

What Can Organizations Do to Enhance Their Capacity to Promote Healthy Public Policies?

REPORT

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FOREWORD

This publication by the National Collaborating Centre for Healthy Public Policy (NCCHPP) is intended for public health decision makers, managers and professionals and aims to provide them with concrete examples and a directory of best practices for integrating action on healthy public policies (HPPs) into their activities. It was developed as part of the NCCHPP's regular scientific programming.

The NCCHPP is a hub of expertise and knowledge sharing in the area of healthy public policy. Its mandate is to support public health actors across Canada in their efforts to develop and promote healthy public policies. The NCCHPP fulfills this mandate by developing, synthesizing and sharing knowledge, by targeting research gaps and by fostering the development of networks connecting public health professionals, researchers and decision makers across Canada.

The NCCHPP is part of a network of six National Collaborating Centres for Public Health across Canada funded by the Public Health Agency of Canada. Its scientific programming is informed by analysis of Canada's public health actors' knowledge needs, and guided by a pan-Canadian advisory committee. The NCCHPP is hosted by the Institut national de santé publique du Québec.

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KEY MESSAGES

- Healthy public policies (HPPs) refer to policies that extend beyond the boundaries of the health sector to include actions in other sectors, such as the economy, education, transportation, or the environment. The primary goal of HPPs is to improve population health by addressing the social, economic, and environmental determinants of health. By creating environments that promote healthy living and reduce health inequities, these policies have a positive impact on population health outcomes.
- This report offers avenues for reflection and action that public health decision makers, managers and professionals can adapt to their specific contexts to more effectively influence and implement HPPs.
- The analysis presented in this report is based on the scientific literature and highlights a variety of strategies and tools that public health organizations can implement. The report's main findings are organized according to five key dimensions of public health competencies that support efforts to build capacity to promote HPPs:
 - **Partnerships:** Collaborating with intersectoral actors is crucial to promoting the implementation of HPPs.
 - **Organizational structures and resources:** Sustainably funding public health initiatives and establishing teams dedicated to HPPs are key activities for strengthening capacities.
 - **Workforce:** Training professionals to promote HPPs and fostering collaboration within teams are key factors for building capacity.
 - **Knowledge development:** Collecting local data and making information accessible helps influence policy decisions.
 - **Leadership and governance:** The commitment of leaders at all levels is essential to the success of HPP initiatives, with a focus on prioritizing health equity.

SUMMARY

This report aims to provide public health decision makers, managers and professionals with strategies and tools they can adapt to their specific contexts to strengthen their organizational capacity to promote healthy public policies (HPPs). Using an analytical framework composed of five key dimensions - partnerships, organizational structures and resources, workforce, knowledge development, and leadership and governance – this report explores structures, practices, tools and competencies that can help public health organizations to act on HPPs. The report's main findings are organized according to the five dimensions, where efforts to strengthen capacities that foster HPPs can be focused.

1. **Partnerships:** Intersectoral collaboration is crucial to the implementation of HPPs. This report emphasizes the importance of mapping the ecosystem of actors, participating in collaborative spaces, and maintaining ongoing relationships beyond the health sector. The use of knowledge brokers and the implementation of participatory approaches are also presented as potential means of facilitating partnerships.
2. **Organizational structures and resources:** The report points to the establishment of teams or positions dedicated to promoting HPPs and the securing of sustainable funding as important mechanisms for supporting these policies in the long term.
3. **Workforce:** Strengthening specific competencies that enable professionals to promote HPPs, particularly through targeted training, is essential to building capacity in this area. Additionally, creating spaces for exchange, such as communities of practice, can foster collaborative work and support innovation within teams. Initiatives aimed at spanning boundaries within organizations and mapping internal competencies help maximize collaborative potential.
4. **Knowledge development:** Collecting and making accessible local and other relevant data to inform decision-making is particularly important to promoting HPPs. The use of evidence improves efforts to influence the policy agenda.
5. **Leadership and governance:** Active engagement of leaders and clarification of the role of public health in promoting HPPs can strengthen organizational capacity. Integrating a focus on health equity into governance can also strengthen the capacity of organizations to act on HPPs.

1 INTRODUCTION: WHY FOCUS ON THE CAPACITY OF PUBLIC HEALTH ORGANIZATIONS TO ACT ON HPPs?

Promoting and implementing healthy public policies (HPPs) is one of the key health promotion strategies identified in the Ottawa Charter for Health Promotion (World Health Organization [WHO], 1986). Such policies extend beyond the boundaries of the health sector to include actions in other sectors, such as the economy, education, transportation, or the environment. The primary goal of these policies is to improve population health by addressing the social, economic, and environmental determinants of health. By creating environments that promote healthy living and reduce health inequities, these policies have a positive impact on population health outcomes (WHO, 1986).

Public health actors are key to promoting the adoption of this type of policy, in particular because of their mandates, responsibilities and expertise. To support public health actors in their efforts to promote HPPs, this report presents information on structures, processes, practices, tools and competencies that various public health organizations in Canada and internationally have developed to act on HPPs. The report highlights strategies that can inspire reflection among public health decision makers, managers and professionals aiming to strengthen their capacity to advance HPPs.

The report begins with a brief presentation of the methodology used. It then describes the strategies identified in the literature and illustrates them with examples of their implementation by public health organizations.

2 METHODOLOGY

This section begins by defining the key concepts used in this report, then briefly presents the methodological approach and analytical framework used to identify the strategies. It concludes with a discussion of the study's limitations.

2.1 Conceptual Considerations

This report focuses on the key concept of healthy public policies (HPPs) which first emerged in the 1980s with the objective of proposing a way to influence social determinants of health and health equity¹ (Milio, 1987; 2001, p. 622). Social determinants of health (SDH) refer to nonmedical factors impacting people's health. They encompass the conditions in which individuals are born, grow, work, live, and age, as well as the forces and systems that shape these conditions on a daily basis (WHO, n.d.). In this context, HPPs refer to policies that extend beyond the boundaries of the health sector to include actions in other sectors, such as the economy, education, transportation, or the environment. By creating environments that promote healthy living and reduce health inequities,² these policies have a positive impact on population health outcomes (WHO, 1986). Promoting and implementing HPPs is therefore among the key action strategies for health promotion according to the Ottawa Charter (WHO, 1986).

Developing HPPs requires actions by a wide variety of actors in many different sectors, who are often drawn into a relationship and work together. An overview of the actors involved in the development and implementation of HPPs is presented in Box 1.

¹ Health equity means that everyone (individuals, population groups, and communities) has equitable opportunities to achieve optimal health without being disadvantaged by social, economic, environmental, or cultural conditions arising from socially constructed factors such as race, gender, sexual orientation, religious beliefs, and social status, among others (NCCDH, *Glossary of Essential Health Equity Terms*, 2022).

² Health inequities refer to differences, that is, variations in the measurement of health outcomes among individuals and communities (NCCDH, *Glossary of Essential Health Equity Terms*, 2022).

BOX 1. ACTORS INVOLVED IN DEVELOPPING AND IMPLEMENTING HEALTHY PUBLIC POLICIES

The process of developing and implementing HPPs mobilizes a variety of actors from several sectors. Firstly, political authorities, such as ministers, mayors, municipal councillors, political advisors and civil servants, etc., define priorities and develop legislative frameworks. Public health organizations, including decision makers, managers and practitioners, are responsible for providing expertise and knowledge that promotes population health and health equity.

For example, the Direction régionale de santé publique de Montréal, the Institut national de santé publique du Québec, and the Public Health Agency of Canada are public health organizations that directly influence public health policies by providing evidence-based recommendations and health analyses.

There is sometimes a fine line between the role of these public health organizations and that of political actors or authorities, as these organizations can play an active role in defining political priorities, developing strategies and even implementing certain public policies. Their influence often extends beyond a simple advisory role, and sometimes places them in the position of decision makers, alongside political actors.

Non-health sectors such as education, housing and transport include policymakers, managers and professionals who are also key political actors. They act on social, environmental and economic determinants of health in their respective sectors and their actions are essential to the adoption and implementation of HPPs.

Civil society actors (nongovernmental organizations, social movements and citizen groups, etc.) also play an important role by mobilizing communities and representing their interests. This helps ensure public policies take into consideration community needs and local realities and also contribute to reducing social inequalities.

Finally, the population, including marginalized groups, can contribute to the development and implementation of policies. Indeed, the population can be consulted and can participate in the process of developing and implementing HPPs.

Successful HPP implementation depends on these actors working collaboratively together to promote health and equity.

The second key concept in the report is organizational capacity, defined as the ability of organizations to function optimally to achieve their goals and objectives (National Collaborating Centre for Determinants of Health, [NCCDH], 2020, p. 2). As it relates to the definition of HPPs used in this report, organizational capacity refers to an organization's ability to function optimally in order to facilitate the implementation of public policies that impact health, in sectors that fall outside the formal health sector, such as education, transport and fiscal policy. At the organizational level, this implies "training staff, providing resources, designing policies and procedures to institutionalize health promotion, and developing structures for planning and evaluation (...)" (Smith et al., 2006, p. 342). In brief, the capacity of organizations to take action here refers to their ability to mobilize a variety of strategies for developing resources and creating appropriate environments that facilitate the implementation of HPPs. This report uses a selection of articles and an analytical framework to identify and classify strategies necessary for such mobilization.

2.2 Methodological Approach

The report is based on a qualitative analysis of the scientific literature aimed at identifying and categorizing strategies developed by public health organizations for building organizational capacity to act on HPPs. Concrete examples of the implementation of such capacity-building strategies are also provided. This methodological approach resulted in the listing and categorizing of strategies, along with examples of their implementation by public health organizations. Examples used to illustrate strategies were selected based on their potential applicability for public health organizations. The analysis of these strategies and examples also highlights practical ideas for better promoting HPPs, which are included under each dimension. The details of the methodology can be found in the appendix of this report (Appendix 1).

2.3 Analytical Framework

To categorize the strategies of public health organizations, this report drew on the framework developed by Aluttis et al., which identifies seven key dimensions of public health capacity: resources, organizational structures, workforce, partnerships, leadership and governance, knowledge development and country-specific context (Aluttis et al., 2014, p. 40).

This framework was chosen because it identifies the dimensions most relevant to evaluating public health capacity. It has been adapted to focus on the capacity of public health organizations to act on HPPs. Thus, five key dimensions have been retained: partnerships, organizational structures and resources, workforce, knowledge development, leadership and governance. The sixth dimension - country-specific context - was excluded because the examples identified came from widely diverse national contexts. Moreover, this dimension was not aligned with the objective of this report, which focuses on categorizing the strategies that can be implemented by public health organizations. The resources and organizational structures dimensions were grouped together because the sources identified through this work indicated that they overlap.

The leadership and governance dimensions were also grouped together because they are often considered to be interrelated (Geneau et al., 2009, p. 18). Leadership in public health refers to the ability of key people to “guide, inspire and influence, and direct others toward achieving a common goal or objective” (Public Health Wales NHS Trust, 2023, p. 6). Governance, on the other hand, is “a process in which [...] organizations make decisions, determine who will be affected by those decisions and how accountability for actions can be assured” (WHO, 2011, p. 13). In this analysis, combining leadership and governance makes it possible to bring together and better highlight strategies linked to the role of leaders and to decision-making and strategic processes.

This framework was used firstly to structure data collection, and then to analyze the various strategies and to associate them with examples of implementation. Table 1 shows the framework and definitions used for the purposes of this study.

Table 1 Five dimensions of public health organizations’ capacities to act on HPPs (inspired by the framework of Aluttis et al.).

DIMENSIONS	DEFINITIONS
Partnerships	Collaboration among public health organizations and actors, as well as with organizations and actors from other governmental and non-governmental sectors.
Organizational Structures and Resources	Infrastructural capacity of public health organizations to contribute to the promotion and implementation of HPPs (organizational capacity, program delivery structures and processes), combined with the allocation and provision of human and financial resources needed to carry out HPPs.
Workforce	Human resources with sufficient competence and knowledge to promote and implement HPPs.
Knowledge Development	The production and dissemination of knowledge that supports the implementation of evidence-based HPPs.
Leadership and Governance	The ability and commitment of organizations to implement HPPs is made apparent through strong leadership (guiding, inspiring, influencing and directing others) and strategic thinking reflected in thoughtful decisions about what, for whom and how policies should be implemented.

2.4 Limitations

The methodology used has two main limitations. Firstly, it is possible that some relevant articles were not identified because the keywords used did not appear in their titles or abstracts. For example, the concept of HPPs is broad and difficult to circumscribe and public health organizations do not always use this term when referring to policies that could be associated with HPPs.

