Strengthening Health in All Policies within your organisation

Review Tool

Purpose of the tool

This tool is intended to help those using it to strengthen their approach to Health in All Polices (HiAP). The tool provides a format for a structured discussion with key leaders and champions for HiAP within your organisation and to highlight the role of equity in policies. It is based on the evidence and direct experience of Equity Action Partners.

The tool was developed from a literature review and qualitative interviews with key Equity Action partners conducted in 2011. This identified a number of key themes and top tips, which are included in the tool below and appendix 1. Within the review, equity did not come out strongly as a focus; however we have included the consideration of aspects of equity within the tool. The full HiAP report is available at: http://www.health-inequalities.eu/HEALTHEQUITY/EN/projects/equity_action/wp4/#Docs.

Action for those using the tool

You are encouraged to use the tool as the basis for a structured discussion with relevant colleagues who have a role in policy development and HiAP. This supports reflective learning about the approach within your organisation. Also consider how to move the discussions forward after the meeting into action by using Stacey's Maxtrix below to focus resources and to start to develop an action plan.

If you wish to feedback your results please send the completed form to Stephen.gunther@nhs.net as we would be interested to hear how the tool could be improved or what you have learnt from the approach.

The Health in All Policies Review Tool

Using this tool

Developing and embedding a consistent approach to HiAP is a challenge, yet central to action to address the social determinants of health and tackle health inequalities.

This tool will help you champion this agenda by providing a format for a light touch structured discussion to consider progress and possible actions based on the evidence and experience of EU member states.

The suggested questions are designed to help support the dialogue – and will allow you to tailor the discussion to fit the time available, usually around one hour but up to two hours if appropriate.

These discussions could be formulated in several ways:

- as an agenda item at a policy meeting in your or between Department(s) or Ministry(s)
- convening a specific meeting to consider the implications of the report
- circulating the report and asking for feedback (we do not recommend this option as a group discussion is more powerful).

The attached pro-forma will help you capture the outcome of the discussion - to share conclusions within your organisation and prompts you to think about the next steps following the discussion.

Once you have discussed the questions below, to help you think about where you may need to start to take action with implementing HiAP, Stacey's Matrix of certainty (a full description can be found in appendix 2) could help you to decide where to start.

For example, decide a policy you would like to progress, discuss where you feel the policy fits in Stacey's matrix (figure 1 below), go through the 7 themes and decide what action you need to take first i.e. more lobbying to gain agreement or more development and evaluation to gain greater certainly. Then set an action plan.
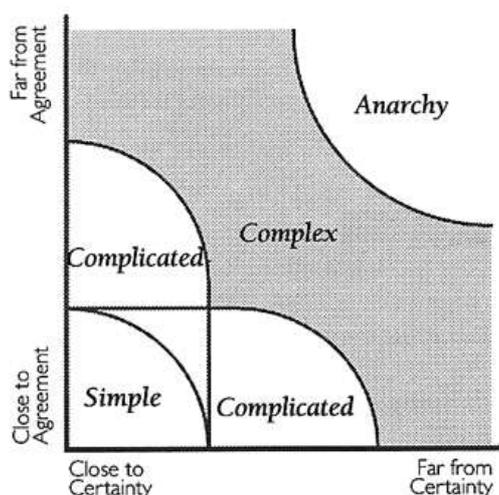

Figure 1. A simplifed version of the Stacey matrix

The Questions

The report identified opportunities and barriers for the implementation of HiAP in the countries of the EU. Seven key themes emerged for implementing HiAP more successfully. These were;

1. Leadership –have explicit political commitment
2. Governance and strategy –have an overarching strategy
3. Partnership and stakeholder engagement – working effectively with a wide range of partners is essential
4. Capacity and technical skills –build within and externally to the health sector
5. Health equity – a greater focus on equity will help reduce health inequalities
6. Tactics – identify win-win situations
7. Culture and values – these provide the context for HiAP implementation

The questions take you through the seven key areas providing a format for a discussion. These will enable you to consider your progress and possible actions to implementing HiAP.

