



Implementation of Health in All Policies: *Does politics get in the way?*

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In All Policies

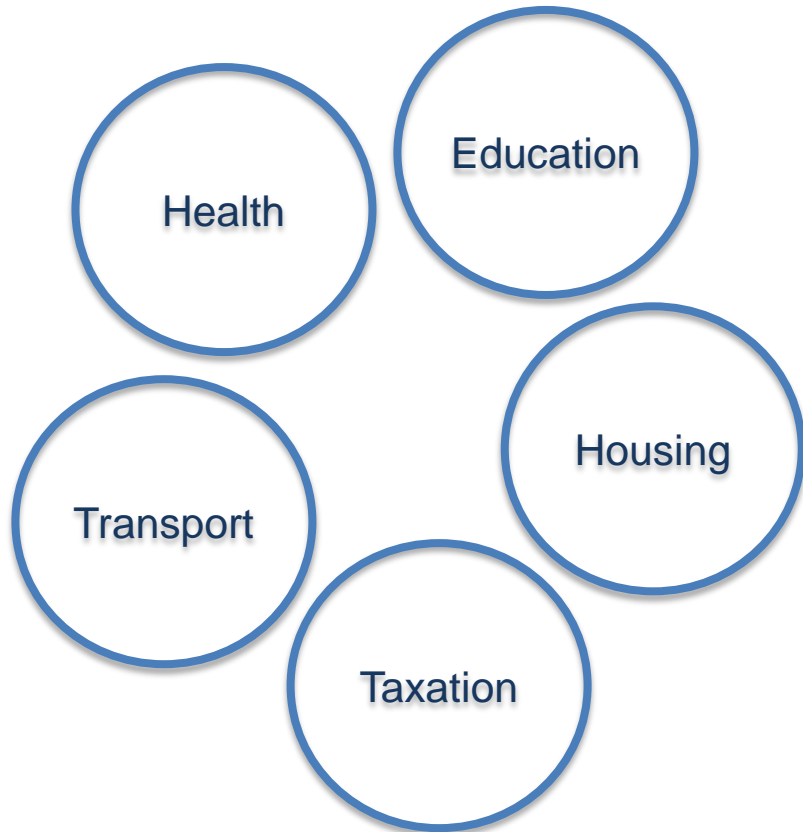
1. “Intersectoral action” for health and equity that is durable and maybe even systematic
2. Policy coordination across government levels
3. Focus beyond the health *care* sector
4. Evidence-informed policy-making



HiAP as **integrated governance** (cf. Fafard)

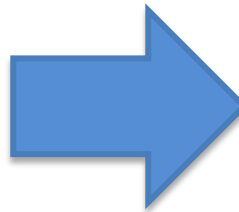
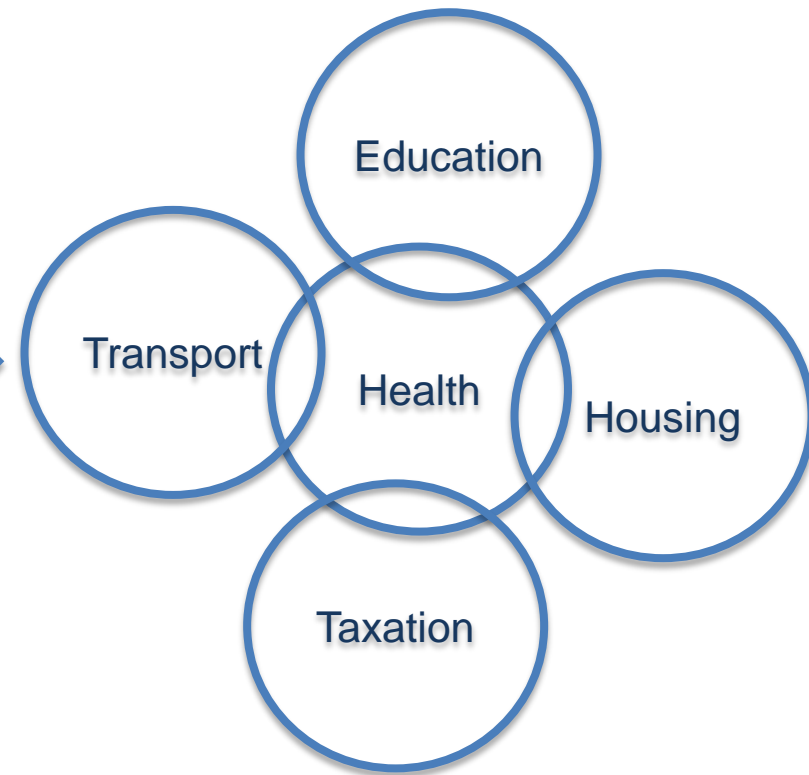
Policy “silos”