Secondly, the methodological approach relied solely on an analysis of the scientific literature to identify public health organizations' strategies. This exclusive use of the scientific literature has its limitations, as it does not reflect the full diversity of public health practices. The corpus analyzed therefore does not cover the entire subject, nor include all the initiatives carried out in the field. For example, few case studies and little empirical research were found on the topics covered. The strategies and tools included in the report sometimes lack concrete details (results, ideation, resources, etc.), although they do offer avenues for action to be explored. In addition, the scientific literature consulted did not enable the identification of strategies put in place by First Nations, Métis and Inuit communities and actors. This may be due to gaps in public health research on Indigenous perspectives and/or to methodological choices aimed at limiting the number of scientific articles to be analyzed. Research focusing directly on initiatives led by Indigenous communities or organizations would lead to a better understanding of how to build the capacity to act in support of HPPs across Canada.

The decision to analyze only the scientific literature was dictated by time and resource constraints. The aim was to provide a solid theoretical synthesis, focusing on strategies that had already been implemented and validated. Incorporating concrete examples from the grey literature would have required a broader search, which would have been difficult to achieve with the time and resources available. However, although this first phase is theoretical, the grey literature could be included in future analyses to enrich the study with practical examples. Despite these two limitations, the analysis was relevant, as it enabled us to test the analytical framework and identify relevant practices.

3 RESULTS AND ANALYSIS

This section uses the five dimensions of public health organizations' capacity for action inspired by Aluttis et al.'s framework (Table 1) to present the strategies identified in our literature analysis. For each dimension, we present relevant strategies along with concrete examples that illustrate their implementation in specific contexts. Tables entitled "Key Takeaways" list the strategies discussed for each of the dimensions and highlight practical considerations.

3.1 Partnerships

Establishing and maintaining partnerships can help support the capacity of public health organizations to advance HPPs, notably because they foster creativity, the integration of diverse perspectives, and synergies (Gugglberger et al., 2016, p. 11). These partnerships involve a diversity of actors from governmental, academic and civil society sectors with whom public health actors are likely to interact to promote HPPs. Table 2 summarizes the definition of partnerships and provides an overview of the five strategies detailed in this section.

Table 2 Partnerships Dimension

Definition	Collaboration between public health organizations and actors, as well as with organizations and actors from other governmental and non-governmental sectors.
Strategies for building organizational capacity to act on HPPs	<ul style="list-style-type: none"> • Inventory and map the ecosystem of actors • Participate in or set up collaborative spaces • Establish and maintain ongoing connections with actors outside public health • Use knowledge brokers • Prioritize participatory approaches

In the following sections, the five strategies identified under the partnerships dimension are outlined and detailed with concrete examples.

3.1.1 Inventorying and Mapping the Ecosystem of Actors

To guide partnership initiatives and gain a good understanding of contexts in which potential collaborations can develop, it is important to explore and map the "ecosystem" of actors (Provan et al., 2005, p. 604). To this end, two tools were identified in the literature: stakeholder analysis and network analysis.

Stakeholder Analysis

Stakeholder analysis is “a tool to map the actors who have a stake in a policy, organization or program and to describe the characteristics of these actors” (Hoeijmakers et al., 2007, p. 115). For example, the analysis may look at the following characteristics: their ideas about local health policy, their collaborations with other public health actors, and their influence on and contribution to policy development (Hoeijmakers et al., 2007, p. 115). This analysis thus provides information on all the actors concerned by a particular health or welfare issue (Hoeijmakers et al., 2007, p. 115) and makes it possible to predict their degree of support or opposition in this respect (Institut national de santé publique du Québec [INSPQ], n.d.-a). Boxes 2 and 3 present two examples of how this tool has been used.

BOX 2. STAKEHOLDER ANALYSIS FOR PROMOTING WALKING

The Direction régionale de santé publique de Montréal “inventoried and mapped community interventions to promote greener and more walkable neighbourhoods in Greater Montreal” (Miro et al. 2015, p. 55). This analysis led to sustained dialogues with a variety of stakeholders and the implementation of solutions “likely to improve pedestrian potential” (Miro et al. 2015, p. 55).

BOX 3. STAKEHOLDER ANALYSIS FOR IMPROVING SOCIAL DETERMINANTS OF HEALTH

As part of a project to establish a coalition called the Healthy Equity Collective, 200 stakeholder interviews were conducted accompanied by an analysis of data sources on social determinants of health. The objective of this project was to promote information sharing and collaboration to improve social determinants of health in the Houston area in Texas, including by targeting a reduction in food insecurity (Jemina et al., 2021, p. 873). The analysis made it possible “to better understand and establish possible data-sharing relationships that would benefit the community” (Jemina et al., 2021, p. 873).

Network Analysis

Networks are “an arrangement of individuals and/or organizations that are linked through connections that range from informal relationships to formally agreed protocol” (Huerta, 2005, p. 9 cited by Khotari et al., 2016, p. 2). Network analysis provides information on interactions between different actors. It describes how their actions relating to an issue are integrated, whereas stakeholder analysis differentiates between actors (Hoeijmakers et al., 2007, p. 116). With network analysis, we first describe a specific type of interaction, such as communication or the exchange of resources, for a particular set of actors. Next, the structural characteristics of the

network, such as its density and centrality, can be calculated (Hoeijmakers et al., 2007, p. 116). An example of this tool can be found in Box 4.

BOX 4. NETWORK ANALYSIS FOR IDENTIFYING CENTRAL ORGANIZATIONS

Southwestern Public Health in Ontario conducted a situational analysis of opioid services in Oxford County, including a network analysis, by conducting two mapping sessions involving 14 organizations. This analysis identified central organizations and connections between them, suggesting strategies for solidifying this network while ensuring its sustainability (Gibbs & Urbantke, 2018, pp. 41-42).

Stakeholder analysis and network analysis make it possible to better understand the actors involved (or potentially involved), and to establish a directory of key individuals or set up mechanisms to facilitate communication between actors (Austin et al., 2019, pp. 11-12). These two tools provide crucial information about specific characteristics of certain actors (mission, objectives, administrative culture, etc.), facilitating adaptation to their internal organizational cultures (Molnar et al., 2016, pp. 8-9). Moreover, a detailed analysis of the characteristics, perceptions and positioning of actors involved in an issue can help identify opportunities for action and guide strategic choices for influencing HPPs (Wegener et al. 2012, pp. 4109-4110).

3.1.2 Participating in or Setting Up Collaborative Spaces

To stimulate information exchanges, build relationships based on trust, or advance specific initiatives to develop HPPs, public health organizations can participate in or set up various forms of collaborative spaces. Three types of initiatives were identified in the literature: networks, communities of practice, and alliances or coalitions.

Networks

Networks make it possible to establish and strengthen connections with a large number of actors. They may be structured differently depending on the number of participants or the objectives pursued, but in all cases, they carry benefits such as the opportunity to “break silos, encourage lateral relationships, and have the flexibility to generate creative collaborations” (Khotari et al., 2016, p. 2). Some networks explicitly aim to facilitate exchanges between sectors working on different issues, as illustrated in Box 5, while others connect actors within the same sector who want to share and access resources and expertise, as discussed in Box 6.

BOX 5. QUÉBEC NETWORK “PRENDRE SOIN DE NOTRE MONDE” (CARING FOR OUR PEOPLE)

In Québec, it is increasingly accepted that health and quality of life need to be integrated into municipal priorities (Lévesque et al., 2022, p. 10). The Québec network “Prendre soin de notre monde” launched in 2015 by the *ministère de la Santé et des Services sociaux du Québec* aimed to foster collaboration between actors from different sectors, for example by promoting strategies to raise awareness and mobilize actors from all backgrounds at the local, regional and national levels.³ The network has made it possible to “promote collaboration between the municipal and health sectors” (Lévesque et al., 2022, p. 10), as well as with non-governmental actors, with the aim of working to create municipal environments that promote health and quality of life.

BOX 6. THE NORWEGIAN BRANCH OF WHO’S HEALTHY CITIES NETWORK

The municipalities of Levanger and Verdal joined the Norwegian branch of the World Health Organization’s (WHO) Healthy Cities Network, which brings together around 100 flagship cities and some 30 national networks (WHO, WHO European Healthy Cities Network). These municipalities received expert guidance from the Institute of Health Equity at University College of London to assist them in developing local and tailored strategies and in reducing health inequalities (Von Heimburg & Hakkebo, 2017, p. 73).

Communities of Practice

Communities of practice “are groups of people who interact regularly over an extended period of time in order to share common concerns, consolidate their expertise and develop new knowledge” (Chaire d’étude sur l’application des connaissances dans le domaine des jeunes et de familles en difficulté, 2015). Compared with networks, which are more focused on connection and communication, communities of practice tend to include a smaller number of participants and to emphasize shared knowledge, and professional practices and concerns. This model of collaboration sometimes addresses the need to formalize or sustain processes in order to mobilize various actors around a specific issue, as illustrated by the example presented in Box 7.

³ For additional information about this network, see: <https://prendresoindenotremonde.com/>.

BOX 7. REGIONAL COMMUNITY OF PRACTICE ON CLIMATE CHANGE

In the Simcoe Muskoka District in Ontario, a regional community of practice on climate change was established, bringing together community partners and the local health unit. This initiative falls within the scope of the consultations carried out by the Simcoe Muskoka District Health Unit with key informants on health and climate change, including representatives from municipalities, educational institutions, conservation authorities, environmental organizations, provincial ministries, and community organizations. This community of practice helped support regional action and the planning of climate change adaptation efforts with a focus on health (Levison et al., 2018, p. 10).

Alliances and Coalitions

Compared to networks or communities of practice, which tend to be more formal collectives, alliances and coalitions are better characterized as strategic partnerships designed to promote a policy or, more generally, a position on one or more issues. “Alliance-building logics” (Clavier et al., 2019, p. 13) enable public health actors to combine their arguments and knowledge with those of other actors with complementary expertise in order to publicly and politically support a position or an HPP. Some public health organizations, such as the Direction régionale de santé publique de Montréal, have openly promoted the adoption of this strategy: “by establishing alliances with community groups, researchers and NGOs, we increase the weight of the health sector in forums of political deliberation, and vice versa” (Gagnon et al., 2012, p. 54), notably to influence the development and implementation of policies related to urban planning and transportation.

3.1.3 Establishing and Maintaining Ongoing Connections With Actors Outside Public Health

For public health organizations, building and maintaining ongoing connections without focusing on advancing specific projects offers a pathway to establishing partnerships related to HPPs with actors outside the public health sector. Indeed, getting to know potential partners and developing communication channels are often prerequisites for defining precise common objectives and planning specific policies. The goal may simply be to maintain relationships that could lead to concrete collaborations in the future, even if the exact nature of those collaborations remains undefined at the outset. Repeated and informal communication is essential to building a climate of mutual trust between different actors so they can develop partnerships (Loncarevic et al., 2021, p. 12). Three tools, sometimes used in a complementary manner, were identified in the literature as useful for helping maintain ongoing connections between public health organizations and actors outside this field: providing an external perspective, roundtables and sharing common objectives.

Providing an External Perspective to Partners

To establish lasting connections with non-health actors, a public health organization can leverage the expertise of its professionals to support initiatives led by partners from other sectors. This approach not only integrates a health perspective into non-health issues but also lays the foundation for sustainable collaboration, as illustrated by the example in Box 8.

BOX 8. OFFERING SUPPORT TO AN EXTERNAL PARTNER

During its participation in the Building a Healthy Canada project, the Fraser Health Authority in British Columbia offered support to the City of Surrey, including by providing input that helped improve urban plans. This work was carried out with the explicit aim of “building links with municipal planning staff, learning about how to engage effectively, and helping to strengthen the health promotion potential of the plans being developed.” This contribution paralleled other networking and knowledge-sharing initiatives, including “a lunch and learn event for health authority staff and City of Surrey [planners]” (Miro et al., 2015, p. eS48).

Roundtables

Setting up roundtables is a second way of maintaining connections over time. A roundtable is “a meeting characterized by the principle of equality between participants brought together to discuss a subject of common interest with the aim of gaining an overview of the issue” (Office québécois de la langue française, n.d.). This format usually allows for relatively informal exchanges that foster a better understanding of various participants’ perspectives and concerns. This dynamic of informal discussions and pursuit of a broader perspective differs from formal meetings, which focus on specific projects. In this sense, roundtables facilitate mutual understanding and thus the emergence of new connections between actors, as presented in Box 9.