> - Who was the tool discussed with i.e. which policy officers and from which Department(s) or Ministry(s)
>
> - Are there are colleagues would you like to discuss the tool with, but were unable

Leadership

Explicit political commitment to HiAP at the highest possible level is a pre-requisite for success. Health systems need to show leadership in advocating for health and the HiAP approach. This is an essential starting point for the whole approach.

> - Do you have political commitment for the HiAP agenda? Who is the political champion for the HiAP agenda?
>
> - How do you support them to be effective?
>
> - What action is required to strengthen commitment?
>
> - Is there an equity focus within your HiAP approach?

Governance and strategy

It is advantageous to have an overarching high level strategy that specifically endorses HiAP approach. This can help to overcome divisions when there are apparent conflicting objectives between sectors. It can help to identify common aims across government, and support the use of resources to implement HIAs and a wider HiAP approach.

- Do you have a high level cross government/organisation strategy that endorses HiAP? – To what extent does it acknowledge an equity focus?

- What Department(s) and policy areas do these cover?

- Which areas require further development?

Partnership and stakeholder engagement

Working effectively with a wide range of partners is essential. Including stakeholders by using a community participation approach is a critical factor in a successful HiAP approach. However in practice partnership working is largely seen as a local rather than national priority and there is some concern about working with both private and community sectors.

- Which areas of your HiAP approach involves partners?

- Who are your key partners? For example other organisations, government departments, universities, NGOs etc.

- How do you ensure using a common language with your partners and having common understanding of HiAP goals?

- How do you engage your partners to work together in HiAP?

- How do you set common goals with your partners? (e.g. how can partners with different goals and indicators find a common base for HiAP?)

- Where do you need to strengthen your partnerships to strengthen an equity focus?

Capacity and technical skills

Building skills and capacity both within and external to the health sector, is seen by most as essential to the development of HiAP. Although technical skills were recognised as important capacity and capability issues, stronger emphasis was placed upon the need for the softer skills (cooperation, alliance building, negotiation, mediation and compromise). These are needed to influence other organisations and government departments and other sectors, to resolve conflicts, and to raise awareness of health equity.

- Which workforce training strategies build skills to promote and embed HiAP? Do this have an equity focus?

- What actions need to be taken to strengthen these?

Health equity

The lack of success in incorporating health equity into both HiAP is a feature of much of the literature. A greater understanding is needed of the differences between health equality and health equity, and better data is needed to be able to understand health inequalities at a national and local level. There were few concrete examples given of successful HiAP work that had been undertaken with a strong equity focus.

- What data do you collect on health equity and inequalities, over what time periods and at what level - country, region, city and below city level.

- Is this information accessible to and used by policy makers and politicians to inform their policies?

- What programmes and literature do you have to ensure that non-specialist policy makers understand health inequality, health equity, etc.?

Tactics

Identifying win-win approaches, where there are clear and evidence based co-benefits to health and other policy areas, is a fruitful area for implementation of HiAP. However, the way in which this is done is crucial and there is a danger of health coming across as an 'imperialistic' outsider with vested interests, rather than taking a truly collaborative approach.

- Are there areas where you have cross department agreement on win-wins?

- Is reducing inequalities important to other departments?

Culture and values

Whilst being recognised as an important factor in the literature, the role of culture and values to provide a context for HiAP implementation was not widely commented upon by stakeholders. Some did see how the history and tradition of public health could influence the acceptability of an interventionist approach to the SDH.

- What cultural values in your country support a HiAP approach? Do they embrace equity?

- What cultural values make this approach more difficult?

Further Action

- What further actions will you and your colleagues be taking following this discussion?

Appendix 1. Health in All Policies: An EU literature review 2006 – 2011 and interview with key stakeholders.

The report summarises the key findings from a literature review undertaken during July 2011, followed by qualitative interviews with key stakeholders conducted during September and October 2011 and discussion at the Equity Action Work Package 4 meeting in November 2011. It identifies opportunities and barriers for the implementation of Health in All Policies (HiAP) in the countries of the EU. Seven key themes emerged and top tips for implementing HiAP more successfully across the EU were identified.

Governance and strategy
It is advantageous to have an overarching high level strategy that specifically endorses HiAP approach. This can help to overcome divisions when there are apparent conflicting objectives between sectors. It can help to identify common aims across government, and support the use of resources to implement HIAs and a wider HiAP approach.

