

National Collaborating Centre  
for **Healthy Public Policy**

[www.ncchpp.ca](http://www.ncchpp.ca)

## **Approaching Municipalities to Share Knowledge: Advice From Municipal Civil Servants to Public Health Actors**

Knowledge sharing and public policy series | March 2019



Centre de collaboration nationale  
sur les politiques publiques et la santé

National Collaborating Centre  
for Healthy Public Policy

*Institut national  
de santé publique*

Québec



National Collaborating Centre  
for **Healthy Public Policy**

[www.ncchpp.ca](http://www.ncchpp.ca)

**Approaching Municipalities to Share Knowledge:  
Advice From Municipal Civil Servants to Public  
Health Actors**

Knowledge sharing and public policy series | March 2019

## **AUTHOR**

Florence Morestin  
National Collaborating Centre for Healthy Public Policy

## **LAYOUT**

Royse Henderson  
National Collaborating Centre for Healthy Public Policy

## **ACKNOWLEDGEMENTS**

The NCCHPP would like to thank the five municipal civil servants who participated in the interviews, the former advisor of policy makers who participated in the pre-test of the interview guide and the public health researchers and professionals who helped us locate respondents. The NCCHPP would also like to thank Angèle Bilodeau (Université de Montréal) and Josée Charlebois (Direction de santé publique, Centre intégré de santé et de services sociaux de l'Outaouais) for their comments on an earlier version of this document.

## **SUGGESTED CITATION**

Morestin, F. (2019). *Approaching municipalities to share knowledge: Advice from municipal civil servants to public health actors*. Knowledge sharing and public policy series. Montréal, Canada: National Collaborating Centre for Healthy Public Policy.

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the National Collaborating Centre for Healthy Public Policy (NCCHPP).

The National Collaborating Centre for Healthy Public Policy is hosted by the Institut national de santé publique du Québec (INSPQ), a leading centre in public health in Canada.

The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

*This document is available in its entirety in electronic format (PDF) on the Institut national de santé publique du Québec website at: [www.inspq.qc.ca/english](http://www.inspq.qc.ca/english) and on the National Collaborating Centre for Healthy Public Policy website at: [www.ncchpp.ca](http://www.ncchpp.ca).*

*La version française est disponible sur les sites Web du Centre de collaboration nationale sur les politiques publiques et la santé (CCNPPS) au [www.ccnpps.ca](http://www.ccnpps.ca) et de l'Institut national de santé publique du Québec au [www.inspq.qc.ca](http://www.inspq.qc.ca).*

*Reproductions for private study or research purposes are authorized by virtue of Article 29 of the Copyright Act. Any other use must be authorized by the Government of Québec, which holds the exclusive intellectual property rights for this document. Authorization may be obtained by submitting a request to the central clearing house of the Service de la gestion des droits d'auteur of Les Publications du Québec, using the online form at <http://www.droitauteur.gouv.qc.ca/en/autorisation.php> or by sending an e-mail to [droit.auteur@cspq.gouv.qc.ca](mailto:droit.auteur@cspq.gouv.qc.ca).*

*Information contained in the document may be cited provided that the source is mentioned.*

LEGAL DEPOSIT – 1<sup>st</sup> QUARTER 2019  
BIBLIOTHÈQUE ET ARCHIVES NATIONALES DU QUÉBEC  
ISBN: 978-2-550-83744-2 (FRENCH PDF)  
ISBN: 978-2-550-83745-9 (PDF)

©Gouvernement du Québec (2019)

## About the National Collaborating Centre for Healthy Public Policy

The National Collaborating Centre for Healthy Public Policy (NCCHPP) seeks to increase the expertise of public health actors across Canada in healthy public policy through the development, sharing and use of knowledge. The NCCHPP is one of six centres financed by the Public Health Agency of Canada. The six centres form a network across Canada, each hosted by a different institution and each focusing on a specific topic linked to public health. The National Collaborating Centre for Healthy Public Policy is hosted by the Institut national de santé publique du Québec (INSPQ), a leading centre in public health in Canada.



## Table of contents

<b>Glossary .....</b>	<b>V</b>
<b>Introduction .....</b>	<b>1</b>
<b>1 Who were the civil servants interviewed? .....</b>	<b>3</b>
<b>2 If I wish to share knowledge with a municipality, whom should I approach? .....</b>	<b>7</b>
2.1 Identifying the right contact person: a difficult task .....	7
2.2 How to identify contacts .....	8
2.2.1 Study the municipality's website .....	8
2.2.2 Participate in events where the municipality is represented .....	8
2.2.3 Be guided by someone .....	9
2.2.4 Consult professional associations .....	9
2.3 Is it relevant, or even necessary, to approach the municipality's senior hierarchy? .....	10
2.3.1 Reasons for doing so .....	10
2.3.2 Maintain professional to professional exchanges .....	11
2.3.3 Who is best placed to approach the municipality's senior hierarchy? .....	11
<b>3 What action is the municipality already taking in my field of work? .....</b>	<b>17</b>
3.1 Why inform oneself? .....	17
3.1.1 Informing oneself to act strategically .....	17
3.1.2 Informing oneself to act constructively .....	18
3.2 How to inform oneself .....	19
<b>4 How to initiate contact .....</b>	<b>21</b>
4.1 Various ways to approach municipal actors .....	21
4.2 What reactions to expect .....	21
4.2.1 Response time depends on availability .....	22
4.2.2 The attitude of external experts is crucial .....	22
<b>5 What types of knowledge do municipal civil servants find useful? .....</b>	<b>25</b>
5.1 Knowledge with a concrete focus .....	25
5.1.1 Specific details .....	25
5.1.2 Examples of interventions implemented in other municipalities .....	25
5.1.3 Local data or data from comparable settings .....	26
5.2 The anticipated added value of public health knowledge .....	26
5.2.1 The provision of new ideas .....	26
5.2.2 Solid expertise .....	26
5.2.3 The provision of evidence .....	27
5.2.4 Strategically useful credibility .....	27

5.3	The need to "translate" public health knowledge.....	28
5.3.1	What kind of translation? .....	28
5.3.2	Who should translate? .....	29
<b>6</b>	<b>How does one foster positive interactions?.....</b>	<b>31</b>
6.1	Show respect .....	31
6.2	Be constructive .....	31
6.3	Establish a true partnership .....	31
6.4	Build human relationships.....	32
<b>7</b>	<b>What time frame should be expected? .....</b>	<b>35</b>
7.1	Allow time for establishing an initial contact .....	35
7.2	Allow time for developing a mutual understanding and building trust among professionals.....	35
7.3	Allow time for convincing the municipality's senior hierarchy.....	35
7.4	Allow time for, sometimes, starting over .....	35
<b>8</b>	<b>Why formalize a collaboration with a municipality and what form should this take?.....</b>	<b>37</b>
8.1	Why formalize a collaboration?.....	37
8.1.1	Truly initiating the collaboration .....	37
8.1.2	Sharing the investment of resources .....	37
8.1.3	Having a greater impact.....	38
8.2	What form might a formal collaboration take? A few examples.....	38
	<b>Conclusion .....</b>	<b>41</b>
	<b>References.....</b>	<b>43</b>
	<b>Annex 1 How the interviews were planned, conducted and analyzed .....</b>	<b>45</b>



## Glossary

**Chief Administrative Officer:** Most municipalities in Canada have a Chief Administrative Officer (the title may vary: City Manager, City Administrator; in French, *directeur général, directeur municipal*), who is the most senior municipal civil servant.

**Committee of council:** In Canada, most municipal councils create committees responsible for studying specific issues (for example: a planning committee,\* an environment committee, an active transportation committee, a committee on aging). These committees play an advisory role: they make recommendations to the municipal council, which then makes decisions. Their composition varies according to the municipality; they may include elected municipal officials, municipal civil servants, representatives of external organizations (governmental or other), and even citizens.

**Food policy council:** A food policy council (in French, *Conseil de politique alimentaire*) brings together stakeholders from all sectors of the food system (food production, processing, distribution, and waste management). It can thus include a broad range of members: representatives of businesses, governments (at the municipal or at another level; from sectors such as health, agriculture, environment, etc.), community organizations or other non-governmental organizations, and citizens. Generally, the mandate of a food policy council is to examine how a food system operates (at the local or national level) and identify ways to improve it (Mendes, 2011).

**Land use:** Each municipality determines how each portion of its territory can be used (for instance: residential, commercial, industrial, recreational or agricultural use) and what type of building can be erected on it. This is what is meant by the term "land use" (in French, *utilisation/affectation/destination des sols/du terrain*).

**Municipal Development Plan:** The Municipal Development Plan (or Official Plan; in French, *Plan d'urbanisme, Plan d'aménagement municipal*) sets out the broad guidelines for urban planning and land use\* decisions. Adopted by the municipal council, it is the most important municipal document for urban planning. In certain Canadian provinces where several levels of municipal government exist, the municipal development plan of a lower-tier municipality must comply with the guidelines adopted by the upper-tier municipality (for example, the regional municipality).

**Planning committee:** Many municipalities in Canada have established a planning committee (in French, *Comité d'urbanisme*), but its composition may vary (elected municipal officials, senior civil servants, and even citizens). Respondents who spoke about planning committees indicated that, in their municipality, this committee receives recommendations from the municipality's urban planners regarding planning policies and development applications; then this committee formulates its own recommendations to the municipal council, which makes the final decision.

**Sobering centre:** The centre mentioned by respondent R4 agrees to shelter persons in an advanced state of intoxication, which is not the case for many other temporary shelters for homeless persons.

**Supervised injection site:** A place where injection drug users can go to inject drugs that they bring with them under the supervision of health professionals, ensuring proper hygiene and safe conditions.

**Universal accessibility:** Universal accessibility refers to the attempt to ensure that places or services are accessible to all persons, regardless of their limitations, by eliminating physical and other barriers.

**Urban sprawl:** Uncontrolled expansion of an urban area at its periphery, which involves the replacement of rural land by built-up areas.

**Zoning bylaw** (in French, *Règlement de zonage*): A bylaw that divides up the municipal territory into zones and indicates which land use\* and what types of construction are permitted in each zone.

## Introduction

This document is part of a series of documents focused on sharing knowledge in the context of public policy development. All of the documents available to date in this series may be found at [www.ncchpp.ca](http://www.ncchpp.ca) > Projects > Knowledge Sharing.

In Canada, the municipal government can intervene in various areas related to population health (while the range of municipal powers varies from one province to another, examples include: neighbourhood design, green spaces, social housing, public transit, recreational infrastructure, and alcohol consumption in municipally managed sites). Furthermore, municipalities can prove easier to access than other levels of government for a number of reasons. To begin with, municipal actors are accustomed to being approached by citizens and other stakeholders. Additionally, the latter can take advantage of mechanisms for participating in the decision-making process that exist in many Canadian municipalities. Geographic proximity can also be a facilitator for local or regional actors who wish to approach municipalities.

Within municipalities, civil servants play an important role in the development of public policies. This is particularly the case in Canada, where institutional and budgetary provisions rarely permit elected municipal officials to hire staff chosen from their political entourage. Given this context, municipal civil servants are often the main source of public policy analyses and advice for elected officials (Stewart & Smith, 2007).

Thus, municipal civil servants are optimal contacts for public health actors hoping to influence municipal policies that have an impact on population health. But what is an effective way to approach these civil servants to share public health knowledge?

While conducting a review of the literature on the various types of advisors to policy makers (including civil servants), their relationship to scientific knowledge and their role in public policy development (Morestin, 2017), we found no studies focusing on municipal civil servants in Canada.

We, therefore, conducted interviews with civil servants in several Canadian municipalities. In this document, we present the views they expressed in response to questions that public health actors may have:

- If I wish to share knowledge with a municipality, whom should I approach?
- What action is the municipality already taking in my field of work?
- How should I initiate contact?
- What types of knowledge do municipal civil servants find useful?
- How does one foster positive interactions?
- What time frame should be expected?
- Why formalize a collaboration with a municipality and what form should this take?

Throughout the text, we have summarized (in green text boxes) key considerations for public health actors wishing to approach municipalities. These considerations take the form of advice or questions intended to foster reflection.