BOX 9. ROUNDTABLES TO FACILITATE COLLABORATION

With the objective of making the built environment healthier (urban planning, housing, transportation, etc.), the City of Toronto put in place various initiatives. In this context, the Planning a Healthier Toronto roundtable formed by health and urban planning experts has proven to be a key space enabling actors from different sectors of the city to “identify high-priority issues, which were presented to the Board of Health and used to provide feedback to the city’s chief planner” (Macfarlane et al., 2015, p. 8).

Discussions arising from the roundtable led the City of Toronto’s Planning Division to “recognize that the Official Plan needs to better focus on neighbourhoods where current design is suboptimal for health and where little new development is taking place, including areas that are less walkable [...]” (Macfarlane et al., 2015, p. 8).

Creating and Sharing Common Objectives for a Shared Vision with other Sectors

An organization can also rely on dialogue to create shared objectives with sectors other than public health, gradually leading to more targeted collaborations or contributions.

The articulation of common objectives can, for instance, be based on a municipal mandate that organizations and government sectors use to guide their decisions, policies, and projects, and which incorporates strategic priorities (Guglielmin et al., 2022, p. 2655). These objectives can also emerge from extended discussions between organizations and sectors (communication) or through collective work and intersectoral communication (Guglielmin et al., 2022, p. 2655). This can lead to a better understanding of the impact of decisions, policies, and actions across sectors on various aspects, including population health. The example described in Box 10 highlights the importance of dialogue and mutual understanding to the process of sharing common goals.

BOX 10. FORMULATING COMMON OBJECTIVES TO IMPLEMENT A HEALTH IN ALL POLICIES (HIAP) APPROACH

An analysis of the implementation of a HiAP approach in the Finnish municipality of Kuopio concluded that sharing common goals is a success factor for working with sectors other than health. The analysis focused on three tools for creating shared goals: the *Strategy of Kuopio Until 2030*, intersectoral communication and intersectoral collaboration (Guglielmin et al., 2022, p. 2655). The strategy of Kuopio⁴ is described in a document that outlines a municipal mandate used by organizations and government sectors to guide their decisions/policies/projects.

Through intersectoral communication, the various “sectors gained understanding of the other sector’s goals and what they do [sic], which enabled the creation of common goals” (Guglielmin et al., 2022, p. 2655). Finally, when these discussions took place alongside work on a project with another sector (intersectoral collaboration), the non-health sectors gained a better understanding of how their sectoral decisions, policies and actions impacted the health of Kuopio’s residents. The shared objectives were therefore the product of relationships based on mutual understanding (Guglielmin et al., 2022, p. 2655).

These three tools made it possible to create and define common objectives without the health sector being perceived as trying to impose its own vision. In this specific case, the concrete results were geriatric needs being taken into account in planning and services provision in sectors other than that of health (Guglielmin et al., 2022, p. 2655). In addition, the shared objectives enabled the improvement of intersectoral work promoting health and well-being (Guglielmin et al., 2022, p. 2655).

3.1.4 Using Knowledge Brokers

Considering that communication and negotiation challenges are inherent to collaboration, partnerships aimed at advancing HPPs can sometimes benefit from external support. This support can be attained through knowledge brokering, which is defined as follows in the context of public health:

A process which aims, via an intermediary, to foster relationships and interactions between the various health promotion actors (researchers, actors in the field, decision makers) with the aim of producing and making the best use of evidence-based knowledge. The actions of this intermediary are all aimed at building

⁴ For additional information on this initiative, see: <https://www.kuopio.fi/en/city-of-kuopio/strategy-and-development/strategy/>.

connections and communication, valuing everyone's knowledge and competencies (without prioritization or hierarchy criteria), and improving practices (Munerol et al., 2013, p. 595).

Three types of knowledge brokers were identified in the literature: external consultants, employees within organizations and external organizations.

External Consultants as Knowledge Brokers

To promote HPPs, an organization may hire an external consultant to act as an intermediary between several sectors or organizations. As a third party, the external consultant brings a unique perspective that enhances understanding of each partner's needs while leveraging complementary expertise. Box 11 illustrates this approach.

BOX 11. COLLABORATING WITH AN EXTERNAL CONSULTANT

As part of the Building a Healthy Canada project, health authorities in British Columbia were supported by an external consultant specialized in urban planning. One of her responsibilities in developing healthy built environments was to "collaborate with municipalities on relevant policy and planning projects" (Gagnon et al., 2012, p. 26).

This experience illustrates the potential of working with an external consultant to speed up public health involvement with a new sector and to adapt quickly to the requirements of the healthy built environment sector. Based on situational assessments, the consultant helped write work plans to build the capacity of the health authorities. The implementation of these plans led to the creation of resources, reports and intersectoral meeting spaces (Miro et al., 2015, p. eS46). With the aim of sustaining capacity building, this consultant also:

directly trained and supported three or four staff members in each health authority. In turn, these individuals used the experience and knowledge gained through the project to provide input on the structures and organizational practices related to built environment work within each health authority (Miro et al., 2015, p. eS48).

Staff Members as Knowledge Brokers

A knowledge broker role can also be assigned to an employee within the organization. Hiring someone with a mandate to build bridges between different sectors or actors can speed up collaboration and the implementation of new policies or approaches (Langeveld et al., 2016, p. 11), as illustrated by the example described in Box 12.

BOX 12. RELYING ON AN EMPLOYEE OF THE ORGANIZATION

The municipal district of Amsterdam (Netherlands) hired a knowledge broker to act as a “boundary spanner” between academia and municipal officials to help implement HPPs at the local level. Her work facilitated agenda-setting of health issues (Langeveld et al., 2016, p. 11), notably by bridging the gap between scientific and political considerations and proposing concrete measures targeting health promotion (Langeveld et al., 2016, p. 6.).

Organizations as Knowledge Brokers

The knowledge broker role can also be performed by an organization with specific expertise in advancing HPPs and with the capacity to foster interaction between different actors. This type of organization can provide real insight into specific issues and support local public health authorities. The Québec organization Ouranos,⁵ which specializes in climate change, was identified as an example of an organization that could play such a role (Austin et al., 2015, p. 639), as described in Box 13.

BOX 13. CALLING UPON A SPECIALIZED ORGANIZATION

By attempting to “bridge science and policy to increase engagement of decision makers, build adaptive capacity and create a network of knowledge” (Austin et al., 2015, p. 639), the organization Ouranos contributes to the integration of health-related concepts and concerns into climate change research and action. The emergence of Ouranos in Québec has enabled the characterization and quantification of climate change impacts on human health in the province, providing a solid knowledge base for subsequent action plans (Austin et al., 2015, p. 643).

3.1.5 Prioritizing Participatory Approaches

Public health organizations can promote participatory approaches toward advancing HPPs. This means giving a significant role to various stakeholders concerned by a policy, and particularly to communities that have traditionally had less of a voice in the policy process.⁶ This desire to provide stakeholders with a greater role aligns with public health orientations focusing on social determinants and health equity that have been promoted for decades (Loignon et al., 2018). Two tools developed by organizations to prioritize participatory approaches were identified in the literature: local committees and workshops.

⁵ For additional information, see: <https://www.ouranos.ca/en>.

⁶ Generally speaking, participatory approaches refer to attempts to implement initiatives “by and for” stakeholders.

Local Committees

HPP development and implementation processes involve numerous actors, and sometimes take place at levels distant from the public. Setting up local committees can help address the difficulties of connecting with stakeholders and contribute to greater citizen involvement. Public health organizations can both initiate the creation of this type of collaborative space or join one already set up by other actors. For example, in the case of a municipality, committees may be established through a public call for citizens to get involved (Lemire, 2017, p. 24), as illustrated by the example in Box 14.

BOX 14. LOCAL COMMUNITIES FOR FOSTERING A PARTICIPATORY ENVIRONMENT

Local committees were set up as part of an initiative in the Argenteuil regional county municipality (MRC) in Québec. These committees were established in a context where the territory is vast, and the communities involved are numerous. Under the leadership of supportive elected representatives, these committees “created a participatory environment conducive to the expression of citizens’ points of view and the involvement on the ground of citizens in subsequent action to implement the action plans” (Lemire, 2017, p. 7).

Workshops

As a tool that can support a participatory approach, workshops can be useful for highlighting the diverse knowledge and perspectives of partners, communities, citizens, etc. on issues related to a particular social phenomenon. The workshop leads to the production of a group concept map of the systems involved (the final result is co-created by all participants) (Rivas et al., 2019). Consultations and discussions conducted during workshops contribute to establishing a more accurate picture of complex social phenomena while promoting collaboration. Workshops can help to deepen understanding of concrete issues by including various perspectives and by highlighting the interconnectedness of factors influencing the health of populations. These exchanges and consultations provide a space for the voices of diverse stakeholders, facilitate two-way information sharing, and help to build trusting relationships. An example of how this tool is used can be found in Box 15.

**BOX 15. THE WORKSHOP AS A TOOL TO SUPPORT A PARTICIPATORY APPROACH TO
ESTABLISHING A GROUP CONCEPT MAP**

In the United Kingdom, group concept mapping workshops⁷ were organized as part of a study on determinants of child inequalities at the local level (Jessiman et al., 2021, p. 5). These workshops invited participants to think about predetermined questions related to child health and health inequalities. Participants were encouraged to consider and identify factors that could be determinants of child health (e.g., health services, education, local environmental factors, behaviours and influences, etc.). These workshops led to the creation of systemic health maps of determinants of child health inequalities at the local level. These maps are the result of co-creation by the participants.

⁷ Group concept mapping has long been used in public health to address issues with a range of divergent stakeholders interested in a particular topic or affected by an outcome (Jessiman et al., 2021, p. 5).

Table 3 **Key Takeaways: Partnerships Dimension**

Strategies for strengthening the capacity to act	Tools	Practical reflections
Inventory and map the ecosystem of actors	<ul style="list-style-type: none"> • Stakeholder analysis • Network analysis 	<ul style="list-style-type: none"> • Public health actors could benefit from adequately understanding the concerns and needs of stakeholders. This can lead to more effective integration of public health across all sectors, and greater consideration of population health and HPP implementation according to the specific interests of non-health actors. (Hoeijmakers et al., 2007). • Public health actors could benefit from prioritizing their role in supporting sectors or actors outside public health by adapting to sectoral objectives. This approach allows them to have a greater impact and, more importantly, “to support stakeholders who have the power to act” in support of HPPs. This support is important to ensuring these actors become more receptive to arguments and initiatives that align with their own objectives, achieve their equity goals, and promote the adoption of HPPs (Litvak et al., 2020, p. 69).
Participate in or set up collaborative spaces	<ul style="list-style-type: none"> • Networks • Communities of practice • Alliances and coalitions 	
Establish and maintain ongoing connections with actors outside public health	<ul style="list-style-type: none"> • Providing an external perspective as a way to foster long-term relationships • Roundtables • Creating and sharing common objectives 	
Use knowledge brokers	<ul style="list-style-type: none"> • External consultants as knowledge brokers • Staff members as knowledge brokers • Organizations as knowledge brokers 	
Prioritize participatory approaches	<ul style="list-style-type: none"> • Local committees • Workshops 	

3.2 Organizational Structures and Resources

Organizational structures and resources can help support the capacity of public health organizations to advance HPPs, notably because they make it possible to support initiatives dedicated exclusively to this type of policy, such as health equity policies (Van Roode et al., 2016, p. 7). Table 4 sets out the definition of organizational structures and resources and presents the two strategies detailed in this section.

Table 4 Organizational Structures and Resources Dimension

Definition	The infrastructural capacity of public health organizations to contribute to the promotion and implementation of HPPs (organizational capacity, program delivery structures and processes), combined with the allocation and provision of human and financial resources needed to carry out HPPs.
Strategies for building organizational capacity to act on HPPs	<ul style="list-style-type: none"> • Create teams or positions dedicated to HPPs • Promote sustainable funding

In the following sections, the two strategies identified under the organizational structures and resources dimension are presented and detailed with concrete examples.

3.2.1 Creating Teams or Positions Dedicated to HPPs

In terms of organizational structures, three strategies were identified for promoting HPPs: setting up a team specifically dedicated to HPPs, establishing a team with the multidisciplinary expertise needed to act on HPPs, and creating a position dedicated to promoting HPPs.

Setting up a Team Specifically Dedicated to Promoting HPPs

Creating a team dedicated to promoting HPPs means that efforts linked to this type of policy do not take second place to other priorities. Creating such a team, however, represents a cost and is not within the reach of all organizations. It remains an option for organizations wishing to prioritize broad policy areas or advance a specific HPP theme. Box 16 provides an example of this.