Tactics
Identifying win-win approaches, where there are clear and evidence based co-benefits to health and other policy areas, is a fruitful area for implementation of HiAP. However, the way in which this is done is crucial and there is a danger of health coming across as an 'imperialistic' outsider with vested interests, rather than taking a truly collaborative approach.

Partnership and stakeholder engagement
Working effectively with a wide range of partners is essential. Including stakeholders by using a community participation approach is a critical factor in a successful HiAP approach. However in practice partnership working is largely seen as a local rather than national priority and there is some concern about working with both private and community sectors.

Leadership
Explicit political commitment to HiAP at the highest possible level is a pre-requisite for success. Health systems need to show leadership in advocating for health and the HiAP approach. This is an essential starting point for the whole approach.

Culture and values
Whilst being recognised as an important factor in the literature, the role of culture and values to provide a context for HiAP implementation was not widely commented upon by stakeholders. Some did see how the history and tradition of public health could influence the acceptability of an interventionist approach to the SDH.

Capacity and technical skills
Building skills and capacity both within and external to the health sector is seen by most as essential to the development of HiAP. Although technical skills were recognised as important capacity and capability issues, stronger emphasis was placed upon the need for the softer skills. These are needed to influence OGDs and other sectors, to resolve conflicts, and to raise awareness of health equity.

Health equity
The lack of success in incorporating health equity into both HiAP and HIA is a feature of much of the literature. A greater understanding is needed of the differences between health equality and health equity, and better data are needed to be able to understand health inequalities at a national and local level. There were few concrete examples given of successful HiAP work that had been undertaken with a strong equity focus.

Conclusions

The following conclusions have been drawn from the evidence reviewed;

- Explicit political commitment to HiAP at the highest possible level is a pre-requisite for success. Health systems need to show leadership in advocating for health and the HiAP approach. This is particularly important given the current economic crisis.
- EU member states, countries and regions should be encouraged to develop overarching strategies and action plans that endorse a HiAP approach.
- Working in partnership, particularly with communities, is a neglected area in the implementation of HiAP.
- Although technical skills (such as data analysis and interpretation) were recognised as important capacity and capability issues, stronger emphasis needs to be placed on the development of softer skills (such as negotiation and relationship building) to influence OGDs and other sectors and to resolve conflicts and raise awareness of health equity.
- There were few concrete examples given of successful HiAP work that had been undertaken with a strong equity focus. This needs to be addressed as a priority by EU Member States, Countries and Regions.
- A focus on win-win policies is recommended, but Health must take a truly collaborative approach; 'Health for All Policies' as well as 'Health in All Policies'.

Top tips for promoting equity focussed HiAP

As well as providing thoughts on how HiAP could be implemented, Member States gave their views of the top tips for the implementation of HiAP.

England – Hang on in there! HiAP needs persistence and takes time – even in favourable winds!

Republic of Ireland and Northern Ireland - You need dedicated people and resources to implement both HIAs and the HiAP approach.

The Netherlands – Strengthen links with other agencies and clarify how policies impact on health in a very concrete way. It's also important to support the development of overarching strategies and goals.

Norway – First you need political commitment, then establish facts and evidence, but this can work the other way round! For example it was evidence from international publications which demonstrated that health inequalities within Norway were greater than expected, that raised HiAP higher up the political agenda.

Scotland – Don't use the 'H' word (Health!). Best to describe health in terms of its wider outcomes and how it influences and is influenced by for example education, crime etc. so that HiAP is not seen as a parochial concern of the Health sector lobby.

Spain and Basque Country – It's difficult to progress without political commitment and so you need to develop advocacy skills at a political level.

Sweden – Need to establish a political cross party consensus for HiAP to enable effective implementation and to ensure its long term sustainability.

Wales – Emphasise wellbeing rather than health – this is much more meaningful when working with partners.

The full report can be found at:
http://www.equitychannel.net/uploads/HiAP%20%20Final%20Report%20May%202012.pdf

Appendix 2. A Simplified version of the Stacey Matrix

Material taken from article by Brenda J. Zimmerman, Schulich School of Business. York University, Toronto, Canada. Copyright © 2001 Permission to copy for educational purposes only. Available at: http://www.resources.scalingtheheights.com/The%20Stacey%20Matrix.doc Accessed: 03 October 2012.

