

**Promoting Health
through
Intersectoral Action:
The Case of
British Columbia**

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Setting the scene.....

- Historical perspective
 - Alma-Ata Declaration (1978)
 - WHO Ottawa Charter (1986)
 - WHO Global Commission on the Social Determinants of Health (2008)
 - International developments

Background

- Effective **population health improvement** requires sustained Intersectoral Action for Health (IAH)
- IAH is the combined efforts of different sectors of government, civil society, and the private sector (when relevant) to influence the factors and conditions that enhance population health.

Rationale

- Despite mounting evidence analysts are unconvinced that real and sustainable progress has been made on aspects pertaining to implementation and sustainability of intersectoral and whole-of-government approaches, therefore we are conducting a study to gather empirical evidence in this regard

Research Goal

- Gain a better understanding of **coordination mechanisms** and **governance and accountability structures** that support *intersectoral action* for health in British Columbia.

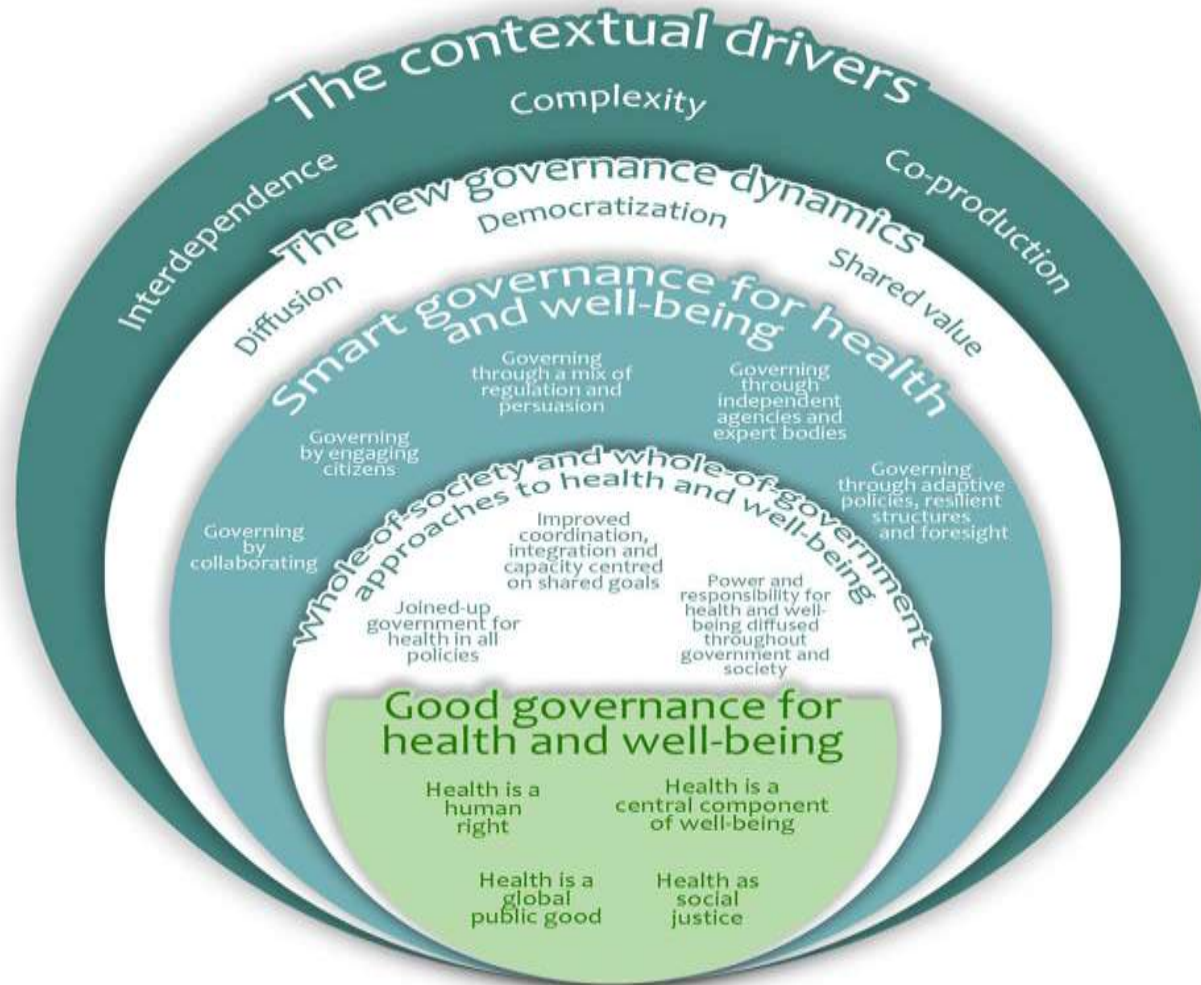
Research Objectives

- Identify and synthesize lessons learned from a number of intersectoral initiatives that have either been completed or are currently underway.