BOX 16. ESTABLISHING A DIVISION DEDICATED TO HPP-RELATED ISSUES

The Region of Waterloo Public Health Unit in Ontario set up the Health Determinants Division, aimed at improving access and equity within the sustainable food system. This structure helped staff members to “move beyond their traditional focus on individual food security to a broader exploration of the factors and conditions that shape community food security” (Wegener et al., 2012, p. 4104). This new division has maximized the influence of government public health actors who:

became passionate champions in their efforts to ensure that *all* community residents obtain a safe, culturally acceptable, nutritionally adequate diet through a sustainable food system that maximizes community self-reliance and social justice (Wegener et al., 2012, p. 4104).

Establishing a Team With Multidisciplinary Expertise

When researching the human resources needed to work on HPPs, the notion of multidisciplinary often appears in the literature reviewed. Indeed, work on HPPs involves pooling a diversity of expertise and types of knowledge from different fields (public health, built environment, public policy, education, social services, etc.). Consequently, public health organizations would benefit from considering what expertise is required for the practical implementation of such policies and bringing it together to meet their organizational needs. The two examples in Boxes 17 and 18 illustrate the pooling of complementary and multidisciplinary expertise to promote HPPs.

BOX 17. SETTING UP A MULTIDISCIPLINARY TEAM

As part of its collaboration with the City of Saskatoon around transportation and territorial development, the Saskatoon Health Region (now part of Saskatchewan Health Authority) focused on how health equity could be integrated into population health promotion approaches in work related to the built environment. To do this, it formed a multidisciplinary team with members from different public health departments as a starting point for collectively identifying priority equity issues. Thus:

leaders and practitioners from Health Promotion, Environmental Public Health, Public Health Observatory, and Medical Health Officers (MHO) formed a project team, reviewed the literature and consulted with partners to identify relevant health equity issues (Janzen et al., 2018, p. 592).

The formation of this team led to the development of four key initiatives:

- 1) Developing a framework for health equity in the built environment,
- 2) Launching a campaign with partners from various sectors to promote a healthy built environment and health equity during a municipal election,
- 3) Conducting a health equity impact assessment, and
- 4) Creating a monitoring and evaluation framework for a healthy built environment, focusing on health equity outcomes (Janzen et al., 2018, p. 590).

BOX 18. ESTABLISHING A MULTIDISCIPLINARY WORKING GROUP AROUND THE WHO HEART TOOL

The Urban HEART Barcelona Working Group in Spain was set up to implement the Urban Health Equity Assessment and Response Tool developed by the WHO. This tool is a guide designed for policymakers and decision makers to help them identify and analyze health inequalities in urban contexts and facilitate decision-making on measures aimed at reducing intra- and inter-urban health inequalities.⁸

The Urban HEART Barcelona Working Group was implemented with the aim of relying on citizen participation to better assess population needs and the measures required to reduce health inequalities in the districts of the Catalan capital. The working group was

composed of technicians working at different departments of the ASPB (Agència de Salut Pública de Barcelona; Public Health Agency of Barcelona), and therefore with in-depth experience on several public health issues, as well as other institutions and organizations in the city working in the areas of social services, statistics (...) or environment and urbanism (Novoa et al., 2018, p. 650-651).

The multidisciplinary expertise of the working group members facilitated a review of the preliminary version of Urban HEART Barcelona, ensuring a better alignment with the requirements of the Urban HEART user manual published by the WHO (effectiveness, usable indicators) (Novoa et al., 2018, p. 650). This expertise also made it possible to provide detailed data on health inequalities and for the municipality to prioritize some neighbourhoods to reduce social and health inequalities.

Creating a Position Dedicated to Promoting HPPs

For organizations wishing to ensure effective coordination, whether between different teams or divisions within a new structure (team, division, committee, etc.) or with external partners, the creation of a position dedicated to HPPs is worth considering. The experience of Peel Public Health in Ontario, presented in Box 19, illustrates this type of initiative.

⁸ For additional information about this tool, see: <https://www.who.int/publications/i/item/9789241500142>.

BOX 19. CREATING A HEALTH PLANNING FACILITATOR POSITION

In 2012, Peel Public Health created a health planning facilitator position “to provide liaison between planning and public health departments” (Gagnon et al., 2012, p. 35). The facilitator enabled better circulation of information and helped maintain connections between departments. They notably facilitated the health unit’s participation “in various ongoing studies at the regional and municipal levels” (Gagnon et al., 2012, p. 35).

3.2.2 Promoting Sustainable Funding

Adequate and sustainable funding is essential to supporting the implementation of new initiatives that promote HPPs (Austin et al., 2019, p. 9-10; Frieden, 2014, p. 17, Van Roode et al., 2016, p. 7). Such funding can help organizations retain an appropriate number of qualified health promotion professionals by providing them with professional development opportunities (Minke et al., 2007, p. 489). Allocating funding specifically for the creation of permanent positions dedicated to health promotion also appears to be essential to promoting HPPs (Carstensen et al., 2019, p. 511). In contrast, not only lack of funding, but also temporary funding of HPP initiatives is a major obstacle to advancing this type of policy (Minke et al., 2007, p. 489). As some of the benefits generated by HPPs only become apparent in the longer term, managers or decision makers may be tempted to transfer funds to activities generating more immediate services and results.

Two ideas have been documented in the literature to address challenges related to the lack of sustainable funding. Firstly, it is possible to reduce this risk by providing administrative protection⁹ for funds earmarked for initiatives that promote long-term HPPs, preventing their assignation to shorter-term initiatives (Germann & Wilson, 2004, p. 295). Secondly, Tabak et al. highlight the importance of flexibility in funding allocation. Their analysis of the implementation of evidence-based decision-making programs and policies in local health units in the United States, including those related to HPPs, found that greater flexibility and discretion in the use of funding are linked to better outcomes for these departments (Tabak et al., 2016, p. 5).

⁹ Several mechanisms can be used to safeguard funds, for example, specifically allocating funds to HPP projects or initiatives through regulation, establishing multi-year budgets to ensure the availability of funds for long-term projects, or implementing regular auditing mechanisms to ensure that funds are used as intended, etc.

Table 5 **Key Takeaways: Organizational Structures and Resources Dimension**

Strategies for strengthening the capacity to act	Tools	Practical reflections
Create teams or positions dedicated to HPPs	<ul style="list-style-type: none"> • Setting up a team dedicated to HPPs • Establishing a multidisciplinary team • Creating a position dedicated to promoting HPPs 	<ul style="list-style-type: none"> • Public health actors could benefit from devoting financial and human resources to supporting strategies that enhance the capacity to act on HPPs (Minke et al. 2007, p. 489). • The strategies identified in the literature, across all dimensions, are supported by dedicated, sustainable resources and by organizational structures that support the implementation of HPPs. For example, regarding the workforce, Minke et al. stress the importance of funding in these terms: funding determines the number of health promotion practitioners in an organization, their job priorities, and the availability of professional development opportunities. Inadequate or short-term funding has been linked with the loss of skilled health promotion practitioners in health organizations, as well as increasingly divergent job descriptions in which health promotion is not a priority (Minke et al. 2007, p. 489).
Promote sustainable funding	<ul style="list-style-type: none"> • Retaining qualified personnel • Creating permanent positions • Protecting dedicated funding for long-term initiatives promoting HPPs 	

3.3 Workforce

A qualified workforce can help strengthen the capacity of public health organizations to advance HPPs, notably by enabling the collective action required to influence such policies (Winnipeg Regional Health Authority, 2017, p. 4). Having a qualified workforce involves maximizing the potential of the organization's human capital both individually and in terms of collaborative work. Table 6 provides a reminder of the definition of workforce and offers an overview of three strategies detailed in this section.

Table 6 **Workforce Dimension**

Definition	Human resources with sufficient competence and knowledge to promote and implement HPPs.
Strategies for building organizational capacity to act on HPPs	<ul style="list-style-type: none"> • Map actors within organizations • Support boundary spanning¹⁰ initiatives within organizations • Train professionals to improve their competencies that enable them to promote HPPs

In the following sections, the three strategies that fall under the workforce dimension are presented and detailed with concrete examples.

3.3.1 Mapping Actors within Organizations

Mapping generally aims to improve understanding of external actors and of contexts in which public health organizations operate. It can also be used within these organizations to improve insight into existing resources and dynamics. Two tools that facilitate the mapping of actors within organizations were identified: social network analysis and focus groups.

Social Network Analysis

Social network analysis examines the “interactions and exchange of resources” between different groups, individuals or organizations (Yousefi-Nooraie et al. 2012, p. 1). It enables a better understanding of the networking structure within an organization and the fluidity of connections and exchanges between units or departments. These professional interactions influence the capacity-building process aimed at supporting evidence-informed decision-making. In the context of HPP development, a better understanding of these internal dynamics can facilitate interdisciplinary collaboration, strengthen the sharing of expertise and help break down organizational silos. Yousefi-Nooraie et al. used social network analysis to understand how staff members in a public health unit in Ontario turn to their peers for help in integrating research evidence into their practice (Yousefi-Nooraie et al., 2012, p. 1). This is illustrated by the example presented in Box 20.

¹⁰ Boundary spanning refers to efforts aimed at facilitating collaboration between sectors or teams within the same organization.

BOX 20. SOCIAL NETWORK ANALYSIS TO IMPROVE UNDERSTANDING OF AN ORGANIZATION'S PERSONNEL

Yousefi-Nooraie et al. used social network analysis to understand the networking structure within a public health unit in Ontario and to improve the fluidity of connections and exchanges between departments. Staff members were invited to complete an online questionnaire about the key individuals involved in their information-seeking practices, the recognition of these individuals' expertise, and existing friendships with them (Yousefi-Nooraie et al., 2012, p. 3).

This analysis highlighted the subtle structure of interpersonal and interdivisional communication between staff members (Yousefi-Nooraie et al., 2012, p. 14). It also showed that "public health staff generally turn to a handful of people within their own division to obtain information to assist in making practice decisions" (Yousefi-Nooraie et al., 2012, p. 10). This type of social network analysis helps to identify the best candidates to train as knowledge brokers (Yousefi-Nooraie et al., 2012, p. 13) and to expand existing networks by identifying key individuals who are active in several internal networks. For example, these key individuals can help to "form communities of practice to overcome the current divisional barriers and also harmonize and reinforce [...] efforts for building the capacity [for evidence-informed decision-making] in the health department" (Yousefi-Nooraie, et al., 2012, p. 12).

Focus Groups

Focus groups are a second tool identified for mapping actors within an organization. This tool helps identify internal resources (expertise, knowledge, relationships, etc.) that can be mobilized in support of HPPs. The experience of the Simcoe Muskoka District Health Unit in Ontario presented in Box 21 provides a concrete example of the implementation of such a tool.

BOX 21. MAPPING OF ACTORS USING FOCUS GROUPS

The Simcoe Muskoka District Health Unit conducted a local assessment of health vulnerabilities to climate change (Levison et al., 2018).¹¹ In order to identify current and future adaptive capacity to face these changes, internal stakeholders in the local public health unit (including staff, both professional and administrative, management and health board members, as well as medical officers of health) were consulted about the public health unit's actions related to climate change, as well as about possible climate program improvements. Focus groups were conducted with two objectives: to identify potential actions or collaborations with external partners, and also to assess "current knowledge of staff regarding the connections between climate change and health; and identify key areas for future climate action within existing health unit programs" (Levison et al., 2018, p. 7).

In addition to obtaining internal actors' views, these groups revealed the need to integrate climate planning into public health practice. This process also helped to identify the capacity required to better understand the literature and climate models, and the importance of mentoring to strengthen evaluative competencies (Levison et al., 2018, p. 14). In this way, knowledge that the organization's members had about a specific theme was deepened and thus helped to optimize the planning and development of actions related to HPPs (Levison et al., 2018, p. 14).

3.3.2 Supporting Boundary Spanning Initiatives Within Organizations

Boundary spanning specifically targets collaborative work "across departmental and sectoral boundaries" (Holt et al., 2018, p. 55). While the function of boundary spanning is usually applied to relations between organizations, it can also be used within an organization to facilitate internal collaboration. As well as improving communication and overcoming barriers between teams or divisions within an organization, boundary spanning makes it easier to understand each person's role within a collaborative space (Haynes et al., 2020, p. 10). Two ways of supporting boundary spanning initiatives within an organization were identified: appoint local coordinators to facilitate collaboration and information exchange and create discussion spaces for professionals to mobilize them internally.

