



New norms new policies: Did the Adelaide Thinkers in Residence scheme encourage new thinking about promoting well-being and Health in All Policies?



Fran Baum^{a, *}, Angela Lawless^a, Colin MacDougall^{a, b}, Toni Delany^a, Dennis McDermott^c, Elizabeth Harris^d, Carmel Williams^e

^a Southgate Institute for Health Society and Equity, Flinders University, GPO Box 2100, Adelaide 5001, South Australia, Australia

^b Discipline of Public Health, Flinders University, GPO Box 2100, Adelaide 5001, South Australia, Australia

^c The Poche Centre for Indigenous Health and Wellbeing, Flinders University, GPO Box 2100, Adelaide 5001, South Australia, Australia

^d Centre for Primary Health Care and Equity, Level 3, AGSM Building, University of New South Wales, Sydney 2052, Australia

^e SA Health, Public Health and Clinical Systems, Department of Health and Ageing, Public Health Partnerships Branch, PO Box 287 Rundle Mall, Adelaide 5000, South Australia, Australia

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ABSTRACT

Health systems have long been criticised for focussing on curing rather than preventing disease. This paper examines to what extent the Adelaide Thinkers in Residence (ATiR) scheme contributed to the change in norms whereby promoting well-being and a strategy to achieve this - Health in All Policies (HiAP) - was adopted by the South Australian (SA) State Government from 2007. The data presented in this paper are drawn from a five year (2012–2016) detailed mixed methods case study of the SA HiAP initiative which involved document analysis, interviews and workshops with public servants and political actors. We adapt the framework used by Finnemore and Sikkink (1998) which explains how norm changes can lead to political changes in international affairs. We also use Kingdon's concept of policy entrepreneurs to determine whether these ideas moved to an implementable initiative with the help of both a specific ATiR program on HiAP and the broader TiR scheme which promoted a series of innovations relevant to health. The process involved the ATiR reinforcing the work of local norm entrepreneurs with that of powerful external policy entrepreneurs, adapting the discourse about the value of prevention and promoting well-being so that it fitted with the dominant economic one. The powerful organisational platform of the ATiR, which was under the Department of the Premier and Cabinet and linked to the South Australian Strategic Plan (SASP) was used to advance these ideas. The case study offers important lessons for other jurisdictions on how to shift policy to encourage intersectoral approaches to health.

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1. Introduction

Health systems are a sector of government in which organised medicine has a particularly strong hold on power and influences what does and does not get on to the policy agenda (Lewis, 2005; Blaxter, 2010; Alford, 1975). Public health activists have long bemoaned the fact that the health sector overwhelmingly focuses its efforts and resources on treating the sick rather than on keeping people well in the first place (Baum, 2015; Wilkinson and Marmot,

2003; CSDH, 2008). Thus a major challenge for health sectors is to focus on disease prevention and health promotion; a change that the World Health Organization (1978, 1986, 1988, 2010) has long advocated. There is also increasing recognition that working for healthier societies and communities must involve improving the overall co-ordination of government so that complex and “wicked” (Rittel and Webber, 1973; Exworthy and Hunter, 2011) health and social problems can be tackled. A recent attempt to co-ordinate government action has been the Health in All Policies (HiAP) initiative. HiAP is promoted by the World Health Organisation and the European Union to encourage action on the social determinants of health (CSDH, 2008) in sectors outside health. HiAP examines the health implications of decisions, seeks synergies, and avoids

* Corresponding author.

E-mail address: fran.baum@flinders.edu.au (F. Baum).

harmful health impacts in order to improve population health and health equity (World Health Organization, 2013). The health sector needs to understand and engage with multiple sectors to bring about action on the social determinants in ways that support their core business and existing priorities, and that take their capacities into account (Delany et al., 2014; Kalegaonkar and Brown, 2000; Mannheimer et al., 2007). Comparatively little is known about how to challenge the dominant paradigms in health in order to get a HiAP approach on the political and bureaucratic agenda. This paper asks whether the “Adelaide Thinkers in Residence” (ATiR) scheme in South Australia (SA) influenced broader norms that in turn influenced the health policy agenda by providing greater policy support for co-ordinated, across government responses that focused on prevention and wellness promotion. As part of this analysis we use a case study of the ATiR and examine if it created the authority, structures and processes to move Health in All Policies (implemented from 2007) from an idea to a norm institutionalised in policy-making processes.

