



Legislating Health in All Policies: The use of legal mandates in policy implementation

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Inspired Care. Inspiring Science.

HARMONICS 

Health in All Policies

Prospects and potentials

Edited by
Timo Ståhl, Matthias Wismar, Eeva Ollila,
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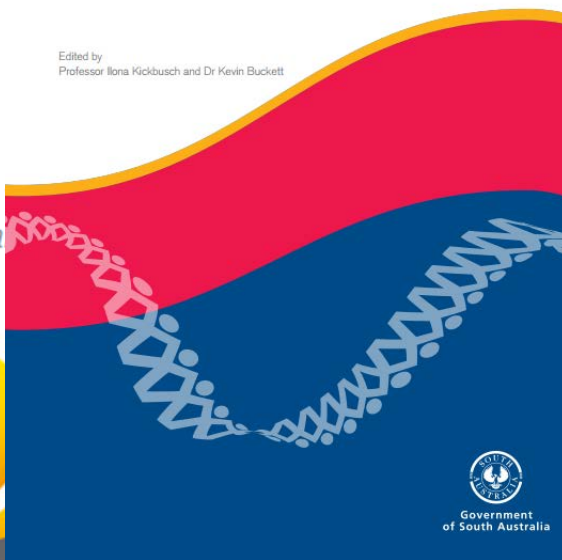
Strengthen Community Action
REINFORCER L'ACTION COMMUNAUTAIRE

Develop Personal Skills
DÉVELOPPER LES APTITUDES
PERSONNELLES

Enable

Implementing Health in All Policies Adelaide 2010

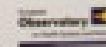
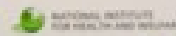
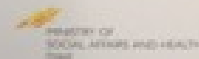
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Professor Ilona Kickbusch and Dr Kevin Buckett



Health in All Policies

Seizing opportunities, implementing policies

Edited by
Kimmo Leppo
Eeva Ollila
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Health in All Policies



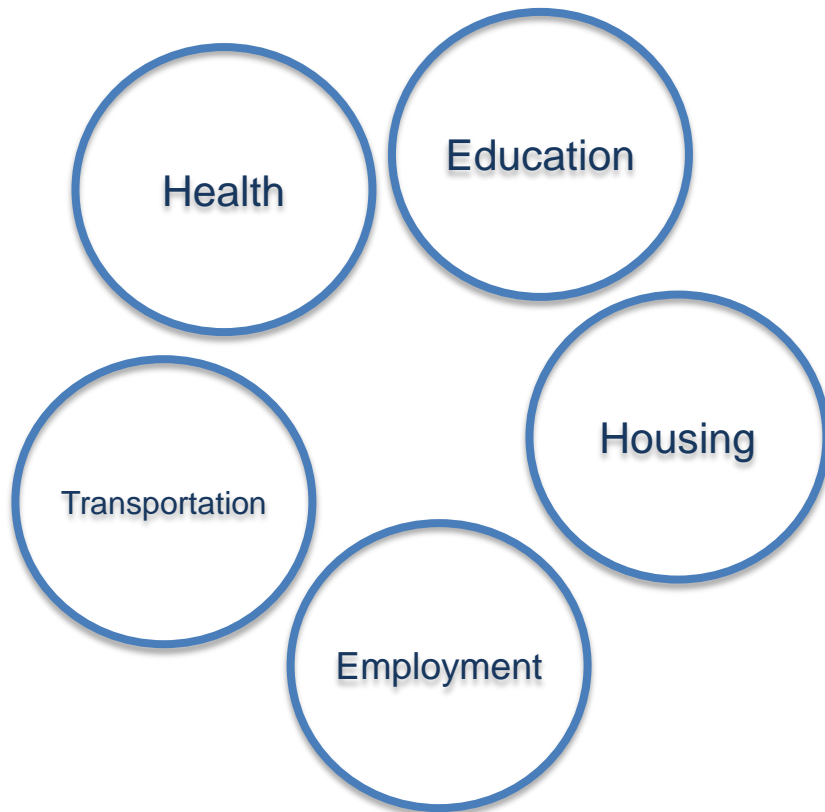
1. “Intersectoral action” for health and equity that is durable and maybe even systematic
2. Policy coordination across government sectors and levels
3. Focus beyond the health**care** sector
4. Evidence-informed policy-making