Appointing Local Coordinators by Allocating Resources

Designating local coordinators via dedicated resources is one option for supporting boundary spanning initiatives. Yousefi-Nooraie et al. have shown that key people in a public health organization tend to be over-solicited by their colleagues, leading to overload and reduced

¹¹ For additional information on this public health unit's approach to climate change:
<https://www.simcoemuskokahealth.org/topics/ClimateChange>.

productivity over time (Yousefi-Nooraie et al., 2012, p. 11). To improve performance, these authors suggest “reducing the workload of overly centralized people through redesigning alternative information flow routes” (Yousefi-Nooraie et al., 2012, p. 11). It then becomes a matter of identifying “central people”¹² and giving them resources and time to play the informal role of local coordinators facilitating the exchange of information and connections between employees. The aim is to “reduce the number of hierarchical levels in information flow” (Yousefi-Nooraie et al., 2012, p. 12). The work involved in developing and implementing HPPs, which requires the contribution of several disciplines and different teams within an organization, could thus be made more effective.

Creating Discussion and Sharing Spaces for Professionals

A second way of supporting boundary spanning is to create spaces where professionals in an organization can exchange ideas (Peirson et al., 2012, p. 6). This involves ensuring that professionals break down organizational silos by establishing spaces that foster exchanges. These can take various forms (informal or formal, occasional or regular, virtual or face-to-face meetings, etc.), all of which have one thing in common: they facilitate interaction and information exchange to broaden the scope of collaboration and make the most of existing resources. The experience of Peel Public Health in Ontario presented in Box 22 provides a concrete example of this.

BOX 22. CREATING DISCUSSION FORUMS FOR PROFESSIONALS

The Peel Public Health unit in Ontario launched an initiative to extend evidence-informed decision-making within the organization. The staff and thematic content from different divisions (or even within a single division) of the Peel Public Health unit were considered to be insufficiently integrated within the organization (Peirson et al., 2012, p. 6). To overcome these integration difficulties, events were organized (e.g., book clubs or dinner conferences) “to facilitate ongoing inter-divisional and intra- and inter-role communication, coordination and collaboration” (Peirson et al., 2012, p. 6) between divisions and within them, as well as among individuals in different roles. Through this process, clubs and communities of practice focused on various themes came together “regularly to provide opportunities for staff with common interests and responsibilities to develop and practice skills and to discuss challenges and strategies” (Peirson et al., 2012, p. 6). The greater fluidity between departments and professionals created by these forums facilitated the planning of initiatives involving the diverse expertise required to advance HPPs and, consequently, significantly enhanced them.

¹² The authors refer to people, not positions.

3.3.3 Training Professionals to Improve Their Core Competencies Related to HPP Promotion

Training and developing competencies in the public health workforce is a key element of building capacity for health promotion (Gugglberger et al., 2016, p. 3; Potter & Brough, 2004, p. 340) and HPPs (Kamwa Ngne & Morrison, 2021). Two types of initiatives focused on developing workforce competencies related to HPPs were identified in the literature: those aimed at identifying and fostering the acquisition of core competencies related to public policies and those dedicated to developing targeted, theme-specific training.

To strengthen the workforce's capacity to advance HPPs, it is essential to ensure they acquire the knowledge and competencies required to develop, implement, and evaluate public policies. Developing core public policy competencies is fundamental to strengthening the capacity of public health actors and organizations in the area of HPPs. These competencies enable public health actors to develop the knowledge, skills and attitudes they need to contribute to the promotion, development and implementation of public policies through which they can take action on the social, economic and environmental determinants of health. A lack of understanding of the processes behind public policy development represents a greater obstacle to the advancement of HPPs than a lack of knowledge about health and social determinants (Von Heimburg & Hakkebo, 2017, p. 74). It is therefore crucial to identify and classify the core competencies that enable actors and organizations to influence public policies and HPPs. This helps organizations recruit qualified employees and incorporate these competencies into their internal reference systems.

The NCCHPP conducted a review of the scientific and grey literature on public policy competencies for public health, including those relating to HPPs. Three hundred and sixty-one competencies cited in the literature were divided into eight categories: public policy analysis/development, influence/advocacy, partnership/collaboration, communication, political context, social determinants/equity, political theory and others (Kamwa Ngne & Morrison, 2021, pp. 5-6). These categories illustrate the range of competencies needed to influence the development of public policies, including HPPs. Since the ability to understand and intervene in the field of public policy has become a requirement for public health actors, these competency categories may assist these actors in refining their work in this area (Kamwa Ngne & Morrison, 2021, p. 13).

It is therefore essential to provide training for public health professionals. Below are three concrete examples of such training identified in the literature: Box 23 presents an example of training focused on advocacy, Box 24 provides an example of joint training of the public health and built environment sectors, and Box 25 showcases an example of training developed in public health but aimed at other sectors.

BOX 23. TRAINING FOCUSED ON ADVOCACY

The *Acción Para la Salud* (Action for Health) project emerged from a partnership between a university collective and health organizations (including a public health department) in Arizona. The objective of this project was to offer community health workers an 18-month training course structured around workshops and the supervision of actions in the field. This training aimed to empower community workers to communicate more effectively with members of migrant communities living on the US-Mexico border and to develop advocacy strategies for promoting HPPs.

The project has led to greater consultation of and participation by community members and has led them to “think ecologically about their health and identify advocacy-oriented solutions to improve neighbourhood conditions, enhance community opportunities, and increase access to services” (Ingram et al., 2014, p. 5). Public health professionals improved their knowledge and competencies enabling them to interact with and mobilize various stakeholders. Citizen groups mobilized advocacy strategies targeting issues and policies related to transport infrastructure, road safety, support for victims of domestic violence and the sale of energy drinks to minors (Ingram et al., 2014, p. 5).

BOX 24. JOINT TRAINING FOR PUBLIC HEALTH AND BUILT ENVIRONMENT ACTORS

To increase the joint capacity of public health and built environment professionals, the South West Public Health Teaching Network in the United Kingdom developed a series of “short courses in healthy urban planning [...] designed to help health and planning/design professionals to integrate their thinking and develop coherent spatial health promotion strategies” (Pilkington et al., 2008, p. 549). In addition to enhancing mutual understanding among the actors involved and thus fostering better collaboration, these training sessions also strengthened connections between the two sectors (Pilkington et al., p. 549).

BOX 25. TRAINING OFFERED TO OTHER SECTORS

The PromoGob initiative led by nurses in a northern Spanish municipality aimed to train local governments to increase their capacity to support intersectoral approaches to health. Municipal employees and decision makers completed sessions on three different themes aimed to: (i) improve their knowledge of social determinants of health to develop a common language in order to create a collective awareness of these issues (ii) enhance local government's contribution to health issues by improving their engagement, and (iii) empower them as health promoters (Hernantes et al., 2022, pp. 1801-1803).

The initiative had a significant impact on participants' ability to recognize the impact of their sectors on the social determinants of health, and to evaluate their capacity to advance HPPs (Hernantes et al., 2022, p. 1808). In addition, the results of this initiative highlighted the fact that "awareness about the subject" was a key element of participants' capacity to act (Hernantes et al., 2022, p. 1808-1809).

Table 7 **Key Takeaways: Workforce Dimension**

Strategies for strengthening the capacity to act	Tools	Practical reflections
Map actors within organizations	<ul style="list-style-type: none"> • Social network analysis • Focus groups 	<ul style="list-style-type: none"> • Public health actors could benefit from acquiring core competencies tied to influencing public-policy outcomes and from undergoing training to better promote HPPs. • Public health organizations benefit from fostering professional autonomy in order to allow for as much flexibility of action as possible. Not only does flexibility granted to professionals within the context of intersectoral collaborations have positive impacts, but also, the intersectoral and multidisciplinary nature of HPPs requires public health professionals to continuously adapt to changing contexts and to the diverse needs and characteristics of multiple partners.
Support boundary spanning initiatives within organizations	<ul style="list-style-type: none"> • Appointing local coordinators by allocating resources • Creating spaces for discussion and sharing among professionals 	
Train professionals to improve their competencies tied to HPP promotion	<ul style="list-style-type: none"> • Identifying and fostering the acquisition of essential competencies that enable public health professionals to influence public policy outcomes, notably by proposing relevant training • Offering thematic training focused on HPP development 	

3.4 Knowledge Development

Knowledge development strengthens an organization's ability to act in support of HPPs. The strategies and tools presented in this section focus specifically on the production and dissemination of useful evidence that can inform decision-making, as these are the most extensively documented themes in the sources analyzed. Evidence-based data are crucial for decision-making and understanding public health issues, including from a social determinants of health perspective. This section explores how knowledge development can be leveraged to support the capacity to advance HPPs. Table 8 defines this dimension and presents the five strategies detailed in this section.

Table 8 Knowledge Development Dimension

Definition	The production and dissemination of knowledge providing information to support the implementation of evidence-based HPPs.
Strategies for building organizational capacity to act on HPPs	<ul style="list-style-type: none"> • Collect meaningful local data in support of HPPs • Use relevant indicators to leverage data in support of HPPs • Make public health data and knowledge in support of HPPs accessible and usable • Develop tools enabling other actors to promote HPPs • Inform decision-making and influence the political agenda

In the following sections, the five strategies that fall under the knowledge development dimension are presented and detailed with concrete examples.

3.4.1 Collecting Relevant Local Data in Support of HPPs

Several authors emphasize the usefulness and value of collecting more local data to improve understanding of specific environments and allow strategic use of the data. This type of information reflects the social, physical and economic realities of a particular area (neighbourhood, regional municipality, city, region, etc.). For example, local data can help reach or influence key actors, including decision makers: "By situating the evidence within its local context, along with local data and the costs and benefits of the proposed policy, it becomes easier to gain the support of municipal decision makers" (MacFarlane et al., 2015, p. 7). The two examples presented in Boxes 26 and 27 illustrate the importance of the role of local data.

BOX 26. USING LOCAL DATA TO PROMOTE ACTION ON CLIMATE CHANGE

The Simcoe Muskoka District Health Unit in Ontario conducted a local climate change vulnerability assessment. The objective was to gather local data describing current and future health effects of climate change and to support the classification of climate-health vulnerabilities specific to the region. This evaluation provided an overall portrait of the benefits of collecting and analyzing local data:

Indirect benefits of the vulnerability assessment included interdepartmental collaboration, a shifting of the paradigm away from climate change as an environmental issue to one of broader public health importance, and the opportunity to engage with community partners and stakeholders to support health adaptation across a broad range of sectors (Levison et al., 2018, p. 15).

BOX 27. USING LOCAL DATA TO PROMOTE ROAD SAFETY

As part of a study on the contribution of public health actors to the emergence and implementation of active transportation policies, the authors conducted semi-structured interviews with key actors in Montréal and Toronto involved in the initiatives studied in each city. Many Montréal stakeholders “referred to a study, led by a doctor from the DRSPM, on the geographical distribution and prevalence of injury collisions in Montréal (...) providing previously non-existent data” (Clavier et al., 2019, p. 11). This survey conducted by the Agence de la santé et des services sociaux de Montréal in 2013 (Morency et al., 2013) collected local data on road design of intersections and, more generally, on pedestrian safety in urban areas.

Maps developed in this study enriched the debate on pedestrian safety by providing previously unavailable data. They resonated strongly with citizens and groups advocating for active transportation, as they visually highlighted the dangers of intersections for pedestrians. The local data collected thus served as a catalyst in a process aimed at improving transportation infrastructure (Clavier et al., 2019).

3.4.2 Using Relevant Indicators to Leverage Data in Support of HPPs

Establishing indicators¹³ measuring factors related to issues in specific contexts can help articulate and leverage data. These indicators make it possible to bring together a variety of relevant data, to provide a clearer and simpler picture of a given situation and thus to measure realities related to HPPs. Three particularly interesting examples of indicators were identified in the literature: Box 28 describes the Measuring What Matters process, which develops indicators of urban equity; Box 29 presents the use of the Nutritious Food Basket, in particular, to promote health equity, poverty reduction and food insecurity; and Box 30 presents the Heat Vulnerability Index aimed at improving public health interventions during heat waves.

BOX 28. MEASURING WHAT MATTERS

The City of Richmond, California used the Measuring What Matters¹⁴ consultation and indicator development process involving community organizations to highlight community priorities. The process enabled community organizations to identify priority issues, choose in advance the indicators collected, analyze the data and publish a report (Corburn & Cohen, 2012, p. 3). It contributed to the adoption of objectives and indicators for assessing changes in population health, diagnosing health inequities, and promoting health equity training (Corburn & Cohen, 2012, p. 3).

¹³ An indicator is defined “as a variable with characteristics of quality, quantity, and time used to measure, directly or indirectly, changes in health and health-related situations” (Corburn & Cohen, 2012, p. 2). These authors’ definition is inspired by the WHO definition.

¹⁴ For additional information about this tool, see: <https://pacinst.org/wp-content/uploads/2009/06/measuring-what-matters.pdf>.