## 1 Who were the civil servants interviewed?

We conducted individual interviews in the fall of 2016<sup>1</sup> with five civil servants performing professional level work. They spoke to us about their experiences working in eight Canadian municipalities located in Newfoundland and Labrador, Québec, Ontario,<sup>2</sup> Manitoba and British Columbia. These civil servants were working in various fields and in municipalities that varied in size, both in terms of population (from under 20,000 to over a million) and in terms of the number of municipal employees (from a few tens to many tens of thousands). These highly varied work contexts may explain some of the variation in the statements of respondents, as might their diverse professional trajectories and their varying levels of interaction with other experts<sup>3</sup> (see Table 1). These factors are taken into consideration in our analysis of their statements.

The reader should note that this analysis does not purport to be representative of the full range of municipal civil servants. Respondents were identified with the help of public health researchers or professionals who collaborate with the municipal sector: thus, these are civil servants who have previously had contact, even if limited, with public health experts. Moreover, their agreement to participate in the interviews may indicate that they are more interested in exchanges with public health actors than are other municipal civil servants. In addition, the limited number of interviews conducted did not allow data saturation to be reached (saturation is reached when the data collected in an interview provides no additional new information not provided by previous interviews). On the other hand, we actively sought a diversity of views, given the profiles of the respondents, and on several occasions prompted them to compare their point of view with that of other municipal civil servants in their work environment. Nevertheless, we invite readers to consider the analysis presented in this document as insight into the views of some municipal civil servants and to use the advice and questions presented in the green boxes to analyze the situation in the municipality they wish to approach.

---

<sup>1</sup> For a complete description of our interview and analysis methodology, see Annex 1.

<sup>2</sup> Some public health units in Ontario are integrated into the administrative structure of a municipality, which can facilitate contact between public health professionals and professionals in other municipal departments. However, the two respondents in our sample set who had worked in Ontario had only had contact with public health units that were independent of municipalities.

<sup>3</sup> During the interviews, we asked respondents about their interactions with "experts." We used this term to focus on certain types of knowledge sharing, but avoided using the term "scientists" which, for some individuals, refers only to the "hard" sciences. We indicated that these experts could be, for example, researchers or professionals, and referred to them as "external" experts, that is, those working outside of the respondent's municipal department or even outside of the municipal administration. As they were aware that the focus of our interest was public health, the respondents tended to talk especially (but not exclusively) about experts in this sector. They spoke mostly of professionals working in government health organizations at the local or regional level (rarely at the provincial level) and a little about decision makers in these organizations, about researchers, and about professionals in community organizations. Nonetheless, the advice offered by these municipal civil servants can apply to all these public health actors.

**Table 1**      **The five respondents at a glance**

Respondent	Size of the municipality/ies <sup>‡</sup>	Municipal department	Experience within the municipality	Other experience mentioned	Openness and curiosity expressed toward external experts	Familiarity with public health experts
R1	Large	Urban planning – Strategic planning	13 years	-	High	High
R2	Medium-small	Urban planning – Strategic planning	3 years	-	High	Limited
R3	Small	Parks and recreation	2 years	-	Moderate	Limited
R4	Very large and medium-small	Social planning	14 years	Research and community organization sectors	High	High
R5	Medium-large and medium-small	Urban planning – Review of development applications	8 years	Private real estate sector	High	Limited

<sup>‡</sup> Orders of size: small = under 20,000 inhabitants; medium-small = between 50,000 and 100,000; medium-large = over 100,000; large = over 500,000; very large = over 1 million.

Below are brief portraits of the respondents (presented in the order in which they were interviewed).

**Respondent 1 (R1):** This respondent is an urban planner in a large city. She worked for ten years on the coordination of transportation and land use planning.<sup>\*4</sup> For the past three years, she has worked in the mid- and long-range planning division of the Planning Department. Thus, she helps define the City's broad orientations with regard to urban planning, along with the planning regulations that support their application. She also supports the development of local area plans (for example, at the level of neighbourhoods). In the context of this work, the stakeholders she regularly consults are residents, real estate developers, cyclists' associations, etc. A few years ago, this respondent was one of the two urban planners who represented their municipality in the context of a one-year partnership with the regional health authority, intended to explore potential collaborations aimed at developing healthy built environments. She has maintained contacts since then, affirms that she is convinced of the relevance of collaborating with public health, and is attempting to formalize the collaboration between her municipality and the regional health authority.

**Respondent 2 (R2):** This respondent has worked for three years in the Planning Department of a medium-small northern municipality, in the long-range planning division. She is also a member of two committees of council\*: the Heritage Commission and the Accessibility Committee. Much of her work focuses on universal accessibility\* (through the development of policies, regulations and construction standards). Recently, she began collaborating with her municipality's Social Planning Department to develop an age-friendly plan. Through this work, she has become aware of more and more links

<sup>4</sup> The terms marked with an asterisk are defined in the glossary at the beginning of this document.

between her work and public health, and she has begun to consult documents from this sector and to establish some contacts. Although she has not had many interactions with the regional health authority thus far, she is very open to collaboration. The external experts she usually interacts with are members of organizations that serve people with disabilities and professionals concerned with land use\* (real estate agents, architects, real estate developers). She also interacts with residents during public engagement activities organized by the municipality.

**Respondent 3 (R3):** This respondent has worked for two years as the Manager of Parks and Recreation in a small municipality. He plays a primarily operational role supervising the maintenance of municipal facilities (arenas, parks, community centre, sports fields, swimming pools). His work involves managing personnel (three other municipal civil servants, as well as seasonal employees), budgets and construction projects (which entails consulting stakeholders, managing requests for proposals, monitoring the fulfillment of contracts and reporting to the municipal council). This respondent is also a member of two committees of council\*: the Parks Design Committee and the Age-friendly Committee. Since assuming his current position, he has participated in two research-action projects in collaboration with the regional health authority, among other partners. One of these projects consisted of offering healthier food options at the concession stand of a municipal arena, and the other, of promoting physical activity and healthy eating among children. Although not adverse to such projects, he indicated the difficulty of getting involved in them given the limited resources available in his municipality.

**Respondent 4 (R4):** This respondent is a social planning advisor in a very large city in which responsibilities are shared between a central municipality and the borough halls. In the course of his fourteen-year municipal career, he has worked at both these levels. The social planning approach involves promoting collaboration between various municipal departments and with a range of external partners. This respondent has often collaborated with the regional and local public health authorities (including on projects involving supervised injection sites,\* sobering centres\* for homeless persons, and food security), as well as with community organizations and researchers. He is very open to these types of collaboration and was already familiar with the realities of some of these sectors since, prior to being hired by the municipality, he had worked on research teams and had been involved, in a personal capacity, in an organization that assists homeless persons.

**Respondent 5 (R5):** This respondent is an urban planner, but, in contrast with respondents R1 and R2, who carry out strategic planning, his work consists of verifying whether development applications submitted by real estate developers comply with municipal planning regulations. He also sometimes carries out policy studies (for example, on how Canadian municipalities manage the siting of cell towers). During the interview, he spoke about his eight years of experience working in medium-small and medium-large municipalities located in two provinces. The experts that he usually consults are members of organizations to whom his municipality submits development applications for comments: the Sustainable Development Committee of Council, electricity, gas, and residential phone companies, school boards, the provincial Department of Transportation, the conservation authority, Canada Post, etc. This respondent is very open to collaboration with public health, since he perceives a natural synergy between public health and urban planning, but he has had relatively little experience with such collaborations. For about a year, he represented his former municipality on a food policy council,\* whose members included some public health actors. In his current position, he has not had the opportunity to collaborate with the public health authority. Before becoming a municipal civil servant, he worked for ten years in the private real estate sector. From this vantage point, he has experienced what it is like to try to approach a municipality from the outside.

We present here the views of these five civil servants in response to some of the questions that public health actors may have.





## 2 If I wish to share knowledge with a municipality, whom should I approach?

This is the first question that arises: how does one identify the right persons to address, given the subject one wishes to discuss? This identification process also allows one to verify whether the subject to be discussed falls within the municipality's field of activity.

### 2.1 Identifying the right contact person: a difficult task

---

Three of the respondents (R2, R4, R5) spontaneously acknowledged that it is difficult to identify the right contact person; for example: "even working within a municipality, it can sometimes take years to actually know the right person to speak to regarding an issue" (R5).<sup>5</sup> Only respondent R3 felt identifying the right person was easy, perhaps because he works in a very small municipality with only a few dozen employees.

One source of difficulty is the fact that several municipal departments may perform work in the same field under the terms of their respective mandates. For example, respondent R4 pointed out that the establishment of supervised injection sites\* concerns not only the Social Planning Department, but also the municipal police.

Moreover, municipal departments sometimes operate more or less in silos. Respondent R2 gave the following example: "We have our active transportation plan, we have plans that live in our [Planning] department but then, the Public Works side of things, that's where the real decisions get made. [...] But there's a bit of a disconnect between our long-range plans and what's happening every year through budget approvals. [...] The health care professionals need to be reaching out to planners, that may be a start, but they need to make sure that they're reaching out to people that are making the decisions about our pedestrian network, and in a lot of cases it might not be planners, it might be engineers [within the Public Works Department]."

This respondent (R2) also indicated that, depending on the subject to be discussed, it is necessary to target different types of professionals within a municipal department. For example, the regional health authority had organised an event "to introduce us to their environmental health officers, because they regulate things like septic systems and kitchen sanitation in commercial kitchens. And we approve business licenses for that and we approve houses that are served by septic [...] Some things are process changes that really, they [planners who review applications] do have power over [...] That was an example where [the health authority] did do a good job of reaching out to the right level of staff," rather than contacting urban planners who perform strategic planning.

Finally, sometimes it is necessary to think about where the most relevant contact persons may be placed among several levels of municipal government: this is the case when responsibilities are shared between a central municipality and borough halls, or between municipalities and a regional municipality. We will revisit this type of scenario in section 3, which addresses ways of finding out about the work being carried out by the municipality.

---

<sup>5</sup> Because hearing what the respondents had to say in their own words helps one to see things from their perspective and therefore to understand them, the analysis presented in this paper quotes an abundance of statements from the five respondents. For the interviews that were conducted in French, the quotations have been translated into English.

### Key considerations

- Which municipal departments are involved in your field of work? Which teams within these departments? In the case of a municipal government with several levels, which levels?
- If several departments or teams are involved, how are the work and the roles distributed (planning, decision making, implementation...)?
- Do they communicate well with each other? Would it be more appropriate for you to approach all of them or to have a single contact who will communicate internally with the others?
- The nature of the knowledge you wish to share and the objective you are pursuing could determine who to consider a priority contact.

## 2.2 How to identify contacts

---

### 2.2.1 STUDY THE MUNICIPALITY'S WEBSITE

This is the first piece of advice given by four of the respondents (R1, R2, R3, R5). Some respondents acknowledged that the information presented varies from one municipality to the next, but these websites usually outline the administrative structure of the municipality, thus making it possible to identify the various departments and their responsibilities. However, details about the role of each employee are not always available (R2); in this case, one option is to approach the municipality's senior hierarchy, either elected officials or departmental directors (this is further discussed in sub-section 2.3).

Respondent R1 detailed other information to examine on the websites of municipalities:

- The composition of the committees of council,\* which in some municipalities include civil servants (respondents R2, R3 and R5 were members of such committees);
- The agendas and minutes of the meetings of these committees and of municipal council sessions, to learn which departments, or even which civil servants, contribute to which decisions;
- The municipality's budget, to identify which municipal departments disburse funds;
- The announcement of events such as information meetings about the municipality's projects, public engagement activities, or training sessions (for example, the municipality of respondent R1 offers training twice a year on how urban planning decisions are made).

### 2.2.2 PARTICIPATE IN EVENTS WHERE THE MUNICIPALITY IS REPRESENTED

Participating in events such as those described above enables one to learn more about what the municipality is doing and to identify the personnel involved (R1, R2, R3). Some of these events are intended primarily for residents and are held outside working hours; however, in the respondents' opinion, health authority professionals would be welcome.