- Unique budgets
- Unique mandates



“Integrated governance”

- Shared budgets
- Overlapping mandates



Political problems of integrated governance (I)

HiAP implies an **ideological commitment** to collective responsibility for social determinants of health and social justice.

What if a conflicting ideology is the norm in some sectors? E.g., economic growth as the dominant social good



Political problems of integrated governance (II)

HiAP challenges **traditional jurisdictional boundaries** of a sector (i.e., allocation of responsibility, authority, funding).

What if a sector is protective of their resources and their power over certain policy levers?



Two hypotheses tested

Under certain circumstances...

- I. Ideological conflict (IC) will lead to:
 - Less buy-in
 - Weaker equity interventions
- II. Jurisdictional conflict (JC) will lead to:
 - Less buy-in
 - Fewer resources

Goal to develop *middle range theory*



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HiAP Analysis using Realist Methods On International Case Studies

Quebec

South
Australia

Sweden

Norway

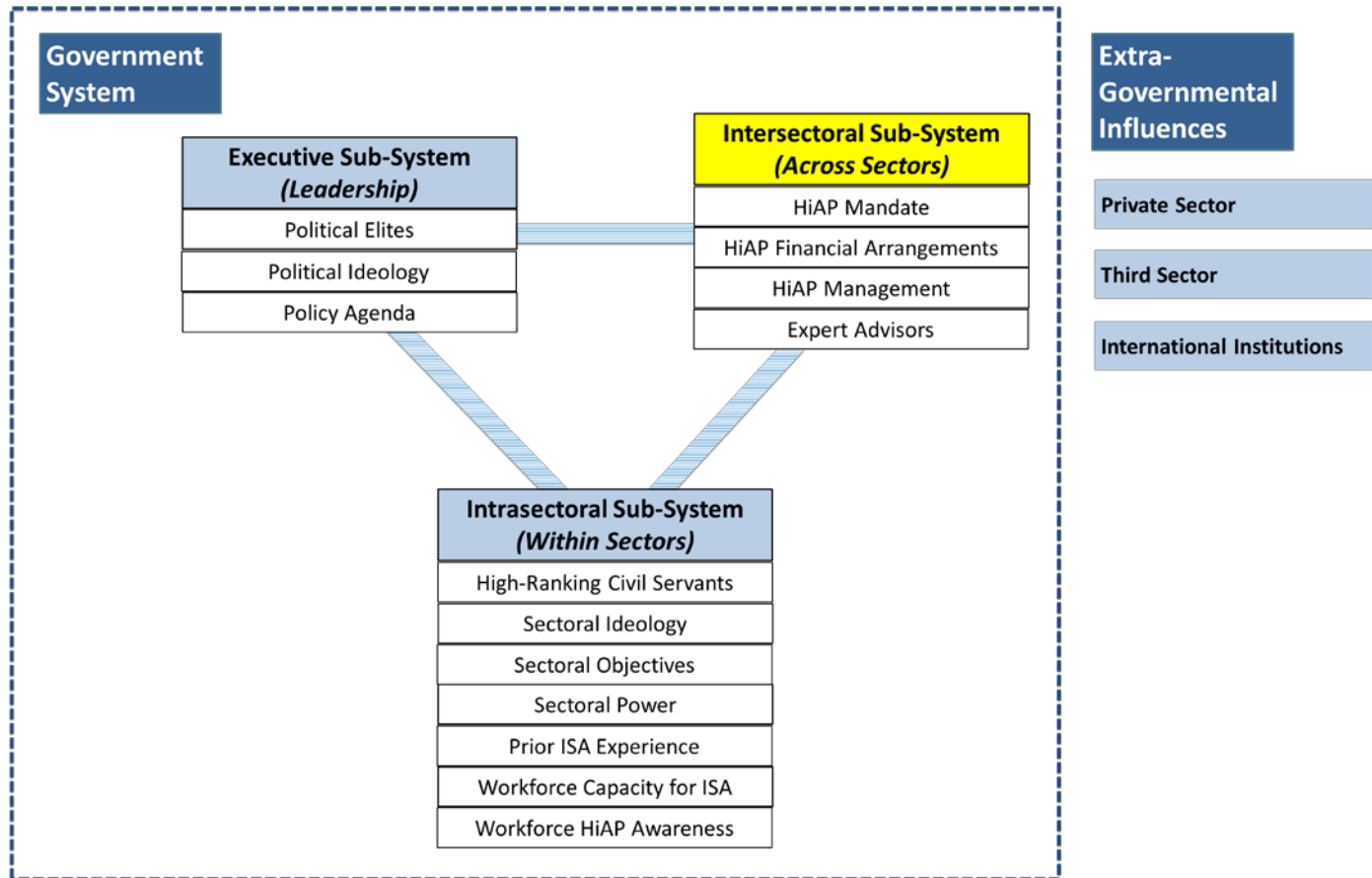
Finland

Ecuador

Thailand

California

Scotland



Systems Framework of HiAP Implementation

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Methodology for realist multiple case study