BOX 29. EXAMPLES OF NUTRITIOUS FOOD BASKET USE

The Nutritious Food Basket (NFB)¹⁵ is a survey tool that measures the cost of a basic healthy diet, taking into account current nutrition recommendations and average food purchasing habits in Canada. It can be used to promote health equity, poverty reduction and food insecurity reduction (Power et al., 2019, p. 295). Based on an analysis of the NFB used by local public health units in Ontario, Power et al. highlight the effectiveness of this indicator for “providing stark evidence, painting a compelling local story, stimulating connections with the community, and supporting the health equity mandates of PHUs [public health units]” (2019, p. 297), particularly through community mobilization. It provides an objective and tangible illustration of “the inadequacy of income for those living on social assistance and minimum wages” (Power et al., 2019 p. 295). For example, Simcoe Muskoka District Health Unit used its NFB analysis to become the first unit in Ontario to call for a basic income in 2015 and to launch the advocacy campaign “No Money for Food is Cent\$less” (Power et al., 2019, p. 295). A second example comes from the Ontario Dietitians in Public Health which used the NFB to take a stance in favour of a basic guaranteed income to address food insecurity and adopted the Cent\$less campaign to make food insecurity an election issue in 2018 (Power et al., 2019, pp. 295-296).

BOX 30. THE HEAT VULNERABILITY INDEX INDICATOR

The Climate and Health Program team at San Francisco Public Health in California used the Building Resilience Against Climate Effects framework to develop the Heat Vulnerability Index.¹⁶ The latter combines data related to multiple dimensions (ethnicity, temperature anomalies, diabetes prevalence, building density, etc.) into a single indicator (Kristoffersen, 2022). This indicator can be used to identify the neighbourhoods most vulnerable to heat waves and thus contribute to a wide range of adaptation efforts, including determining where to conduct awareness-raising campaigns and to set up cooling centres (Brown, 2016, p. 103).

¹⁵ For additional information about this tool, see: <https://www.canada.ca/en/health-canada/services/food-nutrition/food-nutrition-surveillance/national-nutritious-food-basket.html>.

¹⁶ For additional information about this tool, see: <https://www.arcgis.com/apps/StorytellingTextLegend/index.html?appid=87e184e8ee7e47e6a21379c85b149aed>.

3.4.3 Making Public Health Data and Knowledge in Support of HPPs Accessible and Usable

Some authors emphasize the usefulness of making public health data and knowledge, whether held by public health actors or their partners, accessible and usable. In their analysis of the use of indicators by local health units, Cohen et al. identify the lack of data availability and quality, including timely data specific to priority populations, as significant barriers to public health action (2018, p. 281). Collected data can fully play its role when it is accessible to any actors wishing to advance HPPs. Loncarevic et al. establish this element as a principle underpinning a participatory and collaborative approach: “stakeholders should be able to use research evidence more easily and tailor health promotion interventions to the needs of their communities” (2021, p. 1). Two tools foster data dissemination, accessibility and practicability: the use of virtual platforms and visual aids.

Use of Virtual Platforms

Using virtual platforms can facilitate data sharing as well as the pooling and alignment of different public health, community and civil society organizations’ efforts. This is illustrated by the example presented in Box 31.

BOX 31. USE OF THE THRIVING COLORADO DASHBOARD

In Colorado, collaboration among local public health agencies on their implementation and practice of Health in All Policies has enabled the prioritization and sharing of data, in part through the use of virtual platforms. Some agencies use the Thriving Colorado Dashboard,¹⁷ “a tool that allows data sharing for statewide collective impact” (Mundo et al., 2019, p. 4). This is a community health data dashboard managed by The North Colorado Health Alliance Community.¹⁸

This tool enables Colorado agencies to better coordinate their efforts with community partners across the state. It helps to achieve collective impact, improve collaboration on key issues, develop common goals and measurement, avoid duplication of strategies and activities, and support evidence-based strategies. It improves the accountability and transparency of organizations, provides tools to facilitate internal and external meetings, enhances team collaboration and engagement, and improves the sharing and availability of data for grant writing and reporting (North Colorado Health Alliance, n.d.).

¹⁷ For additional information about this tool, see: <http://milehighhealthalliance.org/wp-content/uploads/2016/06/Thriving-Colorado-Dashboard-Presentation.pdf>.

¹⁸ For additional information about this alliance, see: <https://northcoloradohealthalliance.org/>.

Use of Visual Aids

Visual aids such as interactive maps or intelligible tables sometimes help to illustrate complex issues. This type of tool can contribute to an organization's communication efforts, notably with the aim of promoting HPPs. Partners from civil society or other sectors can also borrow these visual aids and incorporate them into their own strategies. Box 32 illustrates the implementation of the Urban HEART tool in Detroit and Barcelona.

BOX 32. DEVELOPING VISUAL AIDS WHEN IMPLEMENTING THE URBAN HEART TOOL

The Urban HEART tool¹⁹ was implemented and adapted to Detroit's reality to document the geographical distribution of social determinants of health. In Barcelona, the team responsible added to the Urban HEART tool an index that summarizes data and conclusions, and describes the "indicators' results, in a very simple and visual way, [which] facilitates understanding and highlighting health inequalities and its social causes among a non-expert audience" (Novoa et al., 2018, p. 659).

Implementing the tool in Detroit "yielded a set of informative tools—matrix, distribution graphs, and maps—for researchers and community organizations to highlight health equity" (Mehdipanah et al., 2021, pp. 152-153). In Barcelona, the inclusion of the index in the HEART tool has led to better identification of urban inequalities and the prioritization of neighbourhoods with greater needs, while enabling health inequalities to be included in public debate (Novoa et al., 2018, p. 659).

3.4.4 Developing Tools Enabling Other Actors to Promote HPPs

A variety of actors can contribute to the development of HPPs from their own fields of action. To assist in this, public health can share its knowledge or know-how to equip actors in other sectors (education, transport, economy, etc.) and support them in promoting HPPs, thereby reducing social inequalities in health. For example, public health organizations can use their expertise to develop tools tailored to their partners' needs in terms of data and analysis. Two such tools were identified in the literature: the development of guides or toolkits and the production of customized tools.

¹⁹ As a reminder, the Urban Health Assessment Response Tool (Urban HEART) is a guide designed for policymakers and decision makers to help identify and analyze health inequalities in urban settings and facilitate decision-making on measures to reduce intra- and inter-urban health inequalities. For more details on this tool, see: <https://www.who.int/publications/i/item/9789241500142>. Its purpose and functioning are discussed in greater detail in Box 18.

Developing Guides or Toolkits

The development of guides or toolkits helps support other actors, in particular by providing guidelines, practical advice and technical information relevant to advancing HPPs. By making this type of resource public or accessible, organizations share useful knowledge and help guide the actions of existing or potential partners in support of HPPs. The example of the Ontario Climate Change and Health Toolkit, presented in Box 33, illustrates this.

BOX 33. DEVELOPING A TOOLKIT DEDICATED TO A SPECIFIC ISSUE

To support health regions and public health, the Ontario Ministry of Health “developed the Ontario Climate Change and Health Toolkit²⁰ which includes two complementary tools for the vulnerability and adaptation assessment and a study that models specific climate change impacts” (Awuor et al., 2020, p. 4). This toolkit equipped public health organizations and other actors concerned by the impacts of climate change (local or provincial authorities working on infrastructure, health and the environment, as well as citizens’ groups, First Nations or NGOs) by providing guidelines and practical advice for implementing the framework for action on environmental health and climate change.

Developing Customized Tools for Partners

Partners’ concrete actions in support of HPPs can also be supported by developing customized tools. Such tools, designed to support partners, help facilitate access to data and knowledge, enabling users to refine their position on various issues in order to advance HPPs—whether by improving their effectiveness at influencing policy or by shaping the political agenda. The Direction régionale de santé publique de Montréal adopted such an approach to strengthen the capacity of civil society actors as part of the CLASP project, Building a Healthy Canada.²¹ This approach is presented in Box 34.

²⁰ For additional information about this toolkit, see: <https://www.ontario.ca/page/ontario-climate-change-and-health-toolkit>.

²¹ For additional information about this initiative, see: https://www.ccnpps.ca/docs/BCES_DescriptionProjets2011.pdf.

BOX 34. DEVELOPING CUSTOMIZED TOOLS TO BRIDGE THE PUBLIC HEALTH AND BUILT ENVIRONMENT SECTORS

The Direction régionale de santé publique de Montréal, with the objective of bridging public health and the built environment:²²

developed customized tools for citizens' groups, such as an audit tool to estimate the pedestrian potential²³ of streets as well as an atlas profiling 180 community mobilization projects in Montreal aimed at creating green and active neighbourhoods (Gagnon et al., 2012, p. 53).

The Walkability Audit²⁴ is a grid designed to analyze some aspects of a neighbourhood's physical layout and assess its ability to promote or discourage walking (Paquin & Pelletier, 2012, p. iii). This tool is "an evidence-informed tool to assess the potential of street sections to encourage travel on foot or in a wheelchair" (Miro et al., 2015, p. eS56). The audit instrument offers community groups working in neighbourhoods the opportunity to identify problems or potential small-scale solutions relating to the built environment, as a complement to larger-scale analyses carried out by organizations or government institutions (Gagnon et al., 2012, p. 53).

3.4.5 Informing Decision-Making and Influencing the Political Agenda

Work on HPPs inherently involves a political dimension, as these policies require the support of decision makers within an intersectoral and multisectoral collaborative dynamic.²⁵ This helps secure the resources and support needed for coordinating, implementing and sustaining public health interventions (Frieden, 2015, p. 20). The knowledge and data generated by public health organizations can be shared and used to place HPP-related issues on the political agenda, thereby providing provincial and municipal political actors with a solid foundation for action. Five ways of informing decision making and influencing the political agenda were identified in the literature: producing summaries, mobilizing knowledge to support an approach or policy, communicating strategically, customizing data, and using health impact assessment (HIA).

²² "The built environment is defined as any element of the physical environment built or developed by human beings. A built environment that is conducive to health fosters community development and individual fulfilment, and has a known impact on the health of a population" (INSPQ, Environnement bâti).

²³ The Walkability Audit is a tool designed to analyze aspects of the physical layout of an area or neighbourhood and assess its capacity to encourage or discourage walking (Paquin & Pelletier, 2012, p. iii).

²⁴ For more information about this tool, see: <https://societelogique.org/2017/11/01/ppas-au-audit-de-potentiel-pietonnier-actif-securitaire-et-accessible-universellement/>.

²⁵ For more details on this political dimension, see section 3.5 on governance and leadership.

Producing Summaries

One option for putting issues related to HPP on the political agenda is to produce concise summaries of useful data and interpretations for targeted dissemination. Two concrete examples illustrate this approach. The first is presented in Box 35 and targets legislators and policymakers, while the second, presented in Box 36, is aimed at citizens.

BOX 35. PREPARING HEALTH NOTES

The Pew Charitable Trusts,²⁶ a nongovernmental organization based in the United States conducting research on public policies and democratic processes, led a program to evaluate and develop health notes²⁷ in several American jurisdictions. Health notes are a policy analysis tool consisting of brief summaries describing the positive and negative effects of proposed legislation. These summaries are based on the best available research and are intended to help policy makers inform their decisions about the potential health impacts of proposed legislation and policies in a variety of areas (education, housing, employment, etc.). Notes are completed faster than health impact assessments, as they have no recommendations and are intended primarily for legislators and their staff at all levels of government.

Health notes advance health action plans by helping legislators understand how education, housing, and employment policies can affect health and well-being (Rogerson et al., 2020, p. 5). Pew completed nine briefs in two states (Colorado & Indiana), providing training and technical assistance to three independent non-profit research and policy organizations (Rogerson et al., 2020). These notes looked, in particular, at the health and equity implications of bills intended to create a “readiness program, prohibit charging fees for all-day public kindergarten, and make it easier for homeless youth to obtain state-issued identification such as a birth certificate or driver’s license” (Rogerson et al., 2020, p. 5).

²⁶ For additional information about this organization, see: <https://www.pewtrusts.org/en/>.

²⁷ To read a guide dedicated to the production of health notes, see: <https://www.pewtrusts.org/-/media/assets/2021/04/apractitionersguidereportfinal.pdf>.

BOX 36. PUBLISHING REPORT CARDS

In Saskatoon, using an openly political approach, professionals from the health promotion department and medical officers of health working at Saskatoon Health Region (now part of Saskatchewan Health Authority) supported a project initiated by community groups to ensure issues related to well-being and quality of life were considered during the 2016 municipal election. Based on candidates' answers to questions and on an analysis from a health equity perspective, the groups released report cards that summarized and "identified the 2016 Saskatoon civic election candidates' positions on matters impacting urban livability" (Janzen et al., 2018, p. 593).