HiAP as **joined-up governance**

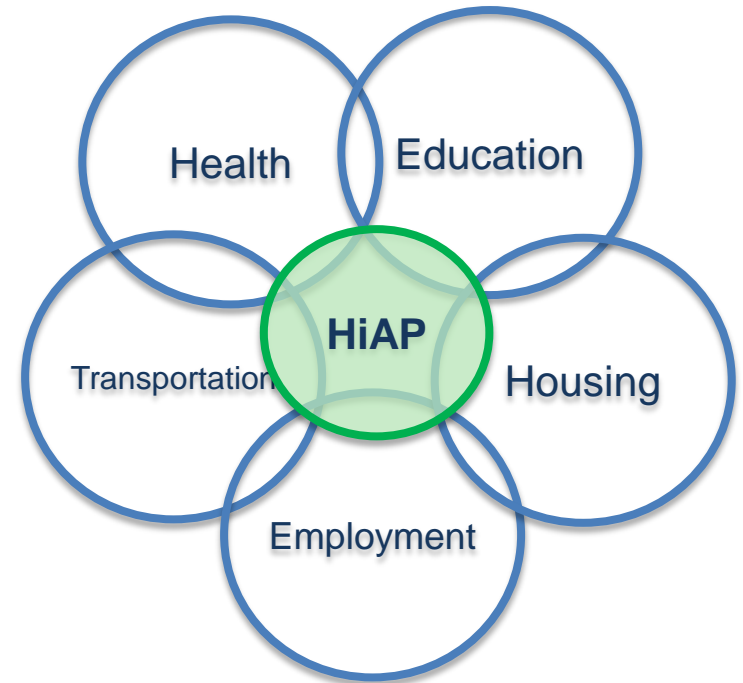
Policy “silos”

- Unique budgets
- Unique mandates



Joined-up governance

- Shared budgets
- Overlapping mandates



Engaging Sectors in HiAP

HiAP relies on the participation of health and non-health sectors.

Has legislating HiAP facilitated sectoral participation?

How has the design of HiAP influenced its implementation?



Multiple Case Study

1. Conceptual Framework and Scoping Review (see Shankardass et al. 2011)
2. Two phases: 2012 (3 cases) and 2015 (6 cases)
 - ❖ Revised conceptual framework
3. Collect data for each case
 - ❖ Key informant interviews & literature
4. Analyze and synthesize data
 - ❖ Evaluate *how* and *why* sectors participate in HiAP
 - ❖ Context-mechanism-outcome configurations



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

*Legislation mandating HiAP

**Recent legislation mandating HiAP

†Executive Order



Impact of Legislation on Implementation

- In Quebec and Thailand, HiAP legislation occasionally facilitated buy-in from sectors
- In Sweden, HiAP legislation did not strongly influence implementation
- In all cases, it demonstrated HiAP was a priority
- ***Other ways to engage sectors...***



Policy Design

- Centralized coordination
 - ❖ Avoiding “health imperialism”
- Clear objectives, goals, responsibilities
- Clear tools (particularly HIA)
- Creation/use of monitoring bodies
- Financing – often limited or ad hoc



Factors Outside of Policy Design

- Context matters
- Sectoral experience with intersectoral work
- Political and sectoral culture
- Power struggles over jurisdiction (between sectors and levels of government)
- Leadership



Conclusions

- Legislating HiAP is not necessary, but...
 - Clear mandate describing goals and sectoral responsibilities
 - Sustainable committee
 - Monitoring body (arms-length)



HARMONICS

The logo for HARMONICS features the word "HARMONICS" in a bold, orange, sans-serif font. The letter "O" is replaced by a black magnifying glass icon. Inside the lens of the magnifying glass, there is a small bar chart with three bars of increasing height, colored in shades of blue and cyan. A black diagonal line crosses the chart from the bottom-left to the top-right.

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Thank you!

<http://www.crich.ca/hiap>

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