Methodology/Methods

- Collaborative Action Research approach using qualitative case study.
- Data collection: 30 participants, semi-structured interviews between with key informants from different sectors of government and society.

Lit Review: Model of Smart Governance



TEC-Governance for Health in the twenty-first century (WHO Europe) ISBN 978 92 890 0274 5

by Ilona Kickbusch, Director, Global Health Programme, Graduate Institute of International and Development Studies, Geneva, Switzerland and David Gleicher, Project Officer, Global Health Europe, Graduate Institute of International and Development Studies, Geneva, Switzerland

Literature Review: Intersectoral Governance Structures

Table 1.1 Analytical framework for intersectoral governance

	Governance actions								
	Evidence support	Setting goals & targets	Coordination	Advocacy	Monitoring & evaluation	Policy guidance	Financial support	Providing legal mandate	Implementation & management
Intersectoral governance structures									
Ministerial linkages									
Cabinet committees and secretaries									
Public health ministers									
Parliamentary committees									
Interdepartmental committees and units									
Mega-ministries and mergers									
Joint budgeting									
Delegated financing									
Public engagement									
Stakeholder engagement									
Industry engagement									

Intersectoral Governance for Health in All Policies: Structures, actions and experiences

Observatory Studies Series No. 26, European Observatory on Health Systems and Policies

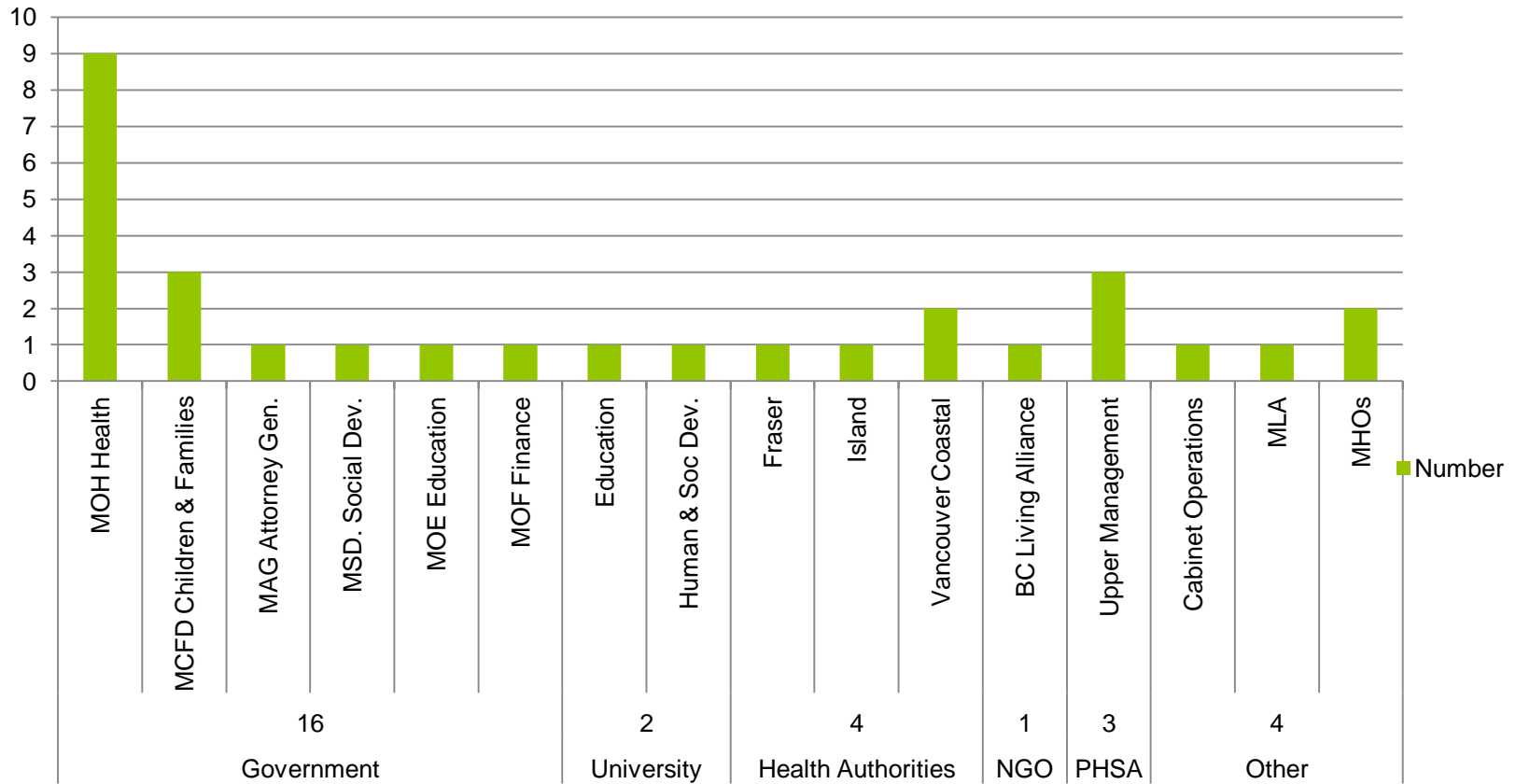
Edited by David V. McQueen, Matthias Wismar, Vivian Lin, Catherine M. Jones, Maggie Davies