The role and responsibilities of municipal government with regard to health equity were highlighted (Janzen et al., 2018 p. 594). In this manner, the report cards provided the impetus for conversations about how the city can achieve its current goals while improving health equity by increasing urban livability (Janzen et al., 2018, p. 594).

Mobilizing Knowledge to Support an Approach or Policy

Public health organizations can mobilize their knowledge and expertise to support an approach or policy that pertains to a sector other than health. Box 37 proposes an example illustrating this type of action.

BOX 37. MOBILIZING KNOWLEDGE TO SUPPORT THE HEALTHY CITIES APPROACH

The Healthy Cities approach²⁸ is promoted by the WHO and aims to create local living spaces more favourable to health and equity. For MacFarlane et al. "the Healthy Cities approach can [...] be seen as an attempt by public health actors to use evidence to influence perceptions and understanding and to foster change through coalition building" (2015, p. 7). These authors examined the strategy adopted by Toronto Public Health to promote this approach. Amongst other initiatives, this strategy included the publication of three reports supporting the adoption of the Healthy Cities approach. These reports, published in 2012, highlight specific data and include an in-depth analysis: *The Walkable City*, *Road to Health* and *Toward Healthier Apartment Neighbourhoods* (MacFarlane et al., 2015, p. 7). In addition to raising public awareness, these reports provided information tailored to the Toronto context and fostered collaboration in promoting policies aimed at a healthier built environment (MacFarlane et al., 2015, p. 7).

²⁸ For additional information about this approach, see: <https://www.who.int/teams/health-promotion/enhanced-wellbeing/ninth-global-conference/healthy-cities>.

Communicating Strategically to Strengthen Political Engagement

One way of influencing the HPP policy agenda is to communicate strategically to facilitate the use of data and its interpretation by stakeholders. Targeted communication can be aimed at: passing on crucial information to inform decision-making, persuading key people to support an initiative, or even influencing the context surrounding public health action. The latter action can be achieved by raising stakeholders' awareness of certain issues, by mobilizing strategic allies, or by shifting perceptions and priorities within public debates (Frieden, 2014, p. 20). For example, the civil organizations Mothers Against Drunk Driving and Remove Intoxicated Drivers modified the road safety context by transforming social perceptions of drunk driving (Frieden, 2014, p. 20). To ensure that targeted communication is effective, Frieden suggests adapting the presentation of data to the target audience. For example, decision makers need accurate, timely and concise information on the health and fiscal effects of different policy options (Frieden, 2014, p. 20). The perception of a problem can thus be altered because by "providing accurate, timely, and convincing information that includes data on outcomes, public health entities can increase their credibility with potential stakeholders such as decision makers, health care providers, the public, and public and private program funders" (Frieden, 2014, p. 20). This type of communication contributes to greater public awareness and sustained political commitment (Frieden, 2014, p. 21). The example presented in Box 38 highlights the positive impact of data being shared appropriately and strategically with partners.

BOX 38. COMMUNICATING STRATEGICALLY

The Simcoe Muskoka District Health Unit in Ontario conducted a vulnerability assessment to support climate change mitigation and adaptation policies. To support knowledge translation and stakeholder engagement, a communication strategy focused on key results was put in place. This strategy targeted three priority groups: health unit staff, provincial public health practitioners, and local municipal and community stakeholders (Levison et al., 2018, p. 7). The results were shared internally with the health unit staff, management and health board, and externally with community partners and other public health organizations through conferences, webinars and one-to-one consultations (Levison et al., 2018, p. 11).

Communicating the results to staff raised awareness in the organization about local health impacts and community resilience (e.g., climate projections, local vulnerable populations, actions to strengthen resilience). Communication of results to community partners:

has allowed for collaboration between the health unit and municipal staff in the creation of adaptation plans and regional climate strategies. It has also led to the inclusion of climate change and health considerations into public policy (Levison et al., 2018, p. 11).

Customizing Data to Reach the Public and Stakeholders

High-quality data and the accessibility of its presentation (e.g., reliability, intelligibility) can help persuade partners and decision makers to support HPPs, but this is not always enough to change policies. Personalizing data by incorporating emotions, values or storytelling can increase its impact. Cohen and Marshall draw on Chapman to suggest the importance of “recognising that people with lived experience are much more compelling advocates than experts, and understanding that facts and evidence should be anchored firmly to the values that will make them resonate” (2017, p. 319). The example of the Norwegian municipalities of Verdal and Levanger, presented in Box 39, illustrates this strategy.

BOX 39. DATA CUSTOMIZATION

Public health professionals in the Norwegian municipalities of Verdal and Levanger sought to build consensus to develop a holistic vision of health and prioritize health equity among various departments, decision makers and communities. Involving relevant stakeholders in producing the municipal master plan leading to the institutionalization of this vision was essential and required winning their hearts and minds to prompt them to engage in action. Thus, professionals personalized statistics (evidence), giving a voice to people in their communities: “personal narratives were then edited, adapted and recorded in a film with local music, local settings and local actors starring as the interviewed citizens” (Von Heimburg & Hakkebo, 2017, p. 72). Both municipalities made public health a key pillar of municipal planning, placing health equity at the heart of their governance.

Incorporating lived experiences and storytelling cannot replace the central role of evidence in public health discourse in support of HPPs. However, it can add a dimension to messaging and help to persuade stakeholders and decision makers to engage in the implementation of HPPs.

Using Health Impact Assessment to Inform Decision-Making

Health Impact Assessment (HIA) can contribute to capacity building across most dimensions of this report, as it enables the analysis of the implications of policies or projects in any sector, notably as they pertain to social determinants of health and equity. This tool is particularly relevant for informing decision-making. Some authors consider that conducting HIAs makes it possible to “develop evidence-based recommendations to support decision makers to bridge the gap between evidence and policy” (Metcalf & Higgins, 2009, p. 299). Tremblay et al. identify the exchange and sharing of local knowledge and data specific to HIA as a means by which decision makers “acquire greater knowledge about the potential impacts of a local policy or project on the health of their citizens, before it is implemented.” For public health professionals, HIA provides “access to useful information related to the specific context of the project or policy” (Tremblay et al., 2017, p. 68). Presented in Box 40 are two HIAs conducted in Oregon that illustrate this function of the tool.

**BOX 40. HIA AS A TOOL TO GUIDE DECISIONS TIED TO CLIMATE CHANGE
MITIGATION**

The Oregon Health Authority conducted two HIAs to inform state policymakers on climate change mitigation policies. The first, conducted in 2013, aimed to integrate a health perspective into the decision-making process related to the state's greenhouse gas emissions reduction plan. The second, in 2014, aimed to support the government of the Portland metropolitan area in developing transportation and land-use planning strategies.

These HIAs highlighted previously overlooked dimensions, such as impacts on low-income, racialized, or disabled individuals and communities. They also helped policymakers to consider additional proposals, such as promoting active transportation and building cycling infrastructure (Dannenberg et al., 2020, p. 143).

Table 9 **Key Takeaways: Knowledge Development Dimension**

Strategies for strengthening the capacity to act	Tools	Practical reflections
Collect meaningful local data in support of HPPs	<ul style="list-style-type: none"> • Collecting local data to help inform or influence key actors • Conducting local vulnerability assessments 	Public health actors could benefit from reflecting on their use of data and its potential impact. Data and knowledge collected and shared by public health organizations serves multiple functions, catering to a wide range of audiences, including researchers, policymakers, citizens, stakeholders, etc. It may therefore be beneficial for public health organizations to carefully consider the implications and potential outcomes of data and knowledge they put forward so as to maximize the benefits and minimize the risks inherent in their use.
Use relevant indicators to leverage data in support of HPPs	<ul style="list-style-type: none"> • Measuring What Matters process • Nutritious Food Basket indicator • Heat Vulnerability Index 	
Make public health data and knowledge in support of HPPs accessible and usable	<ul style="list-style-type: none"> • Virtual platforms • Visual aids 	
Develop tools enabling other actors to promote HPPs	<ul style="list-style-type: none"> • Developing guides and toolkits • Producing customized tools for partners 	
Inform decision-making and influence the political agenda	<ul style="list-style-type: none"> • Producing summaries • Mobilizing knowledge to support an approach or policy • Communicating strategically to strengthen political commitment • Customizing data to reach the public and stakeholders • Using health impact assessments (HIA) to inform decision-making 	

3.5 Leadership and Governance

Good leadership and effective governance can support the ability of organizations to act on HPPs. By clearly orienting organizational priorities toward HPPs in a cross-cutting manner, leadership and governance promote practices and priorities consistent with the implementation of these policies. Table 10 defines this dimension and gives an overview of four strategies discussed in this section.

Table 10 Leadership and Governance Dimension

Definition	The ability and commitment of organizations to implement HPPs are made apparent through strong leadership (guiding, inspiring, influencing and directing others) and strategic thinking reflected in thoughtful decisions about what, for whom and how policies should be implemented.
Strategies for building organizational capacity to act on HPPs	<ul style="list-style-type: none"> • Prioritize health equity in organizational governance • Clarify public health's roles with respect to HPPs • Involve leaders committed to HPPs within an organization • Assign value to public health's advocacy role

In the following sections, four strategies identified under the leadership and governance dimension are being presented and detailed with concrete examples.

3.5.1 Prioritizing Health Equity in Organizational Governance

Approaches that prioritize health equity can help advance HPPs by focusing on influencing social determinants of health and health equity (Milio, 1987). Two equity-focused approaches were identified in the literature: the inclusion of health equity both as an explicit public health function and in official documents, and the adoption of a framework to guide and promote health equity initiatives.

Including Health Equity as an Explicit Public Health Function and in Official Documents

Governance is linked to how public health is defined and framed (Di Ruggiero et al., 2022, p. 16). To strengthen governance and thus maximize the legitimacy of public health interventions, core public health functions must be clearly defined. Health equity must therefore be included as a priority in this definition, in particular to reflect the growing importance of the social and ecological determinants of health and, consequently, to support the promotion of HPPs (Di Ruggiero et al., 2022, p. 17). In this regard, Di Ruggiero et al. believe that Canada should reaffirm and include "health equity as an explicit function of public health to

ensure it remains a priority” (2022, p. 17). Van Roode et al. (2020) also highlight the need to take health equity into account in the decision-making processes of public health organizations. Emphasizing this priority in organizational strategic orientations can facilitate the allocation of resources and the implementation of new initiatives by all employees and units. This is illustrated in Box 41.

BOX 41. PRIORITIZING HEALTH EQUITY

British Columbia implemented a provincial policy aimed at applying a health equity lens to all public health programs. As part of this initiative, interviews and focus groups were conducted with 55 senior managers and executives in six health authorities and in the Ministry of Health.

This analysis affirmed the necessity of “explicitly naming health equity as a priority” at all levels of the health system, in official documents (mandates, service plans and strategic plans), of advocating for its inclusion in the decision-making process, and of elevating its prominence within an organization (Van Roode et al., 2020, p. 6). For example, depending on an organization’s structure, it could be possible to prioritize health equity by allocating resources with “a requirement for the other (...) programs to work with Population Health to put equity into their planning framework” (Van Roode et al., 2020, p. 6). Representing and including communities and individuals affected by health inequalities (Indigenous populations, people with disabilities, etc.) in decision-making processes are also ways to prioritize health equity (Van Roode et al., 2020, p. 7).

Adopting a Framework to Guide and Promote Health Equity Initiatives

Adopting a guiding framework to support health equity initiatives can represent a first step toward broader prioritization of HPPs within an organization. A guiding framework can help to conceptually and gradually establish objectives and orientations associated with HPPs. This can help prioritize equity, while at the same time acting as an educational tool for staff within the organization and increasing the involvement of partners. This is what emerges from the example described in Box 42.

BOX 42. ADOPTING A GUIDING FRAMEWORK

Since 2007, one strategic goal of the Simcoe Muskoka District Health Unit in Ontario has been to address the determinants of health that lead to health inequalities. To achieve this, a “comprehensive health equity framework” and a set of recommendations have been developed. One of the recommendations was to increase the use of the Health Equity Impact Assessment (HEIA) tool across the unit’s activities (Sadare et al., 2020, p. 213).

The adoption of this framework was the starting point for promoting the use of the HEIA tool by the health unit. The *Simcoe Muskoka District Health Unit’s Approach to Addressing the Determinants of Health - A Health Equity Framework*²⁹ was intended to guide health unit staff in achieving the objectives of the Ministry of Health’s 2012-2016 Strategic Plan and in supporting future health equity initiatives. These goals were then reflected in the integration of HEIA into planning processes, as well as in additional training for health unit staff on how to advance health equity goals using HEIA (Sadare et al., 2020, p. 218).

