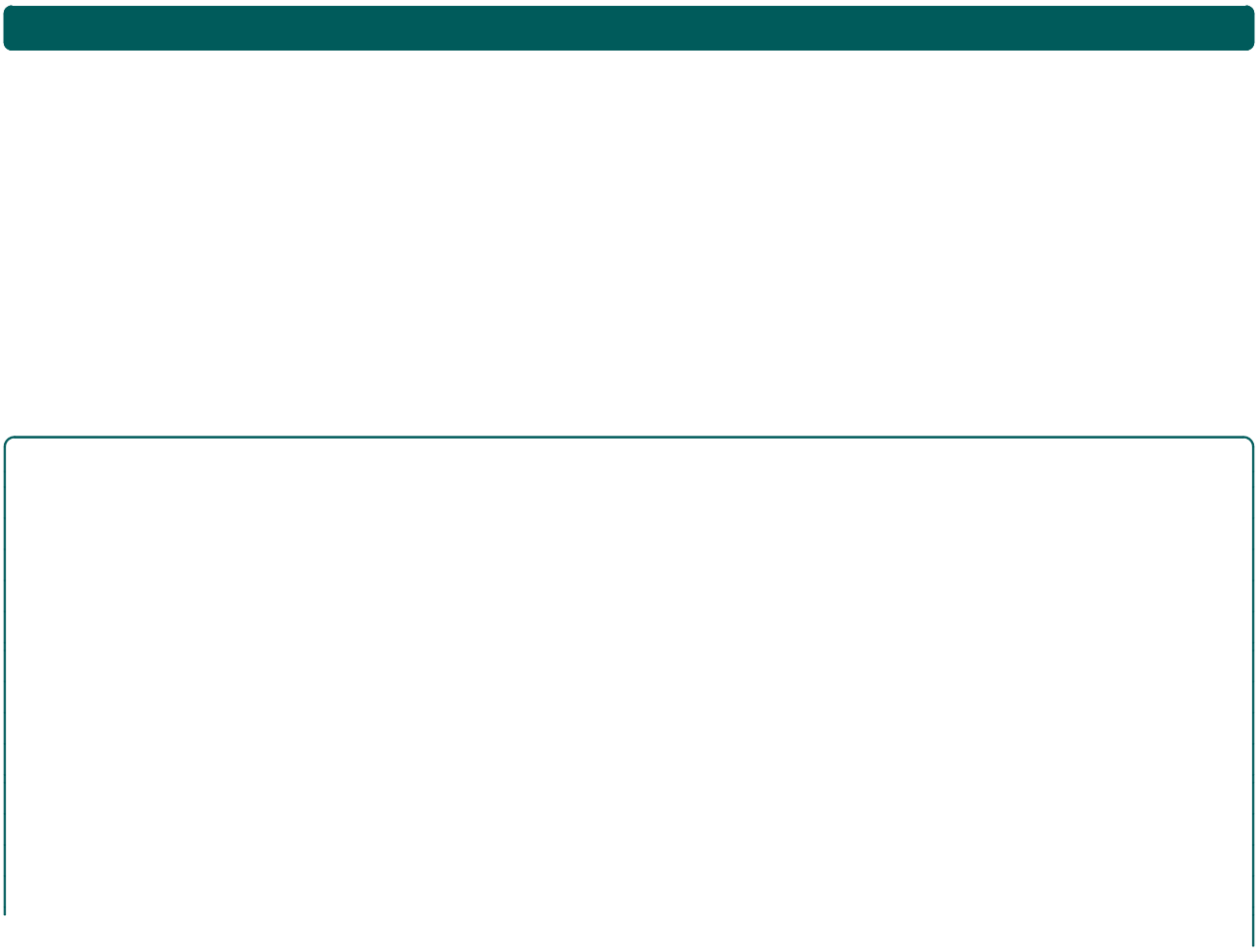

the HiAP approach in South Australia is the development of collaborative, internal relationships within Government. These relationships are intended to facilitate the policy process, and through this, to ensure that health concerns are identified and acted upon in policy. Within the HIA approach, relationship building has been viewed as a desirable outcome and facilitator of the approach but not as the explicit goal [28]. This highlights a key difference between the focus of the approaches, which has implications for how the work is undertaken. This is particularly because the focus on relationship building involves HiAP staff spending time building connections and maintaining these over time, whereas this is less of a focus of the work involved in conducting a HIA. Furthermore, because the HiAP approach is focussed strongly on relationship building and is also bounded by the political drivers, political sensitivities and priorities of Government this has the potential to limit the work in a way that the broader approach of HIA may not. This is particularly evident in regard to the way that increasing equity is consistently articulated as an explicit goal of the HIA approach while a focus on equity often remains implicit within the HiAP approach, depending on whether equity is viewed as an acceptable and useful aim within a particular collaboration.

Points of application in the policy and planning cycle

There are differences in the points within the policy cycle at which the two approaches are applied. HIA is typically introduced within the policy and planning cycle [41] a draft proposal has been developed but that proposal is implemented [42]. In practice, there is often a push to conduct HIAs before a draft proposal is fully developed and to adapt HIA flexibly to provide input early and across the life of proposals [20,43]. However, HIA in NSW is usually applied once collaborators have understanding of the issue that a policy or plan will address. For example, a HIA undertaken early in the life of a large scale development on the outskirts of Sydney focussed on assessing a draft plan to develop 12,000 homes. The HIA considered six areas of impact scoped to be of direct relevance to the development (public transport, active transport, social connectivity, physical activity, injury and food access). 24 recommendations were developed and a monitoring process set up to support the implementation of these recommendations. It is for this reason that Figure 1 shows the earliest entry point of a HIA to be at the policy formulation stage of the policy process and not in agenda setting stage.

HiAP almost always engages early in the policy process through application of the Health Lens Analysis (HLA) [31]. Unlike HIA in NSW the HLA can contribute to the - phase of the policy process [42]. This is facilitated by those who implement the HiAP approach in SA working from the Government system and having their work determined by the central government agency, Department of the Premier and Cabinet. In the