Moreover, respondent R2 gave two examples of invitation-only events, one organized by the municipality, the other by the regional health authority, intended to foster contact between their personnel and that of other organizations. This respondent emphasized the usefulness of these events: meeting certain people, understanding what their work involves and being given contact lists made her aware of who to turn to in these organizations. These examples remind us that individuals do not have sole responsibility for identifying contacts: the organizations for which they work can also take initiatives in this regard.

### 2.2.3 BE GUIDED BY SOMEONE

Other tips for identifying contacts included consulting public health colleagues who have already approached the municipality about a related topic (R4), or contacting a municipal civil servant with whom one already has an informal relationship so as to be directed to the relevant persons among the contact's colleagues (R1). Respondent R2 gave an illustration of this second situation: approached by researchers working on physical activity among seniors whose expertise did not directly relate to her own field of work, she was able to direct them to the appropriate municipal departments (in this case the Recreation Department and the Public Works Department – because of its role in installing pedestrian and cycling networks).

### 2.2.4 CONSULT PROFESSIONAL ASSOCIATIONS

Respondent R1 pointed out that certain types of municipal civil servants, such as urban planners or engineers, are members of professional associations. By exploring the websites of the local branches of these associations, or by participating in their events (for example, lunchtime conferences), one can identify members who are municipal civil servants.

Finally, respondent R4 suggested trying to use several modes of identification: "You have to knock on several doors, and at some point, one of them will open."

#### Key considerations

- What you can do to identify contacts:
  - Study the website of the municipality, and in particular:
    - the description of the various departments and their responsibilities (and, if the information is available, the responsibilities of civil servants); this also allows you to verify whether the municipality is taking action in your area of work;
    - the composition of committees of council;\*
    - the agendas and minutes of meetings of the municipal council and of committees;
    - the municipality's budget;
    - the announcement of events such as information meetings or public engagement activities;
  - Participate in events related to your field of work;
  - Ask for help from public health colleagues who have already approached the municipality, from a municipal civil servant with whom you already have an informal relationship, from a municipal departmental director or from an elected official (see also the green "key considerations" box that concludes sub-section 2.3);
  - Consult professional associations to which certain types of municipal civil servants belong (look at their websites, participate in their events).
- What your organization can do: organize an event to establish contact with certain municipal departments.
- You can maximize your chances of identifying the relevant contact persons by making use of several of these options.

## 2.3 Is it relevant, or even necessary, to approach the municipality's senior hierarchy?

---

### 2.3.1 REASONS FOR DOING SO

Some municipalities do not publish a complete directory of their personnel online. On the other hand, departmental directors are more often identified on websites, as are elected officials (R5). They may be the **only contacts that can be identified** by an external actor; therefore, you may approach them to be directed to the relevant municipal employees for the subject you wish to discuss. Almost all the respondents (R1, R2, R3, R5) suggested municipal departmental directors as a possible entry point. For his part, respondent R5 stated that approaching a municipal councillor is the most effective way to get a response. However, he also acknowledged that elected officials are less aware of the details of case files than directors and other civil servants.

Approaching the municipality's senior hierarchy (elected officials or management) is not only a practical matter related to the availability of names and contact information. Respondents gave other reasons, which varied, and which appeared to reflect their professional experience and their experience collaborating with public health.

Respondents R2 and R3, who had little experience collaborating with public health and who had only been performing their professional roles for a few years, indicated that municipal civil servants must feel they are **authorized** by their senior hierarchy to devote time to interactions with external experts. For example: "Usually, if our director is approached first, and then if he feels like it's a valuable thing to pursue, then he'll direct us accordingly [...] So approaching him would be the best channel in order to get the information that you need" (R3).

The other respondents, who had more professional experience and therefore may have been more at ease, did not address this aspect, even though they clearly acknowledged the role of the senior hierarchy. Such was the case for respondent R5, who suggested that external experts approach municipal councillors because "elected officials make up Councils, Councils then inform directors, directors then inform their managers and coordinators, and then it trickles down to the staffers that actually do the work." But unlike respondents R2 and R3, he did not adopt the perspective of a civil servant whose work must be authorized, but rather that of an external expert who wishes to **elicit a response** when approaching the municipality (he had himself been in this position before becoming a municipal civil servant).

As for respondents R1 and R4, who had collaborated with public health over several years, they spoke about the **role of the senior hierarchy in formalizing collaborations** once civil servants at the professional level are already convinced of their relevance. For example, respondent R1 had arrived at the point in her collaboration with the regional health authority where, in order to go a step further, it was necessary to convince senior management and elected municipal officials of the value of this collaboration and the relevance of formalizing it. This was needed, for example, to ensure a place for representatives from public health in municipal urban planning consultation processes, or so that the City would adopt regulations obliging real estate developers to comply with certain health-related guidelines.

The statements of respondent R4 clearly implied that major collaborative projects require at least the authorization of the administrative hierarchies of the organizations involved. He also stressed that elected officials need to be willing to throw their political weight behind controversial projects for these to move forward. He gave as an example the establishment of supervised injection sites,\*

which professionals had been working on for years, but which had gone ahead only when a new mayor agreed to support the project.

### 2.3.2 MAINTAIN PROFESSIONAL TO PROFESSIONAL EXCHANGES

Though the role of the senior hierarchy was acknowledged by all respondents, this does not imply that one should avoid directly approaching municipal civil servants. In fact, all the respondents considered it normal to be approached, and even respondents R2 and R3 who expressed concern about obtaining the approval of the senior hierarchy, did not think this was necessary for the informal exchange of information between professionals.

Even in the case of more sustained interactions, respondent R2, in underscoring the importance of maintaining communication both between professionals and between hierarchies, advised: "making sure you have buy-in from senior management, but also not forgetting to make sure that there is staff-to-staff contact happening. Because at the end of the day, that staff are the ones working on it." In the same vein, respondent R1 pointed out that it is the professionals who have "that day to day working relationship," and she felt they should make sure "that the conversation happens, that we don't leave it to somebody to make the decision about, yes or no we should involve [the regional health authority]."

### 2.3.3 WHO IS BEST PLACED TO APPROACH THE MUNICIPALITY'S SENIOR HIERARCHY?

The statements of several respondents (R3, R4, R5) indicated that they did not consider it inappropriate for **public health professionals** to approach departmental directors or elected officials – not to pursue a dialogue with them, but rather to be directed to the relevant contacts among municipal employees.

On the other hand, respondents R1 and R4 spoke of cases of **senior hierarchy to senior hierarchy** contact: between directors at the regional health authority and the municipality's chief administrative officer,\* between the medical officer of health and the mayor, and between senior administrators in the department of health and one of the municipality's deputy chief administrative officers. These cases concerned important issues: the purpose was either to discuss formalizing a partnership between the organizations, to implement a project of a politically sensitive nature, or to resolve a point of tension between the organizations. Thus, senior hierarchy to senior hierarchy discussions seem to be reserved for major issues.

**Municipal civil servants** themselves can approach their superiors to defend the relevance of interactions with public health and, even though they may rely on the collaboration of public health experts to prepare to do so, they have the advantage of being better positioned than these experts, since they are acting from within the administration. Three respondents described their role in this regard:

- "If our director is approached first, [...] most of the time when [collaborative] projects come in like that, he'll ask us for comment [...] If people approach me directly, [...] if it's a valuable thing, then what I do is I'll talk to my director and say, 'you know, this is a worthwhile thing, I think we should do it'" (R3).
- "In my most recent briefing note to senior administration, that was again reiterated, this notion that health is, should not be seen as just another stakeholder, but a more strategic partner because we do have common, broader objectives that are beneficial to the common, to everybody in our community" (R1).

- "I'm going to meet again with [X, an expert from the regional health authority] in a few months, she's going to try to convince [the borough] to issue an occupancy permit to park [a mobile supervised injection unit\*] somewhere in our territory; well, I'll be the gateway. I'm well positioned to convince my director, and then her bosses, that this project is a valid one. And I have plenty of arguments; back then I wrote the letter by virtue of which the mayor [of the central municipality] approved the project. So I still have the draft letter, and I can call up all the arguments about reducing the number of discarded syringes, reducing infections among our citizens" (R4).

### Key considerations

- It may be necessary to approach the municipality's senior hierarchy (management or elected officials – most of the respondents seem to prefer the former):
  - if these are the only contacts you are able to track down;
  - if your contacts among the municipal civil servants consider it preferable, for various reasons;
  - if the issues to be discussed are of high importance;
  - if it seems to be the most effective way to get the municipality's attention (to be assessed carefully; it could be counterproductive to bypass professional level civil servants, with whom you will eventually have to work).
- Given the situation, who would be best placed to approach the municipality's senior hierarchy: public health experts (professionals, researchers), decision makers in the public health sector, or municipal civil servants acting from within?

If you are already in contact with municipal civil servants, try to solicit their opinion about this.

Also consult your own senior hierarchy. The option chosen will probably depend on your organizational culture and on the pursued objective (for example, approaching the director of a municipal department to be directed to a contact in their team does not raise the same issues as discussing a crisis situation that the municipality and the public health authority are addressing in a diametrically opposed manner).

### BOX 1 - A BIT OF BACKGROUND: MUNICIPAL CIVIL SERVANTS AND THEIR SENIOR HIERARCHY

It is important to understand this relationship to assess not only the effectiveness of approaching a certain type of actor within a municipality, but also the issues associated with doing so.

#### How municipalities function in principle

A municipality is divided into two branches: the administrative branch, composed of civil servants, including management; and the political branch, composed of elected officials (municipal councillors and the mayor). Most municipalities in Canada have a chief administrative officer,\* who is the most senior municipal civil servant. In principle, this person is the only interface between civil servants and elected officials, and communication passes up and down through a chain of command: from elected officials to the chief administrative officer,\* to different levels of management, and then to other civil servants; and the other way around. Some respondents (R3, R5) explicitly described this mode of functioning, and all the respondents were accountable to their immediate supervisor.

### **Direct contact between professional level civil servants and elected officials**

Opportunities for direct contact exist, but they are formally structured and, in principle, exceptional: for example, a civil servant may give a presentation during a municipal council meeting. Nevertheless, many of the respondents mentioned having informal and fairly frequent contact with elected officials.

This seemed to be **related to the work context**. In larger municipalities, the separation between elected officials and civil servants seems to be more generally respected. However, in small and medium-sized municipalities, where administrative and political teams are smaller, there is naturally greater proximity. For example: "this proximity to [elected officials] is greatest in the borough, of course. We're practically sitting in each other's laps. We run into them all the time, it's smaller... The mayor, when I was at the central City, I crossed paths with him five times. In the end he recognized me. But in [the borough], I see the mayor [of the borough] at every activity" (R4). Civil servants who are members of a committee of council\* (and here again, according to the respondents, this is more often the case in smaller municipalities) are also positioned to interact with the elected officials who sit with them on these committees (R2, R3, R5). In such situations where interpersonal relationships can develop, elected officials sometimes directly approach a civil servant to discuss case files.

This can become **problematic**. All the respondents explained that it is normal, as civil servants, for them to follow the directives of the municipal council, to implement its decisions, and to respond to the questions elected officials put to them. However, direct and personal interference in their work by elected officials raises issues: "We are really in very close proximity, which can be uncomfortable at times [...] There is tension now between the team in power and the opposition team, and yes this creates discomfort" (R4). In the case of respondent R5, whose job it is to review development applications for real estate projects, certain interventions on the part of elected officials are particularly out of place: "[Councillors] might have a conflict of interest, they're friends with the developer, or friends with a resident and owner of a property. That may sway their opinion on whether or not an application should go forward [...] Then it becomes tricky if, say, the planner does not look on an application as being suitable [...] In a smaller-scale municipality [...] it's inevitable that they have these off-line, informal conversations, like, 'You should really approve that development!'; and if you don't, 'Ha, ha,' but there's some seriousness to that" (R5).