Description:
The art of management and leadership is having an array of approaches and being aware of when to use which approach. Ralph Stacey proposed a matrix to help with this art by identifying management decisions on two dimensions: *the degree of certainty* and *the level of agreement*.
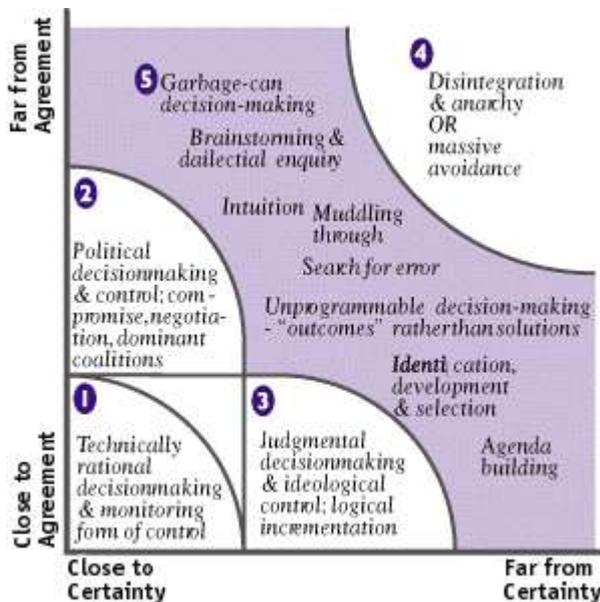
Close to Certainty:
Issues or decisions are close to certainty when cause and effect linkages can be determined. This is usually the case when a very similar issue or decision has been made in the past. One can then extrapolate from past experience to predict the outcome of an action with a good degree of certainty.

Far from Certainty:
At the other end of the certainty continuum are decisions that are far from certainty. These situations are often unique or at least new to the decision makers. The cause and effect linkages are not clear. Extrapolating from past experience is not a good method to predict outcomes in the far from certainty range.

Agreement:
The vertical axis measures the level of agreement about an issue or decision within the group, team or organization. As you would expect, the management or leadership function varies depending on the level of agreement surrounding an issue.

Modified from Ralph D. Stacey: "Complexity and Creativity in Organizations"

Different zones within the matrix:

1) Close To Agreement, Close To Certainty

Much of the management literature and theory addresses the region on the matrix which is close to certainty and close to agreement. In this region, we use techniques which gather data from the past and use that to predict the future. We plan specific paths of action to achieve outcomes and monitor the actual behavior by comparing it against these plans. This is sound management practice for issues and decisions that fall in this area. The goal is to repeat what works to improve efficiency and effectiveness.

2) Far From Agreement, Close To Certainty

Some issues have a great deal of certainty about how outcomes are created but high levels of disagreement about which outcomes are desirable. Neither plans nor shared mission are likely to work in this context. Instead, politics become more important. Coalition building, negotiation, and compromise are used to create the organization's agenda and direction.

3) Close To Agreement, Far From Certainty

Some issues have a high level of agreement but not much certainty as to the cause and effect linkages to create the desired outcomes. In these cases, monitoring against a preset plan will not work. A strong sense of shared mission or vision may substitute for a plan in these cases. Comparisons are made not against plans but against the mission and vision for the organization. In this region, the goal is to head towards an agreed upon future state even though the specific paths cannot be predetermined.

4) Anarchy: Far From Agreement, Far From Certainty

Situations where there are very high levels of uncertainty and disagreement, often result in a breakdown or anarchy. The traditional methods of planning, visioning, and negotiation are insufficient in these contexts. One personal strategy to deal with such contexts is avoidance - avoiding the issues that are highly uncertain and where there is little disagreement. While this may be a protective strategy in the short run, it is disastrous in the long run. This is a region that organizations should avoid as much as possible.

5) The Edge of Chaos (The Zone of Complexity)

There is a large area on this diagram which lies between the anarchy region and regions of the traditional management approaches. Stacey calls this large centre region the zone of complexity - others call it the edge of chaos. In the zone of complexity the traditional management approaches are not very effective but it is the zone of high creativity, innovation, and breaking with the past to create new modes of operating.