant policy and health impact.

The *South Australian Public Health Act* (June 2011) (For details see http://www.sahealth.sa.gov.au/publichealthact, last accessed 28 April 2014) containing provisions for the systematic integration of HiAP approaches and other mechanisms for embedding health considerations in State Government decision-making processes.

The implementation of the *South Australian Public Health Act* mandates public health planning by local municipalities and the adoption of HiAP and other related mechanisms (e.g. HIA) within that sphere of government.

Politics: HiAP is supported across Government

HiAP is governed and supported by the Department of the Premier and Cabinet.

HiAP initially received strong political support from the SA Premier partly because the recommendation came from the Thinkers in Residence program and it was directly related to the SASP.

HiAP is more acceptable because it works within the existing structures of government rather than creating new structures.

Focus of the HiAP work shifts with changing political circumstances in order to maintain relevance and currency.

HiAP progresses and achievements are regularly promoted to high-level decision makers during events and briefings. Intended to maintain awareness of, and confidence in, the potential of a HiAP approach.

early findings of the phase 2 evaluation suggest that the continuing convergence of problems, policy and politics, as well as the strategic action of those involved, have been integral to HiAP's success in remaining on the policy agenda. Some of the key factors and actions are identified in Box 2. The climate in South Australia has become less conducive to health promotion initiatives (Baum, 2013) yet despite this HiAP has so far retained support from the Labor government, SA Health and the Department of Premier and Cabinet. It also appears to have bipartisan support as the opposition Liberal party has supported it in parliament (South Australian House of Assembly, 2010).

CONCLUSION

In this article, we have described some of the crucial theoretical, methodological and practical issues that need to be considered when evaluating HiAP initiatives. It is vital that an evaluation framework can identify and describe both the processes that are involved in HiAP and link these to the outcomes it is likely to lead to over the longer term. Program logic and its underlying theory of change provide a framework within which attribution to health outcomes can be made through a burden of proof argument. Given that HiAP is a governmental process, researchers have to negotiate with policy makers to both conduct research and establish and manage a partnership between researchers and policy makers in order to do this.

Our early findings indicate that the SA HiAP approach has been successful in developing robust policy processes to bring about action on the determinants of health and has navigated a fast changing and complex policy environment and proved sustainable for over 5 years. In the early stages, our evaluation framework has proved robust and is enabling us to track the ways in which HiAP activity will lead to health and equity outcomes in the longer term.

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CONFLICT OF INTEREST

None to declare.

REFERENCES

Astbury, B. and Leeuw, F. (2010) Unpacking black boxes: Mechanisms and theory building in evaluation. *American Journal of Evaluation*, **31**, 363–381.

Baum, F. (2008) *The New Public Health*. Oxford University Press, Adelaide.

Baum, F. (2013, 15 October 2013) A backward step for community health in South Australia. Retrieved 1 April 2014, from https://theconversation.com/a-backward-step-for-community-health-in-south-australia-18889 (last accessed 28 April 2014).

Baum, F., Lawless, A. and Williams, C. (2013a) Health in All Policies from international ideas to local implementation: policies, systems and organizations. In Clavier, C. and de Leeuw, E. (eds), *Health Promotion and the Policy Process: Practical and Critical Theories*. Oxford University Press, pp. 188–217.

Baum, F., Ollila, E. and Peña, S. (2013b) History of HiAP, Chapter 2. In Leppo, K., Ollila, E., Pena, S., Wismar, M. and Cook, S. (eds), *Health in All Policies: Seizing Opportunities, Implementing Policies*. Ministry of Social Affairs and Health Finland in Association with National Institute for Health and Welfare and the European Observatory for Health Systems and Policies, Helsinki, pp. 25–42.

Catford, J. (2009) Advancing the 'science of delivery' of health promotion: not just the 'science of discovery'. *Health Promotion International*, **24**, 1–5.

Colebatch, H. (2002) *Policy*. Open University Press, Buckingham.

Crotty, M. (1998) *The Foundations of Social Research: Meaning and Perspective in the Research Sydney*. Allen & Unwin.

Exworthy, M. (2008) Policy to tackle the social determinants of health: using conceptual models to understand the policy process. *Health Policy and Planning*, **23**, 318–327.

Feuerstein, M. (1986) *Partners in Evaluation: Evaluating Development and Community Programmes with Participants*. Macmillam Publishers, London.

Gilson, L. and Raphaely, N. (2008) The terrain of health policy analysis in low and middle income countries: a review of published literature 1994–2007. *Health, Policy and Planning*, **23**, 294–307.

Glouberman, S. and Zimmerman, B. (2002) Complicated and Complex Systems: What Would Successful Reform of Medicare Look Like? In *Commission on the Future of Health Care in Canada, Discussion Paper 8*.

Government of South Australia. (2010). The South Australian Model of Health in All Policies. Retrieved 7 January 2013, from http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/health+in+all+policies/the+south+australian+model+of+health+in+all+policies (last accessed 28 April 2014).

Hawe, P., Bond, L. and Butler, H. (2009) Knowledge theories can inform evaluation practice: what can a complexity lens add? *New Directions for Evaluation*, **124**, 89–100.