3.5.2 Clarifying Public Health’s Governance Roles

Governance in this context refers to how roles and responsibilities are defined within an organization to promote HPPs and to have a structuring effect on the organization, partner engagement and overall planning of activities. Several of the sources consulted stress the importance of defining and delineating the responsibilities and roles of public health and its various collaborators with respect to HPPs. Clear roles make it easier to identify partners to engage with and to find ways to mobilize them (Mundo et al., 2019, p. 4). The development of a typology of public health interventions, as carried out by the Direction régionale de santé publique de Montréal (DRSPM), illustrates the structuring effect that clarifying roles and initiatives can have. This example is presented in Box 43.

²⁹ For additional information about this framework, see: <https://nccdh.ca/resources/entry/simcoe-muskoka-district-health-units-approach-to-addressing-the-determinant#:~:text=The%20Simcoe%20Muskoka%20District%20Health,health%20inequities%20among%20population%20groups>.

**BOX 43. HIGHLIGHTING PUBLIC HEALTH'S SPECIFIC CONTRIBUTION THROUGH A
TYPOLOGY OF INTERVENTIONS**

The role of public health professionals in implementing HPPs in collaboration with municipalities or other sectors is often not well understood. Public health teams often work behind the scenes, in collaboration with those who have levers (municipalities, education or health care sectors, community groups, etc.) for bringing about healthy changes (Litvak et al., 2020, p. 66). To facilitate better recognition of these public health actions, particularly in terms of HPPs, the Direction régionale de santé publique de Montréal (DRSPM) adopted a typology dividing its public health interventions into two categories: indirect interventions (targeting third parties) and direct interventions (targeting the population).

By carefully defining its activities, the DRSPM has been able to plan and structure them more effectively. Following a rigorous planning process based on the typology had a significant structuring effect on the organization and has led to greater synergy with partners from other sectors. The typology contributed to the drafting of the City of Montréal's 2016-2021 Action Plan and facilitated "communication with partners in the health network and from other sectors." This leads to organizational and team planning that is better aligned with the expectations and needs of the target populations (Litvak et al., 2020, p. 71).

3.5.3 Involving Leaders Committed to HPPs Within an Organization

The involvement and support of leaders at all levels of an organization, in particular managers, but also professionals and mid-level managers, are essential for the effective implementation of HPPs. Leaders who can influence and mobilize their teams play a key role in ensuring the success of programs and policies (Rhys & Boyne, 2010, p. 451). The literature highlights their importance in developing and maintaining health promotion initiatives (Carstensen et al., 2019, p. 10), as well as in supporting key individuals in their work or allocating human and material resources (Carstensen, 2019, p. 511; Tabak et al., 2016, p. 7). In practical terms, they fulfill their role through clear and consistent communication between leaders at all levels of an organization, which influences the implementation of organizational priorities (Tabak et al., 2017, pp. 7-8). Box 44 provides an example highlighting tangible outcomes achieved through leaders' active involvement and sustained support in developing a healthy food and beverage policy.

BOX 44. ONGOING INVOLVEMENT AND SUPPORT OF LEADERS

In 2011, the City of Hamilton, Ontario, adopted a healthy food and beverage policy, accompanied by resources and support to facilitate its implementation across municipal services. For example, lists of caterers, nutritional advice sheets, workshops, and local television spots were made available to help integrate this policy. These measures aimed to encourage buy-in and support the implementation of the policy. Additionally, the policy was integrated into the organizational culture by promoting events such as recipe contests, thereby demonstrating that healthy food policies can be viewed positively rather than as restrictive (Atkey et al., 2017, p. e627).

The continued involvement and support of high-level leaders (the director of the healthy living division of the public health office, the director of health, safety and well-being, the medical officer of health and the city manager) facilitated the adoption and implementation of the policy, as well as the management of resistance at all levels (Atkey et al., 2017, p. e627). For example, the fact that the city manager took time to judge a recipe competition showed that the city took the issue of healthy eating seriously, contributing to a positive shift in the organization's food culture (Atkey et al., 2017, p. e627).

3.5.4 Assigning Value to Public Health's Advocacy Role

There is strong theoretical support for the role of advocacy in public health (Cohen & Marshall, 2017, p. 314). Engaging in advocacy is a powerful strategy that can help influence decision-making, create healthy environments and achieve policy, structural and systemic change (Alberta Health Services, 2009, p. 1; NCCDH, 2015, p. 5). Advocacy is embedded in power dynamics and influenced by organizational orientation and leadership practices. Effective leadership in public health requires knowing when and how to adopt an advocacy approach to achieve desired outcomes (Tulane University, 2023). Implementing advocacy initiatives, within the limits of their legally mandated powers, enables public health organizations to strengthen their capacity to advance HPPs by encouraging others to take action. Concrete measures can be adopted to enhance this role, thereby informing and influencing a wide range of stakeholders. These measures include defending specific positions in the public sphere and making direct representations to decision makers or influential actors.

Defending Specific Positions in the Public Sphere

Firstly, public health organizations can demonstrate leadership by advocating for specific positions on HPPs. In certain circumstances, taking a public stance is the most straightforward avenue for advancing ideas and information relevant to issues underlying HPPs. One promising

option for supporting strategic, coherent positioning is to frame an issue such that the focus is on promoting HPPs, as demonstrated by the example in Box 45.

BOX 45. FRAMING THE URBAN SPRAWL ISSUE

During the development of new plans for urban intensification and the conservation of agricultural land, the Region of Waterloo Public Health Unit in Ontario was able to “strategically frame the issue of urban sprawl as a loss of rural ‘foodland’” and a threat to community food security. It was thus able to regroup food, agricultural and regional development concerns, whereas public health was initially concerned with access to healthy food (Wegener et al., 2012, p. 4113). Framing the issue of food accessibility such that it was placed on the same level as other important regional priorities enabled public health to draw the attention of decision makers to food-related issues and to propose ideas and policy changes during the review of the official regional plan. Public health also raised public interest and highlighted concerns about the viability of local agriculture (Wegener et al., 2012, p. 4114).

Making Direct Representations to Decision Makers or Influential Actors

In addition to or alongside taking a stance in the public sphere, advocacy can also be interpreted as a form of representation made to decision makers or influential actors. In efforts to advance HPPs, public health organizations sometimes have the opportunity to draw on the legitimacy of public health to advocate to higher levels of government. The literature consulted highlights advocacy initiatives targeting local decision makers or partners that enable HPP-related initiatives to progress. Two examples are presented in Box 46. These two examples illustrate the potential influence public health organizations can have when they leverage their knowledge and legitimacy to advance their priorities with a variety of actors, particularly as regards HPPs.

BOX 46. ADVOCACY INITIATIVES FOR HEALTH EQUITY

Mundo et al. cite access to decision makers and exchanges with officials about the consequences of various policies on health inequalities as a vector for success for local public health authorities implementing a Health in All Policies approach in Colorado. (Mundo et al., 2019, p. 4).

Von Heimburg and Hakkebo come to a similar conclusion, based on the experience of two Norwegian municipalities that have prioritized health equity in their strategic orientations, highlighting their relentless advocacy efforts at the local level: “Public health and health equity were repeatedly put on the agenda in dialogue meetings with politicians and other stakeholders in the municipalities” (2017, p. 71).

Table 11 Key Takeaways: Leadership and Governance Dimension

Strategies for strengthening the capacity to act	Tools	Practical reflections
Prioritize health equity in organizational governance	<ul style="list-style-type: none"> • Including health equity both as an explicit public health function and in official documents • Adopting a framework to guide and promote health equity initiatives 	<ul style="list-style-type: none"> • Strategic orientations, organizational values, and the role and approaches of decision makers have an impact on all the dimensions covered in this report. • Public health actors, when possible, should leverage the legitimacy of public health. Establishing how this legitimacy relates to HPPs can provide support for their actions. Public health authorities are not always comfortable with participating in the development of public policy, or do not consider this to be a clear part of their work (Guyon, 2012, p. 460). The aim is to recognize and take full advantage of public health's ability to influence decision-making by recognizing the types of legitimacy (theoretical, legislative, administrative and scientific) that it possesses through which to act, including political levers. Guyon suggests establishing "the legitimacy of public health authorities" as regards HPPs (Guyon, 2012, p. 460).
Clarify public health's roles with respect to HPPs	<ul style="list-style-type: none"> • Developing a typology of public health interventions 	
Involve leaders committed to HPPs within an organization	<ul style="list-style-type: none"> • Establishing clear and coherent communication among leaders at all levels of an organization 	
Assign value to public health's advocacy role	<ul style="list-style-type: none"> • Defending specific HPP positions • Making direct representations to decision makers or influential actors 	

4 CONCLUSION

In this report, we provided an overview of strategies public health organizations can use to strengthen their capacity to support HPPs. Although the strategies discussed are all distinct and categorized by dimension, certain points of convergence can still be identified.

Firstly, the vast majority of the strategies mentioned are aligned with existing mandates and with work that is ongoing within public health organizations. In this context, the aim is to draw on the expertise and competencies of public health professionals to give higher priority to work related to HPPs. Another constant found in the literature, and linked to several of the dimensions discussed, is the need to support partners outside the public health sector. It appears that public health organizations can play a supporting role for other actors, in particular by sharing their knowledge, intensifying public health advocacy efforts and supporting collaborative initiatives. Finally, one of the ways public health organizations can exercise positive leadership is by providing their teams and professionals with the means to contribute to the development of HPPs. This can be done not only by dedicating resources and teams to HPPs or developing competencies, but also by ensuring that these professionals have the autonomy necessary to defend the principles underlying HPPs in the public sphere, take initiatives in their areas of expertise or build long-term partnerships.

Our knowledge in this field could be expanded by drawing directly on the work carried out by public health organizations. To this end, future research or work could draw on the experiences of public health professionals actively promoting the advancement of HPPs. Case studies or comparative analyses focused on organizations would have the potential to add empirical data and disseminate existing strategies more widely.

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APPENDIX 1 METHODOLOGY

The methodological approach covers the period between 2004 and 2022. The Pubmed, EBSCO and Ovid databases and the Google search engine were used to identify scientific articles on the actions of public health organizations related to HPPs, using predetermined keywords (see the detailed concept plan in Appendix 2). After compiling the initial corpus of scientific articles from titles and abstracts, reading the full articles allowed for a review of the content and bibliographic references, facilitating the identification and inclusion of additional sources using the snowball method. This dynamic literature search process made it possible to include articles covering the central theme of the project that had not been identified through keyword searches.

Keyword searching combined with snowballing led to the selection of 106 scientific articles, examined using an analytical framework. For each article, a grid (see Appendix 3) was completed according to the dimensions proposed by this framework. This process made it possible to list and categorize strategies and examples of implementation by public health organizations. Within each dimension of the framework, generic strategies were derived to provide a structure to the report. The examples illustrating the strategies presented in this report were chosen on the basis of their potential applicability for public health organizations. The analysis of these strategies and examples also highlighted practical insights within each dimension into how better to promote HPPs. The result is a non-exhaustive but varied portrait of the means available to public health organizations to strengthen their capacity to act on HPPs.

APPENDIX 2 CONCEPT MAP - DOCUMENTARY SEARCH

	Concept 1	Concept 2	Concept 3	Concept 4
English keywords	Healthy public policies: public health policies, health policies, health promotion, public health practice	Organizational capacities: institutional capacities, organizational capacities	Public health organizations: health authorities, public health authorities, public authority, local government, health organization, organization, municipality, city	Strategy, tool: strategies, strategic approaches, policy instruments, action, approach, initiative, best practices or promising practices
French keywords	Politiques publiques favorables à la santé : politiques de santé publique, politiques de santé, promotion de la santé	Capacités organisationnelles : capacités institutionnelles	Organisations de santé publique : autorités de santé, autorités de santé publique, autorité publique, gouvernements locaux, organisations de santé, organisation, municipalité, ville	Stratégie, outil : stratégies, approches stratégiques, instruments de politique, action, approche, initiative, meilleures pratiques ou pratiques prometteuses

APPENDIX 3 ANALYTICAL GRID

DIMENSIONS	STRATEGIES FOSTERING THE IMPLEMENTATION OF HPPs	EMPIRICAL EXAMPLES
Partnerships		
Organizational structures and resources		
Workforce		
Knowledge development		
Leadership and governance		
ELEMENTS OF CONTEXT		
Organizational competencies and powers		
Sociopolitical context		
Obstacles and success factors		



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