In principle, the **administrative hierarchy acts as a buffer** to prevent civil servants from being pressured – this is also one of the reasons that communication is expected to pass through the chain of command. In some cases, this seems to work: "Our management is there to protect us. So we are not subjected to undue pressure, we just participate in exchanges, and personally I find that enriching, I have no fears, I have solid convictions and my work is solid: if an elected official asks me something, it's 'Yes Sir, very well,' and then I'll refer it to my superior. In any case, I don't feel conflicted, I don't feel I'm a victim to this kind of pressure" (R4). The urban planner R5 also acknowledged that his supervisors try to protect him, but he pointed out that in medium-sized municipalities like the one in which he worked, it is nevertheless difficult to prevent elected officials from indicating their preferences: "Inevitably, you're going to have those sort of warnings in the hallway."

### **Initiatives of the administrative branch aimed at elected officials**

On the other hand, what types of initiatives are taken by civil servants (management and others) in the context of their interactions with elected officials? Of course, when civil servants make proposals, it is the municipal council that decides whether or not to approve them. However, two respondents indicated that they attempt to educate and influence elected officials.

The urban planner R1 considered it necessary to develop their understanding of the nature of urban planning, the objectives it can achieve, its natural links to public health, and the need to devote more resources to this area and to strengthen its means of intervention: "I think there's a lack of general understanding within the community and maybe within our political leadership, that is sort of the first step that we need to work on to sell people on the notion that we need to find better ways of doing things." However, she viewed this process as extremely challenging.

Respondent R4 appeared somewhat more confident, while still recognizing the limitations of the role of civil servants: "We play an advisory role for elected officials. There are all kinds of elected officials. We have to educate them a little sometimes. It's a bit like walking on eggshells all the time, because they have a legitimacy that we don't have. If an elected official wants to go in one direction, we don't have a choice... They're the ones who have an overview, who tell us: 'I want to be *there* in two years.' Our role is to work with our superiors to see how we can reach the objective proposed by the elected official. [In some cases], you have to try to change their mind, redirect them diplomatically." The challenge is greater when the civil servants are promoting collaboration between different fields of municipal action that are overseen by different elected officials, as in the case of the same respondent (R4): "Social planning is a particular case, our bosses, our superiors, are answerable to many politicians. The day before yesterday I was talking with a division head who was answerable to five elected officials. So her responsibilities compel her to work with five elected officials, regularly. So she takes her orders from these elected officials and she has to pass down these mandates to the professional level. So sometimes it's complicated, contradictory, sometimes there are instructions that need to be clarified."

#### **Professional level civil servants and their senior hierarchy: how much influence, what degree of latitude?**

The influence of civil servants on their senior hierarchy, management and elected officials, seems to depend on the context. Respondent R4 pointed out that the political environment may be more or less favourable: some elected officials are convinced of the relevance of his field of work, social planning; others, less so. He also perceived an added level of difficulty in large municipalities: "I see the City as a huge ocean liner, which is very heavy, and headed in one direction... Changing course takes a lot of work. It's more difficult to change policies at the level of the central City, I think" (R4). Respondent R1, who works in a large municipality, also gave a measured response: "I'm kind of low on the totem pole. And I don't know to what level the thought is that things can go smoothly or would go smoothly [in a partnership with the regional health authority], whether the belief is there, above me. I try as much as I can to sell my belief that this is a good relationship."

On the other hand, respondent R4 pointed out a strength possessed by civil servants, as compared to elected officials: "We're a bit like the custodians, us, our position is not called into question every four years [...] We have to respect the broad directives, but we have quite a bit of leeway." As regards the administrative hierarchy, he did not see it as a burden, but his comments on this subject depicted his experience in a borough hall, which is a small structure: "I see a difference between the hierarchy of my partners in the health network and mine in the borough. It's easier in the borough, I have ONE boss. I write letters for my director, I write the letter, and then she signs it. At [the regional health authority], at the time, there were six levels, and the letter that came out bore no resemblance to the [original version]." He also pointed out the freedom he is given to attend political events, greater freedom, according to him, than is given to public health professionals: "My colleagues at [the regional health authority] didn't have permission to go to public gatherings, they were not paid if they did go; participating in events that were a little political was frowned upon by [the regional



health authority]. Whereas we were encouraged, at the time, to go to where things were being contested [for example, a protest event to raise awareness about the situation of homeless people]."

### **Key considerations**

- In the municipality that you wish to approach, what are the relationships between the civil servants and the elected officials involved in your area of work? What are the relationships between professional level civil servants and management?

It is difficult to "read" these situations from the outside, but you can be observant of certain factors; for example, the tone of exchanges between elected officials and civil servants during a meeting open to the public, or hints made by a civil servant during a discussion with you.

Smaller municipalities seem to be environments where interference by elected officials in the work of civil servants can occur more easily, but they are also environments that can provide professional level civil servants greater latitude and influence.

- Based on your observations, what can you deduce that could be useful to you in your attempt to share public health knowledge so as to influence municipal policy? Do you perceive risk factors; opportunities that can be seized?

When preparing to approach a municipality, identifying contacts and informing oneself about the municipality's actions are complementary processes.



## 3 What action is the municipality already taking in my field of work?

### 3.1 Why inform oneself?

---

Three respondents (R1, R2, R4) emphasized the relevance, for external experts who wish to share knowledge, of learning about what the municipality is doing. The effort made is appreciated by civil servants and inspires their trust (R2, R4). In addition, this allows external experts to act strategically and constructively.

#### 3.1.1 INFORMING ONESELF TO ACT STRATEGICALLY

By examining the degree of compatibility between one's objectives and those of the municipality, one can determine how to position oneself.

These **objectives** may be **shared**. Several respondents (R1, R2, R4, R5) saw a synergy between public health's objectives and those of the municipality, e.g. in the fields of urban planning, services for seniors, food security, sports and cultural facilities, or green spaces. The common denominator between these organizations, according to respondent R4, is that they all aim to improve quality of life.

Conversely, **conflicting objectives** may be apparent in different approaches to managing a problem. For example, in responding to homelessness, the main goal of the municipality might be to maintain public order. However, if the municipal police department adopts a repressive approach toward homeless persons (issuing tickets, dismantling their shelters), this interferes with the services that public health is trying to offer them: "All the field workers blamed us for, through our interventions, pushing those they were protecting still further into dark corners where they lost track of them, they could no longer come to their aid, provide them with clean needles, offer them support" (R4).

An intermediate situation arises when there are **tensions between the various objectives pursued by the municipality**, only some of which are compatible with the objectives of public health. For example, the adherence of a small municipality to the goal of promoting health by offering healthy food choices at the concession stand of the municipal arena was in conflict with its goal of collecting revenue, because some healthy foods did not sell well (R3); the adherence of another municipality to the goal of creating supervised injection sites\* clashed with the concerns of municipal actors regarding the reactions of residents: "There are important social coexistence issues, the 'not in my backyard' issue, it's a project that doesn't go down well in neighbourhoods" (R4).

Often, the existence of tensions between the municipality's objectives reflects **differences in the approaches of various municipal actors**. For example, differences between urban planners and elected officials: "we as planners buy into this whole notion of healthy communities, but there's a lot of political dynamic that is at play and perhaps sort of political and community lack of understanding of what is good urban development to support health outcomes, sustainability, economic objectives, all of that" (R1). Another example is the differences that can exist between urban planners and municipal engineers: "The more progressive philosophy is to take space from our streets from cars and give it to pedestrians to make our streets safer, and to invest more money in pedestrian infrastructure. So you've got kind of an old school and a new school approach. The new school approach is more informed by planners and planning, whereas the old school approach is more informed by just engineering and standards" (R2).

In an environment with two levels of municipal government, it may be that objectives differ, but the higher level imposes its objectives. Respondent R4 explained that funding allocated by the central municipality influences the objectives pursued by the borough halls: "The boroughs are always somewhat disappointed, because the central municipality has its own priorities, its own strategy, its own concerns, which are not necessarily those of the boroughs." Respondent R3, for his part, was working in a small municipality whose orientations could be influenced by those adopted by the regional municipality. For example, in reference to a project promoting physical activity and healthy eating in children, he stated: "That was a regional initiative that was brought forward... obviously, our Mayor sits on the Regional Council, so... you just have to roll with and change your priorities as they come up."

Having identified the objectives of the municipality concerning their field of work, external experts are then able to reflect on how to handle divergent goals and highlight common objectives. Respondent R1 acknowledged the skill of her partners in the regional health authority: "what was really smart of them was to draw the connection between health and how health has been articulated in our development plan,\* to demonstrate the common objectives that we have [...] Highlighting that commonality has been key, I think, in terms of building and growing interest in collaborating with health."

### 3.1.2 INFORMING ONESELF TO ACT CONSTRUCTIVELY

Learning about municipal programs and the intervention tools used by the municipality (bylaws, standards, guidelines) also helps external experts determine which aspects of their knowledge could be useful: "Because that allows you to get into constructive discussions about where do things need to get fixed [...] so that you can focus on those instead of having a discussion about principles, which I think everybody in general can agree on [...] So to me, it's constructive when [external] experts come with an understanding of what are the pieces that need to be fixed rather than just saying, 'this is what we wanna see' " (R1). We will explore this topic further in section 5 which describes the types of knowledge that municipal civil servants consider useful.

#### Key considerations

- With regard to the topic you wish to discuss, what are the points of convergence and divergence between your organization's objectives and those of the municipality?
- If different municipal actors or different levels of municipal government are pursuing divergent objectives, is it possible that one will prevail over the others?
- Do you make sure to emphasize shared goals?
- When your objectives and those of municipal actors diverge, do you consider ways to resolve tensions? For example: by acknowledging the concerns underlying these divergent goals and trying to find common ground; by first approaching the municipal actors whose positions are most compatible with your own, and if possible, working with them to prepare a strategy for approaching the others.
- Are you well enough informed about the municipality's programs and intervention tools to be able to indicate to your contacts how your knowledge can be useful to this or that specific aspect of their work?

Of course, one needs to know where to find information about what the municipality is doing.

## 3.2 How to inform oneself

---

The advice from respondents (R1, R2, R3, R5) to external experts who wish to learn about the work being done by a municipality is roughly the same as their advice for identifying contacts:

- Study the municipality's website and the documents presented there:
  - to identify the responsibilities of the various municipal departments, the programs available and the projects underway;
  - to get an idea of how the budget is distributed among the municipality's various fields of action;
  - to understand the municipal decision-making process and keep abreast of current concerns by consulting the agendas and minutes of municipal council meetings and, if applicable, of committee meetings;
- Participate in information events or public engagement activities organized by the municipality;
- Go to the counter of the Planning Department to request information. According to respondent R5, this is an effective approach as long as you ask specific questions: "if, say, a public health expert was to go to a counter and say, 'I'm interested in knowing what the municipality is doing in terms of creating a healthier city for its residents,' the person at the counter would likely say, 'well here's our official plan, it outlines how we plan [land] use,\* everything from transportation to recreation, it's all in here.' In other words, [...] when you show up to the counter it shouldn't be sort of general information, it should be more specifically tied to a parcel of land, a development scheme."

However, almost all of the respondents acknowledged that it is difficult, from an outside perspective, to arrive at a detailed understanding of what the municipality is doing. Indeed, a lot of information is available: "With the accessibility of meeting minutes, staff reports, if someone said, could you have three staff reports pertaining to this planning issue, one from British Columbia, one from Alberta, one from Nova Scotia, in ten minutes, I could pretty well do it. Because it's just so accessible on these cities' websites" (R5). However, as respondent R1 acknowledged, the information accessible on websites varies according to the municipality. Some respondents did not minimize the difficulty of understanding who is doing what and how the municipality functions because it took them time to achieve this understanding of their own municipality; for example: "I've been here three years and I feel like I just now understand how decisions are made [...] We could even use that, like, I always say it would be great [...] to have an internal webpage that houses the bio of every person in the City, what they do, who they are, what are their current projects" (R2).

In fact, what the respondents expect is for the external experts who approach them to have made some effort to inform themselves. As expressed by respondent R2 when speaking of one consultant: "She did her homework." Several respondents (R1, R4) recommended following this up by asking a municipal civil servant for more information.

### Key considerations

- It is appreciated when you make an effort to learn about what the municipality is doing, using the means that are available to you:
  - examining the information available on the municipality's website (programs and projects, budget allocation, agendas and minutes of council meetings and of committee meetings);

- participating in information events and public engagement activities organized by the municipality;
- if the municipal department you are interested in has a counter, going there to request information.
- Subsequently, it is quite acceptable to query the municipality's personnel to refine your understanding of what the municipality is doing.