Interview Questions

- 1) What BC Government intersectoral, initiatives (past and current) are perceived as examples of “best practices” as a way to improve the health of the BC population, particularly in regards to addressing the social determinants of health and promoting health equity through public policy?
- 2) What are the main factors that enable or constrain the successful implementation of these intersectoral initiatives in BC?
- 3) What coordination mechanisms and governance and accountability structures are effective for sustaining intersectoral action for health in BC?
- 4) What strategies are effective in maintaining a high level of political commitment for population health promotion and intersectoral action for health?
- 5) How could these intersectoral initiatives be strengthened, both from a horizontal perspective (within government) and vertical perspective (e.g. partnerships with civil society organizations, etc.)?

Interviewees

Role & Number of Interviewees



Intersectoral governance: Tensions at play

- An overall or 'umbrella' thematic finding relates to the inherent tensions and difficulties in governing intersectoral policy and action.
- The two frameworks (Kickbush, McQueen), while illuminating, tend to present a picture of resolution and completion.
- The reality seems to be more one of tension and consequent failure to live up to lofty aims.
- In these preliminary findings, rather than gloss over these tensions, we bring them to light in an attempt to better extrapolate potential solutions.

Intersectoral action for health and governance

- The perceived need for intersectoral action, both 'vertical' (between different societal sectors) and 'horizontal' (across different governmental domains) has put more emphasis on 'heterarchic', lateral forms of coordination/governance, where terms like 'partnership' and 'collaboration' become dominant.
- However, both in the literature and in our data, it becomes clear that these new non-hierarchical forms of coordination have their own set of problems.

Tension 1: Hierarchy vs. Networks: Accountability

- One emerging theme in our data is the tension between the need for government to invest in and support NGOs to implement Intersectoral Action for Health (IAH) and the need to retain accountability for the expenditure of public funds.

Evidence of Tension 1: Hierarchy vs. Network

- “There’s an acknowledgement that Ministry of Health cannot run, you know, their 14 billion dollar health system out of an ivory tower. **So the thing is, what is the level of autonomy and what is the level of you must do?**”
- “It’s very hard for NGOs that are member-driven and basically exist to drive fundraising to really take a broader perspective **and so you’re constantly saying to the NGOs, you know, you’re not the only disease on the block**, but their members see it that way and that’s who they have to be responsive to right?”

Tension 2: Top Down vs. Bottom Up – Is the nutcracker working?

- We can all agree with Fran Baum's wonderful 'nutcracker' analogy of the need for both 'top-down' and 'bottom-up' strategies, but in practice the strategies often work at cross-purposes.