Kalegaonkar, A. and Brown, L. D. (2000) *Intersectoral Cooperation: Lessons for Practice*. Institute for Development Research, Boston.

Kaluzny, A. D. and Hemandez, S. R. (1988) Organizational change and innovation. In Shortell, S. M. and Kahinzy, A. D. (eds), *Health Care Management: A Text in Organization Theory and Behavior*. Wiley, New York.

Kickbusch, I. (2008) Adelaide revisited: from healthy public policy to health in all policies. *Health Promotion International*, **23**, 1–4.

Kickbusch, I., Williams, C. and Lawless, A. (2014) Making the most of open windows: establishing Health in All Policies in South Australia. *International Journal of Health Services*, **44**, 185–194.

Kingdon, J. (2011) *Agendas, Alternatives and Public Policies*. Longman, Boston.

Lawless, A., Williams, C., Hurley, C., Wildgoose, D., Sawford, A. and Kickbusch, I. (2012) Health in All Polices: evaluating the South Australian Approach to Intersectoral Action for Health. *Canadian Journal of Public Health*, **103**(Suppl. 1), S15–S19.

Leppo, K. (2008) Health in All Policies: perspectives from Europe. *Public Health Bulletin South Australia*, **5**, 6–8.

Lewis, J. M. (2005) *Health Policy and Politics: Networks, Ideas and Power*. IP Communications, Melbourne.

Mannheimer, L., Lehto, J. and Ostlin, P. (2007) Window of opportunity for intersectoral health policy in Sweden open, half-open or half-shut? *Health Promotion International*, **22**, 307–315.

Newman, L., Biedrzycki, K., Patterson, J. and Baum, F. (2011) Partnership in knowledge creation: lessons learned from a researcherpolicy actor partnership to co-produce a rapid appraisal case study of South Australia's Social Inclusion Initiative. *Evidence & Policy: A Journal of Research, Debate and Practice*, **7**, 77–96.

Nutbeam, D. and Wise, M. (1996) Planning for Health for All: international experience in setting health goals and targets. *Health Promotion International*, **11**, 219–226.

O'Neill, M., Lemieux, V., Groleau, G., Fortin, J.-P. and Lamarche, P. A. (1997) Coalition theory as a framework for understanding and implementing intersectoral health-related interventions. *Health Promotion International*, **12**, 79–87.

Ollila, E. (2011) Health in All Policies: from rhetoric to action. *Scandinavian Journal of Public Health*, **39**(Suppl. 6), 11–18.

Parsons, W. (1995) *Public Policy*. Edward Elgar, Aldershot.

Pawson, R., Greenhalgh, T., Harvey, G. and Walshe, K. (2004) *Realist Synthesis: an Introduction*. University of Machester.

Pawson, R. and Tilley, N. (1997) *Realistic Evaluation*. Sage, London.

Public Health Agency of Canada and World Health Organization. (2008) *Health Equity Through Intersectoral Action: An Analysis of 18 Country Case Studies*. Ottawa Public Health Agency of Canada, World Health Organization.

Renger, R. and Bourdeau, B. (2004) Strategies for values inquiry: an exploratory case study. *American Journal of Evaluation*, **25**, 39–49.

Ritsatakis, A. and Järvisalo, J. (2006) Opportunities and challenges for including health components in the policy-making process. In Ståhl, T., Wismar, M., Ollila, E., Lahtinen, E. and Leppo, K. (eds), *Health in All Policies: Prospects and Potentials*. Ministry of Social Affairs and Health and European Observatory on Health Systems and Policies, Finland, pp. 145–167.

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Rogers, P. (2008) Using programme theory to evaluate complicated and complex aspects of interventions. *Evaluation*, **14**, 29–48.

Sabatier, P. (1993) Policy Change over a Decade or More. In Sabatier, P. and Jenkins-Smith, H. (eds), *Policy Change and Learning. An Advocacy Coalition Approach*. Westview Press, Boulder, pp. 13–39.

Sanderson, I. (2000) Evaluation in complex policy systems. *Evaluation*, **6**, 433–454.

Shankardass, K., Solar, O., Murphy, K., Freiler, A., Bobbili, S., Bayoumi, A. *et al.* (2011) *Health in All Policies: A Snapshot for Ontario, Results of aRealist-Informed Scoping Review of the Literature*. St Michael's, Ontario.

South Australian House of Assembly. (2010). South Australian Public Health Bill. Hansard Recording, Wednesday 24 November.

Walt, G., Shiffman, J., Schneider, H., Murray, S., Brugha, R. and Gilson, L. (2008) 'Doing' health policy analysis: methodological and conceptual reflections and challenges. *Health, Policy and Planning*, **23**, 308–317.

WHO. (2013). Health in All Policies. Retrieved 29 November 2013, from http://www.healthpromotion2013.org/health-promotion/health-in-all-policies (last accessed 28 April 2014).

World Health Organization. (2009) Health Policy and Systems Research: A methodology reader. In Gilson, L. (ed.), World Health Organization, Geneva.

World Health Organization. (1978) Declaration of Alma Ata. In *International Conference on Primary Health Care*. USSR, Alma Ata.

World Health Organization. (1986) Ottawa Charter for Health Promotion. *Health Promotion*, **1**, i–v.

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