We now turn to a discussion of ways to approach municipal actors and the reactions to expect.

## 4 How to initiate contact

### 4.1 Various ways to approach municipal actors

---

The respondents mentioned various ways to initiate contact, ranging from the most informal to the most formal:

- approaching civil servants at public events: information events or public engagement activities organized by the municipality, conferences organized by professional associations (R1, R3);
- inviting civil servants to a knowledge sharing activity; for example, researchers had invited respondent R2 to the screening of a documentary on active ageing;
- approaching civil servants at events organized by the municipality or by other organizations specifically aimed at establishing connections between their respective employees (R2);
- emailing or calling (R2, R4);
- sending a formal letter (R5).

Some respondents expressed specific preferences:

- "The best way would be to kind of like... send an email with the information that you're looking for from us [...] And then a follow-up phone call to say, 'Hey, did you get it, is this something we can talk about?' and scheduling a time to talk about it" (R3).
- "An email that leads to a meeting. I'm from the old school, I still like human contact, I prefer being face to face. I find that more enriching" (R4).
- "Phone calls would not work as well as just showing up to the counter [at the Planning Department]" (R5), but this respondent afterwards explained that in his opinion the most effective approach is to send a formal letter to a municipal councillor: "The more you can formalize something, in a letter, preferably, a letter vs. email, and you could also scan it in [...] By sending one letter to your ward councillor, you'd get more reaction than six months of phone calls. It's something that, it really became impressed on me when I worked in a municipality for the first year" (R5).

In any case, the initial approach only serves to establish contact, with the aim of setting up a meeting to discuss things in greater detail. Also, the first person approached is often not the contact with whom you will work. Rather, the initial contact is a person whom circumstances have made more accessible, and they may be a professional from another municipal department (R1, R2, R3), the director of the department you are interested in (R1, R3, R5), or even an elected official (R5). The goal is to ask this person to direct you to the right contact people. However, as noted in section 2, if the issue to be discussed is an important one, it might be better for *decision-makers* in the public health sector to establish the initial contact with their counterparts in the municipality.

### 4.2 What reactions to expect

---

All the respondents seemed comfortable with being approached in an impromptu manner by external experts that they don't know. They indicated that municipal civil servants are used to being contacted in this way; for example: "In the planning field it's really common to reach out to other municipalities and ask them about their policies and... Getting a phone call from another organization, or an email, isn't uncommon" (R2). However, two factors seem key to the reaction of civil servants: their availability and the attitude of external experts when approaching them.

#### 4.2.1 RESPONSE TIME DEPENDS ON AVAILABILITY

Some respondents stressed that they do not always respond quickly because of their workload, even when they intend to respond favourably (R3, R4). Respondent R3 encouraged external experts to reach out again by email or telephone if their first communication goes unanswered: it may simply be that their inquiry got lost among the other files needing to be addressed.

Civil servants may have even less availability in small municipalities where smaller teams shoulder the workload. This is precisely the case for respondents R3 and R4 (for his work in the borough hall). However, respondent R1, who works in a big city, also complained about the lack of resources available to her department.

Additionally, civil servants who have a more operational role may have less room to manoeuvre than those who play a more strategic role. This was suggested by respondent R2: "My job is more strategic planning [...On the other hand,] when your job is to meet the day-to-day tasks and you have tight deadlines, and then that's something you're doing off the side of your desk, responding to these [other] emails. I guess that's why departments like mine exist, so that we can take a step back [...] The planners that are working on applications, they're just putting out fires." Respondent R5, who is precisely this second type of urban planner, confirmed this comment, but added some perspective: "Sometimes you don't have enough time and energy to devote to this kind of research or in-depth study, because you're so caught up in your daily demands, just participating in meetings and writing reports. But you can also stay later one or two nights a week and do this kind of thing in a more peaceful environment, once the office is closed and the phones have stopped ringing." However, one cannot reasonably expect all municipal civil servants to make such a personal effort.

Nevertheless, the two respondents whose roles are more operational indicated that, in their respective fields, certain times of the year are less busy. Respondent R3, who works in the parks and recreation department, said that winter (between October and April) is the best time to approach him – because the rest of the year, his sector sees a seasonal increase in activity related to parks maintenance (which perhaps has even more of an impact given that he works in a small municipality with few permanent staff members). Respondent R5, an urban planner who examines development applications, noted that in the run-up to Christmas the municipality receives fewer projects. Therefore, in December he has more free time to consider other types of requests.

#### 4.2.2 THE ATTITUDE OF EXTERNAL EXPERTS IS CRUCIAL

The way municipal civil servants respond to approaches from external experts is very dependent on the attitude of the latter. Each of the respondents voiced expectations in this regard, expressing the hope that these experts would:

- **demonstrate professionalism:** "if you have concerns, and you're serious, and you're articulate, of course... Public health experts are not just these neighbours who are dismayed about, you know, what's happening. In other words, when there's a level of professionalism to that letter, it's treated in kind" (R5);
- **avoid head-on criticism,** which is often directed at municipalities. According to several respondents (R2, R4, R5), one reason for this is their level of government is the most accessible to citizens wishing to express complaints: "It was an open dialogue [with researchers], and nobody was kind of going off about how horrible the City was or anything like that. So that was good" (R2);



- **take into account their workload:** "I think a lot of people have their own agendas and they think that we can... yeah, I don't think that people are aware of the workload that municipal staff have [...] When you propose a project, one factor is just consideration of the time on the other side of the coin. There's other things to the job, other than the project that you're proposing" (R3);
- **make an effort to learn** about the work being accomplished by the municipality: "That the person has looked into what we are doing in [name of the municipality], that she has already done a minimum of research, this inspires our trust as well" (R4);
- **have a humble and constructive attitude:** "Don't approach the City saying, 'I am an expert and this is how you should be doing it,' but approach them, 'I think I have something to contribute to your processes.' And then focus the conversation more on trying to learn or ask questions about the City process, or where they can learn more about the City processes, to understand where their expert knowledge may be relevant" (R1).

The attitude of external experts is important right from the very first contact, which is often crucial to determining whether municipal civil servants will choose to follow up: "In the space of a single meeting, we can pretty well size up the situation: is the person serious, can their contribution move us forward?" (R4).

#### Key considerations

- The various ways of initializing contact are quite simple and well received by municipal civil servants: taking advantage of events to approach them, sending an email or a letter, or calling. Often, this entails taking advantage of an opportunity that presents itself, even if this means asking the person you've approached to redirect you toward their colleagues.
- One needs to be patient, especially when approaching municipal civil servants with a more operational role. But it is acceptable to politely follow-up.
- Given your contacts' field of work, is it possible that certain times of the year are less busy for them? For example, during winter for parks and recreation staff, or during the month of December for urban planners who examine development applications.
- The impression you make during the initial contact is important: do you adopt a professional tone that is not overly critical? Do you keep in mind that you are addressing busy professionals? Do you demonstrate that you have looked into what the municipality is accomplishing in your field of work? Do you demonstrate that you are just as ready to learn from your contacts as you are to share your knowledge?

The response of municipal civil servants to an initial contact also depends on their perception of the usefulness of the knowledge that external experts are sharing. This is the topic of the following section.



## 5 What types of knowledge do municipal civil servants find useful?

Almost all the respondents commented on the content of the information they expect from external experts, whether during an initial contact or subsequently. They valued knowledge with a concrete focus; they also expressed certain expectations with regard to public health knowledge in particular; but they indicated that this knowledge usually needs to be "translated" to suit their needs.

### 5.1 Knowledge with a concrete focus

---

Respondent R4 summarized the situation as follows: "We're always somewhat action oriented, we're perhaps less about reflection than you are [in public health] [...] We're focused on the concrete." With regard to the knowledge shared by external experts, respondents mentioned the need for concrete information defined by three characteristics: they wanted specific details, examples of interventions implemented in other municipalities, and local data or data from comparable settings.

#### 5.1.1 SPECIFIC DETAILS

The urban planners R1 and R5 wanted exchanges with external experts to be focused on specific details, and not just on broad principles. For respondent R5, this meant providing specific comments on development applications: "We circulate applications to these bodies and we request their comments. And some of them are... they're not hard and fast technical comments [...] We receive comments that are like, 'Well, it's contributing to urban sprawl,\* it's not as dense as we'd like to see, therefore we'd recommend that the developer change the proposal.' A lot of times it's good in theory, it's just not particularly good in practice. It's way too vague [...] I think the more that the public health agency could provide constructive comments, that means specific [, the better]."

Respondent R1 expressed the same desire for detail, but in the context of discussions about the City's urban planning policies and the way they are implemented: "it's constructive when [external] experts come with an understanding of what are the pieces that need to be fixed rather than just saying, 'this is what we wanna see' [...] They keep telling us over and over again, 'We want a healthy community, we want a healthy community.' We know you want a healthy community, we want one too, but you need to find a way of getting the discussion focused on the pieces that matter, rather than the principles of what you're wanting to achieve" (R1).

#### 5.1.2 EXAMPLES OF INTERVENTIONS IMPLEMENTED IN OTHER MUNICIPALITIES

Several respondents (R1, R4, R5) spontaneously mentioned programs or tools that have already been implemented in other municipalities, and it can be inferred from their comments that they value this type of information. For example: "I have colleagues who have visited, with people from [the regional health authority], the [supervised injection] sites\* that exist in Barcelona. We've had European, French, Swiss examples" (R4); "[the collaborative team of police and social workers] that I am talking about is based on an American model" (R4); "through some of the discussions we've had with Health, where they've identified 'This jurisdiction's got this tool in place, and this tool in place,' it has increased our awareness of the kinds of tools that exist that effectively implement that policy" (R1).

### 5.1.3 LOCAL DATA OR DATA FROM COMPARABLE SETTINGS

Almost all the respondents (R1, R2, R4, R5) seemed to value data collected as locally as possible, and if this was not available, they preferred data from similar municipalities, ideally within Canada. For example: "If I'm doing a research project or report on cell towers, and where they're to be permitted in a municipality, I'd like to do some sort of cross-Canada best practices type of research. In other words, I'll look at municipalities of a similar size, and then maybe another province, or maybe a series of other cities in other provinces, and see how they have approached a similar topic" (R5).

## 5.2 The anticipated added value of public health knowledge

---

The respondents expressed various expectations with regard to *public health* knowledge in particular.

### 5.2.1 THE PROVISION OF NEW IDEAS

Firstly, they are seeking new ideas from this type of knowledge, new ways of approaching a problem (R1, R2, R5). For example: "when I read policy... as being a member of the Food Policy Council, I saw it in a different light. I saw it, rather than, 'this is sort of rigid... this is the type of [land] use\* that exists on this parcel and this is the type of use that exists on this parcel,' I thought more about the interconnectedness of parcels [...]; I thought more about the ongoing connectivity;" and this respondent (R5) went on to describe the path of a food product, from the place where it is grown to where it reaches the consumer.

Even ideas that shake things up can eventually bear fruit: "[X, a researcher], is an activist as well, who took up the cause of the marginalized [... She] was seen as a thorn in our side," but ultimately her work changed the way the municipality dealt with minor offences committed by homeless persons (R4).

Some civil servants may even be disappointed because they expect too much of an original contribution from public health, a sentiment expressed by respondent R1: "about two years ago, we invited health authority staff to sit at the technical advisory committee table on a project where an area master plan was being developed. And what we found was that they brought input into the area master plan layout discussion that was very similar to about five other people who were already at the table. Which made us ask ourselves, so what is it that Health can bring that adds value beyond what other people are already saying about how the area should be laid out in terms of supporting walkability and all of that?" It should be noted that this respondent was trying to have the regional health authority recognized as a privileged partner in her municipality, and that, in her opinion, a prerequisite was for public health to demonstrate its unique contribution.

### 5.2.2 SOLID EXPERTISE

In some cases, what municipal civil servants expect from public health is not new ideas, but well-established expertise to supplement their own or to inform them on topics they have not necessarily mastered. For example, about a sobering centre\* for homeless persons that the municipality hoped to create: "[Input from] Health was very very important, it was necessary to explain to us how the human body reacts to alcohol [...]. Ideally, when I work, I try to bring together strong players, and then benefit from their expertise, this is pure gold. Otherwise we're reinventing the wheel, and we often miss the mark" (R4).