1 Entry points for HIA and HLA in the policy cycle.

South Australian context HiAP can be understood as a

(refer to 45 for full lists of current and completed HLA projects) [45]. In addition, a HiAP approach has been applied to build capacity in Government agencies to inform work within the government priority areas of and , . Given the within Government location of HiAP most of the work, to date, has been undertaken within the State Government.

Project topics and partnerships represent another area of difference. Greater freedom is afforded to those undertaking HIAs in NSW to select the topic and recruit collaborating partners. As such, partnerships can, and have, been formed collaboratively between a diverse range of partners, including NGOs, health services and communities to undertake HIAs for a range of purposes, including advocacy and community empowerment [21]. In contrast, the HiAP approach in SA limits formal partners to other

the health and equity impacts of a proposal. This more technical intent of influencing a proposal and advocating for health and equity differs from the more tactical intent of the HiAP approach. Similar analyses could be undertaken to compare the findings presented in this paper with assessment of HIA in jurisdictions where it is implemented from within government rather than operationalised through external organisations.

While the close alignment of the HiAP approach with the current systems of the SA Government may increase the potential for influence, costs are also associated. In particular, the areas that are selected and the recommendations that are made are bounded by the priorities, agendas and political sensitivities of Government. This politicises the conduct of work under the HiAP approach as it is currently implemented in SA, and, in turn, limits the scope and breadth possible. It also puts constraints on who can collaborate to undertake the work, with little community input being possible. Due to its comparative distance from the NSW Government, the HIA approach is not bounde thCom w1999878(i)11.14.69976.265999998(s)-25p999o

work on furthering population equity independent of political climate is an example of this. Conversely, within the HiAP approach the focus on equity is either made explicit or implicit depending on the political context surrounding particular pieces of work and depending on the broader Government agenda that governs the work. This does not mean that an equity agenda cannot be furthered through a HiAP approach; it can be, and indeed a focus on equity is evident in the broader foundations of a HiAP approach [47]. However, what is possible for HiAP in SA is highly dependent on the political choices and political agendas operating at a given time.

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