2. Background

Whilst governments seek short-term policy payoffs to meet the demands of electoral cycles, disease prevention and health promotion pay dividends in the longer term (Baum et al., 2014). In the health sector, the power of curative interests means public health advocates need to take every opportunity to advance their case, including framing ideas that will shape broader norms across government in support of health promotion. Furthermore, if the broader norms change across government, it will be easier for health to work synergistically with a range of sectors who share their frustrations. Finnemore and Sikkink (1998) provide a three-stage lifecycle for an idea to evolve into a norm (Fig. 1).

In the first phase of norm emergence, norm entrepreneurs (those who are promoting a set of ideas akin to Kingdon's (2011) notion of policy entrepreneurs) attempt to bring attention to an idea and to persuade a critical mass of norm leaders, such as political actors, opinion leaders, and governments, to embrace the idea as a norm. Once a threshold of normative change is reached, a tipping point sets off the second stage; a norm cascade. During this phase, norm leaders attempt to socialise other actors to follow the norm and establish a network of supportive people. Finally, when the norm assumes a taken-for-granted quality, it has reached the internalisation stage: the norm is institutionalised and is no longer an issue for public debate. Finnemore and Sikkink (1998) describe this process as linear but in real life the opportunities will open and close and the extent of norm acceptance may ebb and flow. Finding ways of maintaining the norm cascade and moving to institutionalisation are vital. Milio (1988) argued that whatever model of policy formulation is adopted, there can be no formal policy without a preceding initiation and adoption phase. We argue that broader norms about upstream action for health across government are crucial aspects of these preceding phases. These norms are critical for policy theorists such as Kingdon (2011), who notes that the adoption of new policies requires maximum use of windows of opportunity and that policy entrepreneurs are vital in opening the windows, using them

effectively and keeping them open.

South Australia (SA) was one of the global leaders in establishing the new public health (Baum, 2015) on the political agenda (South Australian Health Commission, 1988). It had a firm commitment to a progressive primary health care sector and many examples of health promotion based on a social determinants understanding of health (see collection in Baum, 1995). However, the approach was neither systematic nor embedded in the routine business of government.

The Adelaide Thinkers in Residence (ATiR) scheme ran from 2003 until 2013 and brought 24 “Thinkers” to Adelaide for stays of around three months. Their brief was to introduce new policy ideas to SA that were feasible in the local context and directly relevant to the South Australian Strategic Plan (SASP) (see Box 1).

While not all their proposals were adopted, some were and they brought new insights and energy to local policy debates. In 2007, in response to a recommendation by an ATiR, Professor Ilona Kickbusch, the SA Government adopted a HiAP approach which promoted cross sectoral action and preventive and promotive action.

3. Methods

The data presented in this paper are drawn from a five year (2012–2016) detailed mixed methods case study of the SA HiAP initiative which used interviews, workshops and document analysis.

3.1. Interviews

Seventy semi-structured, in-depth interviews were conducted between January 2013 and February 2014 with participants from 13 State Government departments and agencies who had been involved with HiAP in SA. The 70 interviews were undertaken with 52 individuals, some of whom were interviewed more than once to capture information about developments over time. This paper is based on 36 of these interviews from which information about the ATiR program emerged (see Table 1). Thirty four individuals

Box 1

The Adelaide Thinkers in Residence scheme.

The Adelaide Thinkers in Residence scheme was the initiative of the incoming Labor Premier Mike Rann. Between 2003 and 2013 it brought 24 Thinkers in Residence to South Australia who spent between 2 and 6 months in Adelaide, many establishing long term links. The Thinkers were all internationally recognised experts, mainly coming from overseas. The intention of the Scheme was to encourage the State of South Australia to be “flexible, responsive and adaptive” (Kuhr n.d., 1). The Thinkers provided strategic advice to the residency partners who came from government, non-government, business, industry and community organisations (Kuhr n.d.).

Each residency was aligned to objectives and targets of SASP and activities were designed to deliver tangible benefits for the State in a broad range of areas (see Table 2).

Proposals to bring particular Thinkers were made by “partner agencies” that included government departments, universities, non-government organisations and local councils. More details of scheme at <http://www.thinkers.sa.gov.au/>

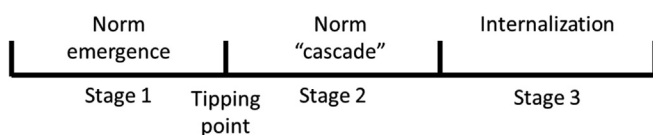


Fig. 1. Norm Life cycle.

Source: Finnemore and Sikkink (1998, 896).

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