### 5.2.3 THE PROVISION OF EVIDENCE

Respondents R1 and R4 valued the fact that public health can contribute evidence: "I am very happy when I can base myself on things that are well-founded, beyond just my perceptions [...] Research, the state of knowledge, plays a fundamental role. Often social service workers don't have this reflex. They have their theory, which is valid, but their theory is not always grounded in the latest research developments" (R4); "perhaps the health experts can bring the data that demonstrate that certain design attributes or certain urban form [built environment] attributes have significant impact, or to be able to quantify that, and to bring the proof to the table, that there's not just nice policy or nice planning ideas, but there's substance to these ideas" (R1).

This concern for evidence is not shared by all municipal civil servants, as indicated by respondent R4: "My colleagues who are focused on action, on the organization of public events, don't have this concern. But among [social planning] advisors, I think it's the norm. We all have to have at least a bachelor's degree, we often have more than that. We're used to working with research, we've done some ourselves." It is also worth noting that when respondents expressed their interest in interventions implemented in other municipalities, it was the examples themselves that interested them; none of them expressed a desire to see *evaluations* of these interventions. Thus, for municipalities, the impulse to imitate each other does not necessarily foster use of the most effective practices.

### 5.2.4 STRATEGICALLY USEFUL CREDIBILITY

Public health knowledge is seen to possess credibility which some respondents hope to use to convince others (R4, R5). For example: "I can see public health agencies providing some really clear, specific comments to these developments. If they're well written and on point, they could really have a lot of convincing power to municipal councils. [Interviewer: Because it's from Health?] Absolutely" (R5).

This respondent went even further, expressing hope that public health could provide some form of response to problems that citizens wanted the municipality to address. He gave the example of the siting of cell towers: "that [is] something that municipalities, we typically don't have a lot of input on, across Canada, because it is the domain of the federal government. But when area residents see that there's going to be a cell tower that goes up in their neighbourhood, they call the City and say, 'we have concerns about the cell tower.' And often, the concerns are health-related [...] The public is mad as hell and saying to the municipality, 'how can you let this happen?' and the municipality says 'we don't have any control.' " This respondent seemed to suggest that a collaboration between the municipality and public health would at least help offer a credible response to these concerns.

#### Key considerations

- Can you extract, from the knowledge you wish to share, specific details that your contacts in the municipality could find useful in their line of work?  
To do so, you must gain as much knowledge as possible about the municipal programs and processes related to your field of work (see section 3).
- If you are proposing a new intervention, have you verified whether it has already been implemented in comparable cities? Such examples could help convince your contacts.
- Is the knowledge you are offering supported by local data, or at least by data from comparable settings?

- Do you know what your contacts may be expecting from public health knowledge? Depending on these expectations, it might be useful to frame the knowledge you are offering accordingly, e.g.:
  - new ideas about how to tackle a problem;
  - knowledge based on solid expertise;
  - evidence (it might be useful to present data relating not only to what works, but also to what works *less well* or produces undesirable effects, to counter the impulse to imitate what is being done in other municipalities without critical reflection);
  - arguments that are likely to convince elected officials, the public, etc.

### 5.3 The need to "translate" public health knowledge

---

Regardless of the value they ascribe to public health knowledge, municipal civil servants wish to receive it in an adapted form, that they are able to use.

#### 5.3.1 WHAT KIND OF TRANSLATION?

The **need** for translation exists whenever professionals with different fields of expertise have an exchange. Respondent R2, an urban planner, noted both the ease of understanding between those who share the same profession, and the absence of such between individuals from different professions, even when there is a desire to listen. Referring to her meeting with a team researching physical activity among seniors, composed primarily of "surgeons and doctors and physios and OTs," she remarked that: "the woman who made the documentary films [that illustrate the team's research] was actually a planner, so her and I, we connected and we could really speak the same language [...] The other people there, because you're from a different background, I found myself just listening on and not having a lot to say, just because I was so keen of listening in [sic]."

Respondent R1, also an urban planner, noted that: "There aren't a lot of planners with a specific health focus, but it seems to be a field maybe that's growing" –a potential bridge, but still rare, with public health. Municipal civil servants who have previously worked in other settings also constitute bridges, as was the case for respondent R4: "I had worked with my future partners [researchers and community organizations] [...] And this was well looked upon by our elected officials, because I was the resource person with a little more credibility, able to make this connection." Even when such connections exist, and this is not always the case, the need to translate public health knowledge does not entirely disappear.

As regards **content**, for respondent R4, the translation of public health knowledge is a matter of pedagogy: "[This expert from the regional health authority] had at the time managed to explain the [supervised injection sites\*] project to us; it's very complex for a layman like me. She succeeded, through a lot of pedagogy, in mobilizing us" (R4). The quality of information sharing is crucial, not only for the quality of the interactions between public health experts and municipal civil servants, but also for the success of projects. For example, according to this same respondent, due to the pedagogical efforts of his public health partners, "we were well prepared to defend the project [of supervised injection sites\*] to the population" (R4).

In the urban planning field, where municipal orientations are embodied in regulations and formal decision-making processes, translating knowledge takes on particular significance. Respondent R1 reiterated this frequently, but it was a common concern for all three of the urban planners we spoke

with: how can the principles of health promotion and public health data be translated into concrete modifications to urban planning tools?

For example, respondent R1 stated: "I recently came across a website<sup>6</sup> [...] where they identified how to look at health in the context of a municipal development plan\* [...] I found that very helpful because we know there's data and there are reports, but taking that information and how do you make it relevant to the policy that you're working on [...] that's where the translation challenge exists [...] What do we need to do with our policy and how do we need to structure our implementation tools such as guidelines and zoning bylaws\* and things like that, how do we need to restructure them, what do we need to specify in those, to make them effective tools to respond to that data from those reports?"

This same respondent gave the following example: "we've got a policy that says 'Yes, we want healthy communities, and complete communities, where people can walk to their day-to-day destinations, they don't have to rely on a private automobile.' But how do we actually make sure that the decisions that we make on a day-to-day basis in terms of our infrastructure planning or review and approval of development applications actually meet those objectives?" (R1).

Translation also refers to the **format** in which knowledge is presented. Two respondents spoke on this subject. Respondent R2 had appreciated a documentary produced by a research team studying active ageing: "they showed these films of local [name of municipality] seniors who keep active [...] It was a really great example of translating research into a medium that people can understand." As for respondent R4, he said he appreciated reviews of resources he can easily scan: "I recently received an email, this is from a Canadian association which works with Aboriginal people... so, in the email, I can quickly go see the titles of the articles... I scan it, I don't read all the articles, but if there's an article that catches my attention, I'll make note of it. And, it's about the presentation: [...] I like the idea of the abstract, which allows you, in two paragraphs, to determine whether you want to read further. The organization of information, this is crucial. When it's too dense, you get lost in it."

### 5.3.2 WHO SHOULD TRANSLATE?

Responses varied between respondents who considered themselves responsible for translating the knowledge received and those who saw it as the responsibility of the external experts or as a shared responsibility.

For respondent R5, when the municipality submits development applications to other organizations, it's up to the urban planners to translate the comments they receive: "it's our responsibility to distil it down to really their main concerns, and also to dumb it down so that it can be consumed not only by members of the Planning Committee,\* by members of the Council, but also by members of the public [...] It's sometimes tricky: how much are we going to tone it down, and how much of the technical information are we gonna keep in?" External experts should therefore expect that the knowledge they share will ultimately be transformed.

Respondent R2, also an urban planner, pointed out that public health experts should at least avoid jargon specific to their professional field, which others cannot understand. And respondent R4, as indicated above, expected a certain amount of pedagogy from these experts.

---

<sup>6</sup> <http://designforhealth.net/>.

Respondent R1, an urban planner, was hesitant. First, she suggested that the need to have external experts translate the knowledge they share varies according to the resources available to the municipality: "where you have municipalities that work with significant resources dedicated to tracking and monitoring [the impact of their policies] and doing research, it's probably... the onus may need to be less on the [external] experts to bring, to translate that information." However, she ultimately concluded that the two parties should work together: "The planning experts should know what tools we have available to us [and, as she mentioned later, "the kind of tools that we need to put in place"] and perhaps the health experts can bring the data that demonstrate that certain design attributes or certain urban form attributes have significant impact, or to be able to quantify that."

### **Key considerations**

- Given the profile(s) of your contacts within the municipality (profession, degree of familiarity with public health, with research), can you estimate the scope of the effort required to translate your knowledge into a form that reflects their vocabulary and their concerns?

If you have several contacts, the needs may vary from one to another.

- Are your contacts willing to help translate the knowledge you are sharing so that it can be passed on to other actors within the municipality?

Expectations may vary from one person to the other. Some will want to collaborate with you on this translation.

- In all cases, your goal should be to enable your contacts to absorb and to understand the knowledge you are sharing so they become able to use it in their work or even explain it to others. This means that you should avoid jargon, adapt your information to their level of prior knowledge, offer easily digestible formats, and try to draw a link between the knowledge you are sharing and the municipality's fields of action or its processes (ideally, this last point should be further refined through discussions with your contacts).



## 6 How does one foster positive interactions?

Once contact has been established, and beyond the content of exchanges, how can good relations with municipal civil servants be fostered? Those we interviewed mentioned themes that may already be familiar to individuals who have had experience with inter-organizational partnerships and intersectoral collaboration. Nevertheless, their statements must be reported, as they express the specific concerns of these respondents.

### 6.1 Show respect

---

For four of the respondents (R1, R2, R3, R4), an understanding attitude on the part of external experts toward the work context of municipal civil servants, and quite simply a respectful attitude, without head-on criticism, are required for the maintenance of a good working relationship. For example: "There was a time when we really distrusted the community organization sector, because they would go to the media, because they criticized us" (R4); "their team [from the regional health authority] have really taken a respectful approach with us, which is greatly appreciated, it's less of a bullying approach. And they've been very sensitive about that with us, recognizing that there's learning and increased acceptance of issues that need to be part of the process, that you can't just come in and say 'We know the solutions, we're here to tell you how to do things' " (R1).

### 6.2 Be constructive

---

Another condition that promotes positive interactions, in the view of four of the respondents (R1, R2, R4, R5), is for external experts to be constructive, that is, to be ready to overcome unfamiliarity, or lack of understanding, or even initial mistrust (see Box 2 on the role of trust), to learn from each other, to explore options together, to provide concrete assistance during exchanges (for example, respondent R4 indicated that during some collaborative meetings, professionals from the local public health agency take charge of facilitating the meeting or taking notes), and to make compromises.

However, one respondent noted that it becomes less easy to make compromises as one moves further away from the simple exchange of ideas and closer to considering concrete actions: "when it is just sort of high-level discussions, then it's easier to say, 'Hey, this works for all of us.' But when you're throwing a real-world example and one body's interests are being better served than another body's interest, then there's more opportunity for conflict" (R5). One must expect to be faced with this type of situation.

### 6.3 Establish a true partnership

---

Respondent R4 was particularly sensitive to the quality of partnerships, perhaps because he works in the field of social planning, which necessitates collaboration with all kinds of partners. For him, this meant bringing together all partners at the very start of a project to allow them to actively participate in discussions. He also stressed the importance of reciprocity, that is, the expectation that organizations seeking the municipality's collaboration will in turn answer the call when the municipality requests their collaboration. Respondent R4 referred to one public health expert as: "a good example of that, because she accepted our invitations."

A true partnership approach promotes not only good relationships between the organizations involved, but also the success of projects. This same respondent pointed to a positive example, that of supervised injection sites\*: "We wouldn't be so far ahead with this project today, there wouldn't be as many green lights, if this preliminary work had not been so well done." He also gave an example of

a failure, namely that of a shelter for homeless persons that the municipality had created without adequately consulting other organizations with expertise in this area, and which quickly devolved into a locus of prostitution and drug trafficking: "We realized over time that this good idea was... that the road to hell was paved with good intentions. We had to close this place down and start over again. So from now on, we won't create a 'City' resource that seeks to meet every need; instead we'll go to partners from the sector who have expertise" (R4).