Evidence Tension 2: Top-down vs. Bottom-up

- **“It’s highlighted some priority areas for the government which is a good thing. It allows us to use and leverage the government articulating its priorities with the intersectoral work we do.** That is a positive side of it. The point being, they’re pushing us to do the intersectoral work rather than being participants in intersectoral work themselves. That’s perhaps a little unfair, but if clearly they are trying to do some things working with the BC municipality’s organization etc. I’m probably being a little unfair to them, but my sense is that the strongest advantage we can take from that is that they’re highlighting some of these big priorities that they want us to move on. **The down side is there is still a view that we should all be in lock step with doing exactly the prescribed model which doesn’t work very well once you’re actually on the ground and working with communities with different contexts which you have to pay attention to”.**

Evidence Tension 2: Top Down vs. Bottom Up

Top Down Leadership was identified as important...

- “One, it was top down to the bureaucracy. There were marching orders that were given from the premier’s office. **If there is a lesson in this, it’s having a real lead champion from the most senior level of government saying this has to happen in this way**”
- “...**you need to have enough buy in at the highest level** in order to carry any kind of program like that through to real success”
- “Act Now was the **political will from the Premier**...of the province who said this is a priority...You need to have it at that level.”
- “where we’ve seen success on cross-government work is when you have **senior level cabinet committees.**”

However, it can undermine work that is already happening on the ground...

- “When suddenly the Ministry gets the religion and says you guys should have a memorandum of understanding because you don’t work enough with the municipality and your priority should be healthy eating etc., **you kind of go, can we tell you what we’re already doing**”
- “The health authorities feel that they understand on the ground things that need to happen it’s **counter-productive at times** for Ministry of Health to try to be **over-prescriptive** about what they think their policy should be and then not want to hear about why that doesn’t work”

Tension 3 - Role of Ministry of Health: Leading from beside

- The evidence from the international literature, along with from our data, demonstrates the need for a clear leadership role for MoH's in IAH.

Evidence of Tension 3 - Role of Ministry of Health: Leading from beside

- A: “You can never get deputies, they would never have time or the ability to sit down and have those discussions. So I think picking an ADM that’s sitting at the executive table of each ministry is a good way to get that discussion there. But then I do think you need a conduit, you need a DM that the ADM committee reports up to. Either the chair or the co-chair.”
- Q: “That’s interesting. And you’re quite clear for yourself that that likely shouldn’t be Health, the Health DM.”
- A: “I don’t think so. **Because Health needs to chair the ADM committee.** Because without somebody that’s knowledgeable enough to drive it, it doesn’t happen. **But I think reporting, having that committee report up to the Health deputy is kind of incestuous, you gotta have somebody else there.”**

Tension 4 – Language: creating a shared vision for IAH is a rocky road

- 'Health' is embedded in dominant discourse of health care services.

Evidence Tension 4 – Language: Creating a shared vision

- “Health has become synonymous with health service and people’s understanding of health service here is acute and crisis intervention and **that is not the definition of health, but that is the understanding** in this province of health, especially within the decision makers of the provincial government.”

Evidence Tension 4 – Language: Creating a shared vision

- “Our wording and language is also really critical in being able to promote intersectoral action. By using health as an outcome instead of well-being we run amok.”
- “The language is critical. It can turn somebody off or speak to them. It’s critical”
- “...the language is complicated, I mean, Ministries use language in different ways and different definitions, and it’s always worth taking the time to sort it out”

Preliminary Results

- ActNow BC has had an ambiguous legacy for intersectoral action in BC.
 - With strong political leadership the program has motivated, encouraged and directly supported cross-government and cross-societal work on promoting health;
 - At the same time, some criticized its approach for lacking depth and focusing too much on social marketing than on addressing the social determinants of health;
 - Nevertheless, many informants point to the positive affect the program had on developing a 'culture' of intersectoral collaboration in BC, even if some of the results have yet to fully materialize.

Preliminary Results (cont.)

- Multiple respondents noted the need for more authentic partnerships between sectors and different levels of society and government, based on mutual respect, trust and sustainability of medium to long-term time horizons.

Preliminary Results (cont.)

- It was universally acknowledged that both top-down political leadership, and bottom-up community-based development initiatives were necessary for sustained intersectoral action for health.

Preliminary Results (cont.)