1. Create initial hypotheses about how political ideology affects the sustainability of HiAP
 - ❖ Make case specific predictions
2. Systematic analysis of context-mechanism-outcome patterns *within each case*
 - ❖ Data from key informant interviews & literature
3. Test hypotheses *across cases*
 - ❖ Explain discordant cases
4. Articulate middle-range theory



Case	HiAP mandate (Period of analysis)	# of informants	Informant sector	Articles included
Scotland	<i>Equally Well (2008-2015)</i>	15	Health (9) Non-Health (6)	52
Norway	<i>National Strategy to Reduce Social Inequalities in Health (2007-2015)</i>	13	Health (9) Non-Health (4)	28
Finland	<i>Health 2015 (2001-2015)</i>	10	Health (6) Non-Health (11)	23
California	<i>HiAP Task Force (2010-2015)</i>	9	Health (4) Non-Health (5)	25
Ecuador	<i>Buen Vivir (2009-2015)</i>	17	Health (8) Non-Health (9)	25
Thailand	<i>National Health Act (2007-2015)</i>	13	Health (10) Non-Health (3)	45



Main findings

- Across the six cases, we found moderate support for both of our hypotheses.
- Stronger evidence about conflict found within certain cases
 - Ideological conflict strongly hindered implementation in Ecuador
 - Jurisdictional conflict strongly hindered implementation in Ecuador, Thailand and Scotland