## 6.4 Build human relationships

---

Two respondents (R4 and R5) stressed the importance of human relationships in their interactions with external experts. In this regard, they noted that collaboration is easier when it involves a small number of persons or when the teams involved are smaller – even if this is not always possible. Respondent R5, who had represented his municipality on a food policy council,\* stressed the social nature of the experience, how he appreciated the presence of the other members, representing other organizations, and their shared 'passion' (in his words) for food and the promotion of food security.

### Key considerations

- What is your strategy with respect to the municipality? Have you weighed the pros and cons of an approach that puts more pressure on the municipality (for example, by contacting the media to denounce certain actions taken by the municipality) versus a cooperative approach?

The former approach might produce tactical gains in the short term, but at the expense of strategic gains over the long term because it undermines the establishment of constructive relationships.

- Have you tried to learn about the municipality's objectives and actions related to your field of work, and the reasoning behind these objectives? Are you ready to devote time and effort to ongoing exchanges with municipal civil servants? Are you willing to take their knowledge into account, even to reconsider your own positions? Are you prepared to deal with situations in which your objectives and interests diverge? (For more on this topic, see the green "key considerations" box that concludes sub-section 3.1.)
- Do you consult your contacts in the municipality before starting new projects?  
If you wait until you have already produced knowledge or recommendations, these may be inapplicable because they did not incorporate the expertise of municipal staff and do not quite reflect the reality of the municipal context.
- Do you accept invitations from the municipality?  
If you are in the early stages of establishing a working relationship with municipal civil servants, it would be relevant to indicate that you are open to such invitations.
- When possible, and to foster the human aspect of exchanges, can your organization limit the number of contact persons who interact with a municipal civil servant or team of civil servants working in a particular area of work?

## **BOX 2 - THE ROLE OF TRUST**

Trust is an essential ingredient of successful interactions. Three respondents spoke about this: the urban planners R1 and R2 and, especially, the social planning advisor R4, who had several times encountered a lack of trust between organizations in the context of his work on homelessness.

### **A question of organizations, individuals and time**

The comments of respondents indicate that trust matters at the level of both organizations and individuals. This is evident from the following examples given by respondent R4: "the City, at that time, managed homelessness in a way that was perhaps more authoritarian: The [municipal] police intervened, the police chased away the young people [...] So when I showed up for the first time representing the City [to the local public health agency], I was met with disapproving looks, everyone was very suspicious." "I remember one initial meeting, we wanted to develop a joint action plan to address homelessness, but everyone around the table was closed to the idea, [the community partners] refused to collaborate with the municipality [...] Fortunately, with time, I kept reaching out, and finally we made contact and ended up agreeing on an action plan." Thus, organizations may have a reputation that inspires either trust or mistrust, and interactions with their personnel can either confirm this reputation, or contradict it and, in so doing, change the perception.

In fact, the notion of time is central. As the above example demonstrates, perseverance is sometimes required. Moreover, a given situation is the result of a history of relationships, positive or negative, between individuals and organizations. As respondent R2 pointed out, it can be tricky to manoeuvre when you don't know the history: "in some cases you have to build trust, and you don't know what happened five years ago."

### **Taking the risk of overcoming mistrust**

In cases where trust is really lacking, collaborating is seen as risky: "It can be quite difficult to open up when relations are strained, it means taking a big risk" (R4). Resolving such situations depends firstly on individuals – including those in the senior hierarchy of the organizations – being willing to take that risk. Successful collaborative experiences then further contribute to overcoming mistrust. Respondent R4 gave the example of the creation of joint teams of police officers and social workers helping homeless people get off the streets: "We had the collaboration of a visionary from the health network [...] She had agreed to play the game, even though there was a lot of reluctance on the part of her staff [...] [These joint teams] were created thanks to the openness of the police, of [this manager in the health network], of her teams [...] This built the trust that had been so sorely lacking at the beginning, so from now on, when we meet with people [from the local public health agency], co-construction is possible." The lesson that this respondent drew was: "there have to be compromises on both sides, I think, if we want to make progress. But there have to be some small successes; personally I think it's these successes that enable the establishment of a relationship of trust."

### **Key considerations**

- What is the history, if one exists, of relations between your organization and the municipality? Between yourself and municipal civil servants?
- How do you think your organization is perceived by the municipality? How about yourself?

This perception might vary from one municipal actor to another. Ask yourself this question with regard to all those concerned by your field of work.

- What is your perception of the municipality? Do you think you are biased, either favourably or unfavourably?
- Are you working on an issue that creates tension between the municipality and your organization? What is the focus of this tension?
- Is there any common ground that could serve as a basis for dialogue?
- Are the issues involved significant enough for you to need the approval of your senior hierarchy, or their involvement, to initiate that dialogue?

We have just seen that establishing a relationship of trust can take time. Time must also be allowed for several other steps in the process of approaching a municipality.

## 7 What time frame should be expected?

Time was a recurring theme in almost all the interviews. The most successful collaborations mentioned by respondents R1 and R4 took five, eight, even ten years to be established. As respondent R1 summed it up: "it's not a one-time thing, it is a relation-building piece."

### 7.1 Allow time for establishing an initial contact

---

As was indicated in section 4, when trying to initiate contact with a municipality, one sometimes has to wait patiently for a response. Sometimes one also has to be persistent: re-contact the same person (R3), or knock on several doors when the first approach doesn't work (R4).

### 7.2 Allow time for developing a mutual understanding and building trust among professionals

---

Subsequently, one must allow time for the professionals within the organizations involved to develop an understanding of the issues. For example: "I'm thinking about [X, an expert at the regional health authority], who worked a lot on the issue of supervised injection sites.\* She really worked on us for years [...] She succeeded through a lot of pedagogy in mobilizing us, through many meetings" (R4). The same observation was made about the contacts of respondent R1 at the regional health authority, who had recognized that "there's learning and increased acceptance of issues that need to be part of the process."

As indicated in Box 2, when trust is not present at the onset, it also takes time and perseverance to establish it.

### 7.3 Allow time for convincing the municipality's senior hierarchy

---

Once your direct contacts in the municipality are convinced of the relevance of taking into account some public health knowledge or of establishing a collaboration, it remains to convince their administrative hierarchy and the elected municipal officials. For example: "initially there was the thinking that 'Oh, let's develop some tools here, that could do a better job of making sure that when a development gets approved it has all the attributes that we would like to see [from a public health point of view].' We recognized that we were NOT in an environment where we could pursue development of such tools. It was premature. We needed to sort of backtrack and build the case first [...] build the political interest in developing a tool like this" (R1).

In some cases, it may be necessary to wait until a new political team takes power: "The first mayors were much less open to the project [of supervised injection sites\*], they merely paid lip service to it, but they weren't ready to rise to its defence, which the present mayor has agreed to do" (R4).

### 7.4 Allow time for, sometimes, starting over

---

It sometimes happens, as in the example above, that a change in actors unblocks situations. But, sometimes, such a change means starting over: "the people who were relatively good champions of the collaboration with Health when we first started with [a one-year partnership between the municipality and the regional health authority] no longer work with the organization. So it sometimes means you have to rebuild or restart building those relationships over, every time somebody new comes into the picture" (R1). Even civil servants, who usually stay in office longer than elected

officials and can follow the evolution of ideas or projects over time until they obtain political approval, may withdraw their involvement when they change job positions (R1).

As respondent R4 pointed out, it is sometimes the municipality that must deal with changes in personnel within public health: "The reform [of the public health network] threw us for a loop. All the relationships established over the years have been turned upside down [...] Inside [the regional health authority], there's been a reshuffling of responsibilities that means we've just lost five years, easily, before the relationships can be rebuilt, the communication channels can become functional again."

Despite changes in job positions and institutional reorganizations, personal relationships can be maintained over time and allow for a degree of continuity: "For sure there's a game of musical chairs that plays out over time [...] Nevertheless, I talked to [X, an expert from the regional health authority] again recently because when I read [in the newspaper] that supervised injection sites\* had been given the green light, I wrote her a quick email. And sure enough, the mobile unit that is going to crisscross the boroughs that won't have a permanent injection site is going to come through [the borough where I work]. So I'm going to meet again with [X] in a few months [...] I'll be the gateway [...] The history we have persists over time. We've all moved around a bit. She, herself, has a new email, she no longer has the same [address]... We managed to reach out to each other despite all that. It's also like that inside the City [...] My successor on the homeless file can call me, and I'll give him access to things I prepared two, three, four, five years ago" (R4).

### Key considerations

- Building relationships and, above all, achieving results that impact municipal policies takes time. It is therefore advisable to adapt your expectations and to start early.
- In terms of your contacts, do you have some idea of the stability of their positions within the municipality, of the time frame in which you will be able to accomplish things with them?
- When one of your contacts changes job position, do you ask them to put you in contact with their successor?
- When you change your job position, do you notify your contacts in the municipality without waiting for the moment when you have need of them (in the meantime, they may be the ones who have need of you)?
- Even though municipal civil servants play a significant role in the development of public policies, it is elected officials who ultimately make the decisions. Have you analyzed the political context surrounding your field of work (if possible, with the help of the municipal civil servants with whom you are in contact), and do you take into account the date of the next elections?

Such an analysis may indicate that you should quickly take advantage of a favourable political context or, on the contrary, prepare the terrain (if possible with municipal civil servants) for when a window of opportunity opens (for example, when a new political team takes power).

## 8 Why formalize a collaboration with a municipality and what form should this take?

Sometimes, sharing knowledge in the context of interpersonal interactions is not enough to influence municipal policy; one must consider formalizing a collaboration.

### 8.1 Why formalize a collaboration?

---

According to some of the respondents, it is sometimes necessary to formalize a collaboration before it can truly get underway. For others, this is a way to elicit a contribution from public health organizations in the form of resources. Finally, for some, formalizing collaborations is a way to lend more weight to the recommendations made by public health organizations.

#### 8.1.1 TRULY INITIATING THE COLLABORATION

As respondent R1 indicated, "Sometimes we don't engage with people until it is an official project or process." However, the same respondent noted that collaborations often begin with informal interactions through which the parties get to know each other and build a relationship of trust: "The higher the level of trust and the more frequently informal conversations happen, the more likely it is for more formalized initiatives and relationships to be pursued, as a result of an increased understanding of the common interest and the value of working together." Several examples described by respondents R1 and R4 indicated that they had maintained working relationships with professionals in public health for a long time, sometimes years, before a collaboration between the organizations was formalized.

#### 8.1.2 SHARING THE INVESTMENT OF RESOURCES

Respondents R2 and R3 wanted public health organizations to contribute resources to help implement the guidelines they suggest to municipalities.

Respondent R2 hoped the costs related to urban planning could be shared: "The burden has been put on cities to make sure that we have a healthy built environment, but cities have limited finances. I think there's a real opportunity for partnerships both in terms of sharing information, but also in terms of financial... [...] If this is becoming a huge priority for our health authorities, to create a healthy built environment, then at some point I think, they'll need to be part of the financing of infrastructure that promotes the healthy built environment." This point of view might surprise public health actors, but it is possible that some of their contacts within municipalities share this view, and therefore public health actors should be prepared for this.

For respondent R3, it was crucial for organizations proposing joint projects to provide assistance to the municipality: "if they wanna do this project, then they need to put in some effort to get it off the ground. It's not like, 'We wanna do this project with you, kind of, here it is, here you go.' There needs to be some sort of resources or staffing that can come along with a project like that." For example, according to this respondent, for a project that entailed offering healthy food choices at the concession stand of a municipal arena, one form of concrete assistance from public health consisted of their suggesting healthy food ideas to the municipality and finding food suppliers. Thus, the help needed is not necessarily – or not solely – financial. Respondents R2 and R3 cited cases where their municipality had obtained additional funding for a project, but lacked the human resources to implement it. For example: "in terms of the age-friendly plan, the reason we went to a consultant was because we got a grant and it was an additional workplan item, so we needed somebody" (R2).