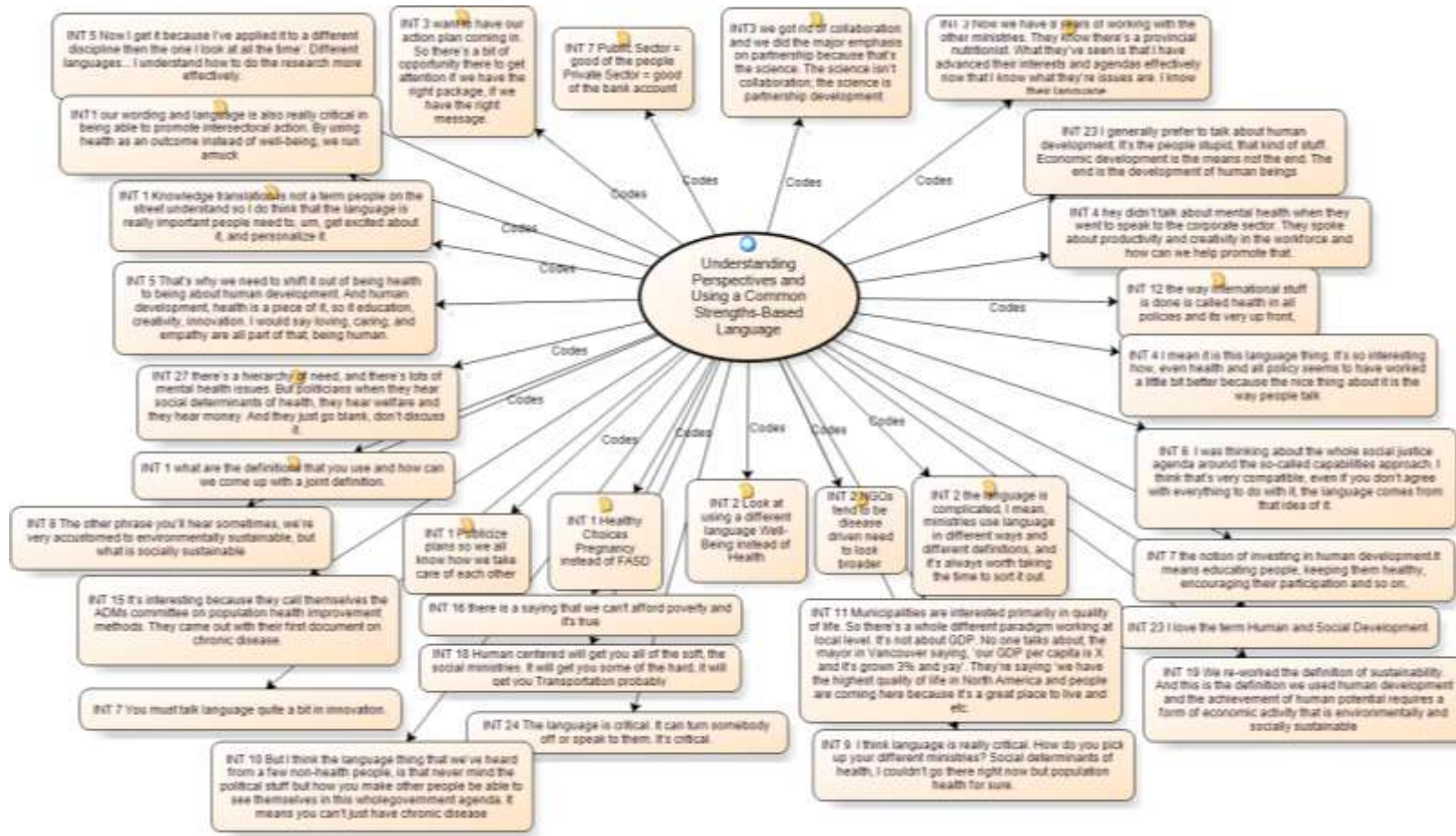
- Many key informants, along with members of the ADM's Committee, emphasize the difficulty of developing this work without having the health sector being perceived by other sectoral partners as dominating the agenda.

Preliminary Results (cont.)

- It is critical in this work to develop a shared language; the crucial issue is how to use language in which other sectors can see themselves and their policy objectives and social values reflected.

Findings: Language

60% Discussed the Importance of a Common Language



Preliminary Results (cont)

- It is clear that the establishment of ADM committee for IAH was one of the government's most important decisions contributing to program success.

Thank You!

Impressions: Governance Structure

Development & Implementation by Government & Society