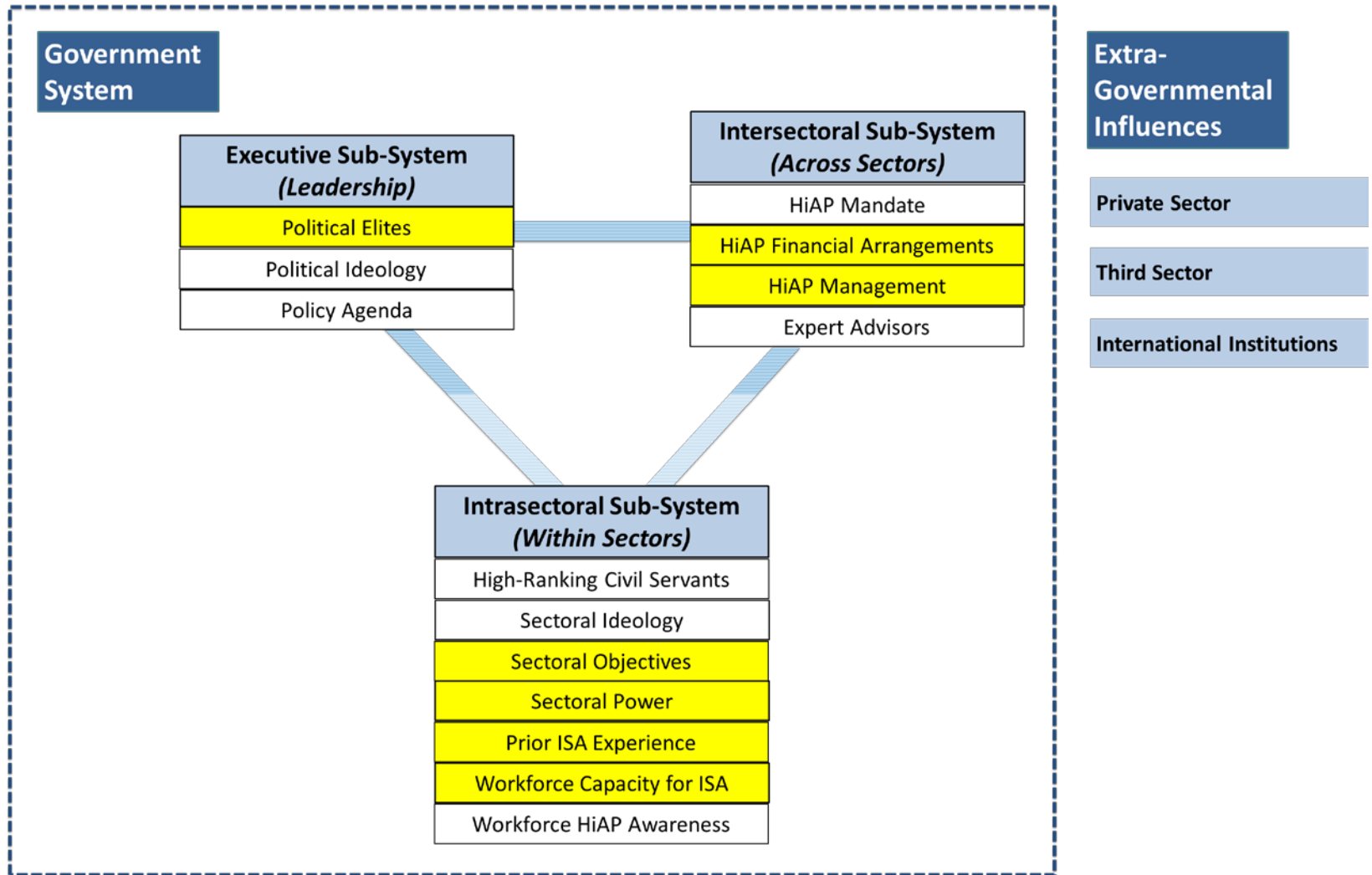


Findings: Jurisdictional conflict

- Generally present where HiAP is implemented
 - Led to less buy-in, fewer financial resources and less sustainable implementation