In fact, the magnitude of the external contribution can determine whether a municipality accepts a project: "research and things like that all take time, and sometimes we don't have that time to give. [Interviewer: So there may be an opportunity maybe to renegotiate, like if the partners were willing to manage a bit more of the project, that could be a 'go' on your side?] Yeah, I would think so, for sure. If they're proposing a project like that, we wanna help as much as we can, if we can" (R3).

Respondents R2 and R3, who were concerned about the resources public health organizations were willing to invest, both worked in smaller municipalities and repeatedly referred to the lack of resources from which their municipality suffered. In the case of respondent R2, this pressure on resources was compounded by the fact that her municipality is spread out over a relatively large area, including less densely populated semi-rural zones, which means it is more costly to extend the public transit system or pedestrian infrastructures as called for by public health actors. Conversely, respondent R4, who had worked in a very large municipality, stated: "I like being with the City because of that: we have more impact being in the City, because we have the budget, we have incredible means" – while specifying that his comment applied to the central municipality, but that the means of the borough halls, where he had also worked, are much more modest.

### 8.1.3 HAVING A GREATER IMPACT

Respondents R1 and R5 had seen cases in which the recommendations of public health experts had had no impact on municipal urban planning decisions, particularly decisions concerning the projects of real estate developers. For example: "We had Health at the table and they said, 'It would be good if it was laid out in this manner, and if there were pedestrian facilities and bike facilities provided along these routes within the neighbourhood.' There was no mechanism we had to require that... to actually get it into the plan. The proponent took the information, 'OK, sure, that sounds nice,' but they developed something... And this is a very negative representation of how it played out, but we don't have the tools yet to say 'In order for you to get approval for this, you have to respond to the specific design considerations that were brought from a health perspective' " (R1).

For respondent R1, the solution would involve formalizing the collaboration between the municipality and public health, such that not only would the City use health impact assessment tools in the context of its decision-making processes tied to urban planning, but it would also formulate binding standards based on these tools.

These reflections lead into a discussion of the possible forms of a formalized collaboration between municipalities and public health organizations.

## 8.2 What form might a formal collaboration take? A few examples

---

All the respondents gave examples of formal collaborations between their municipality and public health actors, characterized by varying degrees of continuity and intensity of collaboration.

Some of these formal collaborations lasted only a certain time:

- **Research-action projects** carried out with public health authorities and, in some cases, academic researchers. Respondents R1, R3 and R4 cited projects focused on the built environment, on healthy food, and on the presence of homeless persons in public spaces, respectively. Such projects rely on temporary funding, and so their sustainability is at risk even when they work well. Such was the case with this project involving offering healthy foods at the concession stand of a municipal arena: "I think the program itself, from the report that I received, was pretty successful [...] It's just, some of the items that they wanted us to provide, [...] they just



weren't selling once our trial was done. I think we still offer some, but we're not pushing it as hard because the grant is kind of over and the research is completed" (R3). However, respondent R4 indicated that the research project focused on homeless people in public spaces had more lasting results because it influenced certain municipal practices pertaining to the design of public spaces.

- **Consultative committees** which at a certain point had brought together the municipality, public health authorities and various other governmental or community organizations, and even businesses, to discuss a topic: healthy communities (R2), homelessness (R4), or food security (R5).
- The **one-time participation of personnel from the public health authority in a municipal technical advisory committee** focused on developing an area master plan (R1).

Other formal collaborations were ongoing – but some of them, by their very nature, were temporary:

- A **research-action project** aimed at promoting physical activity and healthy eating among children, and involving the participation of the municipality, the regional public health authority, other government departments and various community organizations (R3);
- **Programs offering services** to homeless persons (a sobering centre,\* joint teams of police officers and social workers) that involve the joint efforts of the municipality, regional or local public health authorities and community organizations, and that appear sustainable, given they have already existed for over five years (R4);
- **Consultative committees** bringing together public and community sector organizations (focused on children and youth services, local social development, or services for seniors). In the municipalities of respondents R2 and R4, some of these initiatives adhered to a collective impact approach (see Box 3).

Some respondents (the urban planners) suggested other forms of formal collaboration that did not yet exist in their municipality:

- The **transmission of development applications to the regional public health authority**, to elicit its comments (R1, R5);
- The **participation of public health representatives in committees of council\*** (R1);
- The signing of a **memorandum of understanding** formalizing a role for the regional public health authority in the revision of the municipal development plan\* which takes place every x number of years. Respondent R1, who proposed this, was studying similar initiatives adopted in other Canadian cities to draw lessons and ideas about how to proceed;
- The use of **health impact assessment tools as part of the municipal decision-making processes tied to urban planning**, with binding power. Respondent R1 proposed this idea, but still had questions about the use of these tools: "I don't know whether you would need to do that on a site, an individual site development application, or whether you would only want to do it on a subdivision or neighbourhood level, but also on any infrastructure that we build. And how do we incorporate that additional step of evaluation within an already very complex process of planning and design work?" She indicated her desire to become more familiar with such tools, in particular by examining those already being used in other Canadian cities.

### **Box 3 - THE COLLECTIVE IMPACT APPROACH**

Respondents R2 and R4 indicated that their municipality was involved in using such an approach together with public health authorities and other organizations. This approach is also currently being used in many other Canadian cities.

Respondent R2 described the approach as follows: "It's sort of a framework for making, kind of moving the needle forward on major, really complex problems [...] The idea is that the City would function as a backbone organization, and all of these other service providers or... volunteer organizations or whatever it may be, be part of it, and they pick a topic to move forward on. And so everyone's trying to achieve the same goal, everyone's using the same measures and indicators to measure the progress, everyone's being kept in the loop on what each other's doing as the City kind of plays the role of the facilitator and the backbone organization [...] I think that's a good model for bringing all these different perspectives together and making sure that everyone continues to move in the same direction."

#### **A few resources for further information:<sup>7</sup>**

- The Collective Impact Forum website (2017), created by the inventors of the term "collective impact";
- An article that critically reviews the approach (Cabaj & Weaver, 2016);
- Examples of the use of the collective impact approach in two Canadian cities (National Collaborating Centre for Determinants of Health, 2017a);
- Recording of a webinar on the involvement of public health authorities in collective impact approaches (National Collaborating Centre for Determinants of Health, 2017b).

#### **Key considerations**

- To achieve your objective of municipal policy change, is it necessary to formalize the collaboration between the municipality and your organization? Is this the right time, or is there still some preparatory work to do?
- What are the expectations of your municipal partners, and do they realistically reflect the contribution your organization can make?
- What type of formal collaboration, from among those listed in this section and others, would be useful? Would the probable duration of this collaboration allow the expected results to be achieved?
- Formalizing a collaboration with the municipality probably requires the agreement, or even the involvement, of the senior hierarchy in your own organization. What level of the senior hierarchy should be mobilized? What is its position regarding the relevance of formalizing the collaboration?

---

<sup>7</sup> Resources suggested by the National Collaborating Centre for Determinants of Health.

## Conclusion

We hope, with this document, to have provided an overview of the concerns and expectations of civil servants working in Canadian municipalities regarding their interactions with external experts, particularly those in the public health sector. Also included here is the advice these civil servants have for public health actors wishing to approach municipalities to share knowledge and establish collaborations.

The analysis presented within this document is based on a small number of interviews, but reflects the points of view of civil servants working within very diverse contexts. Using this analysis as a starting point, readers are invited to refer to the green boxes presented throughout this document, which highlight key points to consider and questions to ask, in order to complete their analysis of the context characterizing the municipality they wish to approach.



## References

- Cabaj, M. & Weaver, L. (2016). *Collective impact 3.0: An evolving framework for community change*. Waterloo, Canada: Tamarack Institute. Retrieved from: <http://www.tamarackcommunity.ca/library/collective-impact-3.0-an-evolving-framework-for-community-change>
- Collective Impact Forum (2017). Retrieved on September 18, 2017 from: <https://collectiveimpactforum.org/>
- Mendes, W. (2011). *Food policy councils*. Montréal and Québec, Canada: National Collaborating Centre for Healthy Public Policy. Retrieved from: [http://www.ncchpp.ca/148/publications.ccnpps?id\\_article=664](http://www.ncchpp.ca/148/publications.ccnpps?id_article=664)
- Morestin, F. (2017). *The advisors of policy makers: Who are they, how do they handle scientific knowledge and what can we learn about how to share such knowledge with them?* Knowledge sharing and public policy series. Montréal and Québec, Canada: National Collaborating Centre for Healthy Public Policy. Retrieved from: [http://www.ncchpp.ca/181/publications.ccnpps?id\\_article=1670](http://www.ncchpp.ca/181/publications.ccnpps?id_article=1670)
- National Collaborating Centre for Determinants of Health (2017a). *Collective impact and public health: An old/new approach - Stories of two Canadian initiatives*. Antigonish, Canada: National Collaborating Centre for Determinants of Health, St. Francis Xavier University. Retrieved from: <http://www.nccdh.ca/resources/entry/collective-impact-and-public-health-stories-of-two-canadian-initiatives>
- National Collaborating Centre for Determinants of Health (2017b). *Collective impact, health equity and public health*. Recording of a webinar presented on September 18, 2017. Retrieved from: <http://nccdh.ca/workshops-events/entry/webinar-collective-impact-health-equity-and-public-health>
- NVivo (version 10) [Software]. (2012). Doncaster, Australia: QSR International Pty Ltd.
- Stewart, K. & Smith, P. J. (2007). Immature policy analysis: Building capacity in eight major Canadian cities. In L. Dobuzinskis, M. Howlett & D. Laycock (Eds.), *Policy analysis in Canada: The state of the art* (pp. 265-288). Toronto, Canada: University of Toronto Press.



## **Annex 1**

**How the interviews were planned,  
conducted and analyzed**





## How the interviews were planned, conducted and analyzed

While conducting a review of the literature on the various types of advisors to policy makers (including civil servants), their relationship to scientific knowledge, and their role in public policy development (Morestin, 2017), we were able to extract some advice for public health actors who wish to share knowledge with these advisors. However, we also found that the literature provided few concrete indications about how to go about doing so, and we found no studies on municipal civil servants in Canada. Therefore, to supplement this literature review, we conducted individual, semi-structured interviews in the fall of 2016 with five civil servants performing professional level work, who spoke to us about their experiences working in eight Canadian municipalities located in Newfoundland and Labrador, Québec, Ontario, Manitoba, and British Columbia.

One of the respondents, who had been met previously at a roundtable discussion on public health knowledge and public policy, was approached directly. The others were located with the assistance of public health researchers or professionals who collaborate with the municipal sector. The email invitation specified the subject of the interview and the proposed conditions (audio recording kept confidential, statements anonymized so that respondents could not be identified from the published analysis). The five respondents indicated their agreement by responding in writing, and then again at the beginning of each interview when they were reminded of these conditions.

The interviewer and author of this document developed the interview guide in French, submitted it for comments to three colleagues, and then pretested it by conducting an interview with a former advisor to policy makers. Following adjustments, the interview guide was translated into English. It covered the following topics: the respondent's work, relations with elected officials, experiences interacting with external experts, and advice to these experts (how to identify contacts in a municipality, how to learn about their work, how to approach them).

The interviews were conducted in the first language of the respondent (French or English), by telephone, except for one which was conducted in person. They lasted on average one hour (between 30 and 90 minutes).

The author of this document transcribed the recordings of the interviews directly into the NVivo 10 qualitative analysis software. She then proceeded to code the data<sup>8</sup> with this software, using a mixed coding approach: on the one hand, relying on a pre-established list of codes corresponding to the topics of the interview guide; on the other hand, creating some new codes to reflect other relevant topics addressed by the respondents. The interview transcripts were read, coded, and then re-read to validate the initial coding.

Attributes were also identified for each of the respondents (size of the municipality or municipalities in which they had worked, municipal department/field of work, number of years of experience within a municipality, other experience mentioned, openness and curiosity expressed toward external experts, familiarity with public health experts).

For the analysis, the author proceeded code by code, examining the interview passages associated with each code and seeking to identify the commonalities and differences between respondents and to interpret these in light of their respective attributes.

---

<sup>8</sup> In qualitative analysis, coding consists of classifying the data collected under relevant topics for analysis (codes).