Findings: Jurisdictional conflict



Findings: Jurisdictional conflict

Example: buen vivir, Ecuador's health system transformation

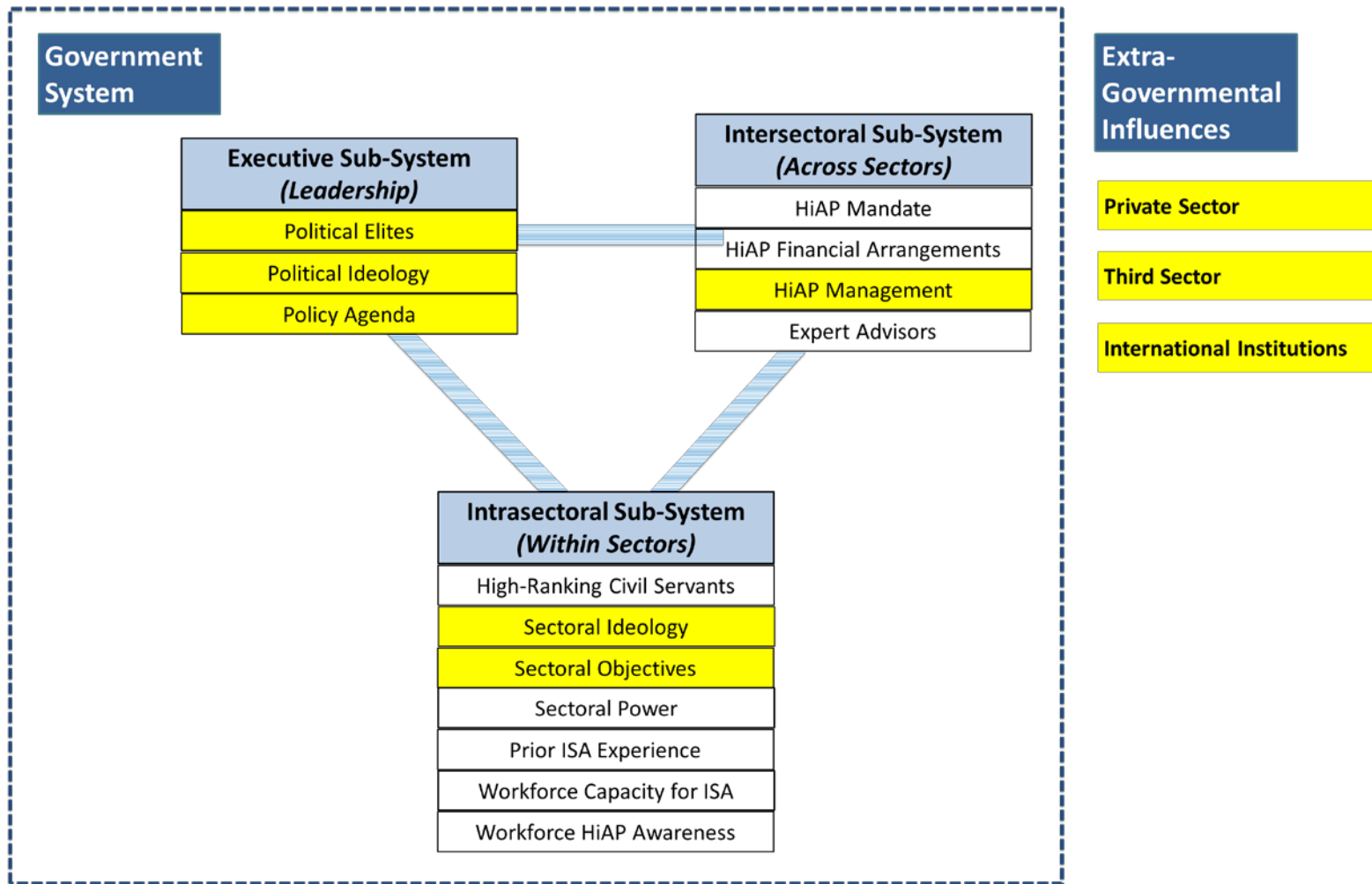


Findings: Ideological conflict

1. Conflict between economic and health/social sectors was common at the national level
 - Led to less buy-in and weaker equity interventions
2. Conflict between equity advocates and government about the best approach to equity interventions at the local and national level
 - Led to less agreeable partnerships, weaker equity interventions, and longer timelines



Findings: Ideological conflict



Findings: Ideological conflict

Example: Decision-making about alcohol taxes in Finland

- HIA suggests alcohol taxes should be increased while EU membership of Estonia puts pressure on keeping prices competitive and actually reducing taxes
- Economic consequences carried more weight than public health



Caveat emptor & limitations



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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 teal.

- Dr. Ketan Shankardass
- Dr. Patricia O'Campo
- Dr. Carles Muntaner
- Dr. Ahmed Bayoumi
- Dr. Lauri Kokkinen
- Alix Freiler
- Faraz Vahid Shahidi
- Goldameir Oneka
- Debbie Finn
- Sundus Haji Jama



Thank you!

- Molnar A, Renahy E, O'Campo P, Muntaner C, Freiler A, Shankardass K. Using win-win strategies to implement Health in All Policies: a cross-case analysis. PLOS One. 2016 DOI: 10.1371/journal.pone.0147003.
- Freiler A, et al. Glossary for the Implementation of Health in All Policies (HiAP). J Epidemiol Commun Health, 2013. 67:1068-1072
- Shankardass K, Renahy E, Muntaner C, O'Campo P. Explanatory Case Studies to Strengthen the Implementation of Health in All Policies. Health Policy Plann. 2014 DOI: 10.1093/heapol/czu021.
- Pinto AD, Molnar A, Shankardass K, O'Campo P, Bayoumi A. Economics of Health in All Policies in Sweden, Quebec and South Australia. BMC Public Health. 2015 15:171 DOI: 10.1186/s12889-015-1350-0.
- Shankardass K, et al. A scoping review of intersectoral action for health equity involving governments. Int J Public Health, 2012. 57(1):25-33

