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Five examples of intersectoral action for health at the local and regional level in Canada

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1 Summary

This document describes and analyzes five Canadian experiences of intersectoral action for health linked to local and regional governments. The main objective of this text is to provide examples for institutions who may wish to draw inspiration from these previous experiences. It is intended equally for local and regional health organizations and for local policy makers and non-governmental organizations.

The cases presented are:

- Vancouver's Healthy City Strategy, in British Columbia;
- A healthy built environments initiative, in Saskatoon, Saskatchewan;
- The Grey Bruce Healthy Communities Partnership, in Ontario;
- The Table intersectorielle régionale en saines habitudes de vie (TIR-SHV), in the Mauricie region of Québec;
- The Mobile Food Market initiative, in the Halifax region of Nova Scotia.

The origin and objectives of each case of intersectoral action for health are presented, along with the actors involved, examples of the actions implemented and an assessment of the activities. A comparative analysis of the cases, including lessons drawn from an examination of each case, is also included.

The main facilitating elements that emerged from an analysis of the cases are as follows:

- Development of a clear strategy with shared objectives;
- Strong support from municipal authorities and leaders;
- Development of collaborative leadership;
- Stability of the structures and organizations implicated in the partnership;
- Stability of the funding mechanism.

These elements can facilitate intersectoral collaboration for health at the municipal and regional levels.

2 Introduction

This document describes five Canadian experiences of intersectoral action for health linked to local and regional governments. The main objective of this text is to provide examples for institutions who might wish to draw inspiration from these previous experiences. It is intended equally for local and regional health organizations and for local policy makers and non-governmental organizations.

Many local governments around the world have developed initiatives aimed at promoting population health by means of an intersectoral approach. Medical care aside, the health of a population is in reality determined by economic, social and environmental factors, which are very often linked to public policies developed in fields that fall outside the sphere of responsibility of health authorities. According to the Canadian Medical Association (2013), for example, 50% of the health outcomes of Canadians can be attributed to living conditions and life style, 25% can be attributed to health care, 15% to biology and 10% to the environment. Thus, maintenance and improvement of the health status of individuals requires cooperation between the health sector and non-health sectors. Intersectoral action for health often refers to the way different sectors work together to improve health and influence its determinants (Larsen, Rantala, Koudenburg, & Gulis, 2014).

The Health in All Policies (HiAP) strategy falls into this category. HiAP is “an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity” (WHO, 2013). This approach differs from intersectoral action for health initiatives in that it is not limited to one or two sectors, but aims to ensure that health concerns are **systematically** considered in decisions made by all sectors and fosters the development of **ongoing** collaborative intersectoral relationships.

Many international reference works[1] advocate intersectoral action for health (Rantala, Bortz, & Armada, 2014). Despite this, implementing intersectoral action for health still implies facing some challenges. These relate, for example, to the sectoral logic governing operations within some public administrations, to the availability of adequate and stable funding for developing and strengthening intersectoral action for health, and to the perceived “imperialism” of the health sector, as viewed by other sectors. Moreover, there are few systematic reviews of experiences with intersectoral action for health involving local governments and little practical advice on how to implement such action at this level of government (Rantala et al., 2014). This is all the more surprising given that local and regional authorities are well positioned to direct intersectoral processes, because of their influence over many sectors essential to health, including land use development, transportation, environmental protection, parks and recreation, education, and community development (Larsen et al., 2014).

[1] The Declaration of Alma-Ata (WHO, 1978), the Ottawa Charter (WHO, 1986), the Adelaide Statement on Health in All Policies (WHO & Government of South Australia, 2010), the Rio Political Declaration on Social Determinants of Health (WHO, 2011), and the Helsinki Statement on Health in All Policies (WHO & Government of Finland, 2013).

The descriptions of experiences with intersectoral action for health in this briefing note represent an effort to help fill this gap by providing more explicit details about the processes and conditions tied to the implementation of such action within local and regional governments. The five Canadian experiences[2] with such action at the local and regional levels presented here can serve as examples for institutions that might wish to draw inspiration from previous experiences. The following initiatives are described:

- Vancouver's Healthy City Strategy, in British Columbia;
- A healthy built environments initiative, in Saskatoon, Saskatchewan;
- The Grey Bruce Healthy Communities Partnership, in Ontario;
- The Table intersectorielle régionale en saines habitudes de vie (TIR-SHV), in the Mauricie region of Québec;
- The Mobile Food Market initiative, in the Halifax region of Nova Scotia.

The subsequent sections describe, for each of the cases selected, **the origin and objectives** of the intersectoral action for health, **the actors involved**, **examples of the actions implemented** and an **assessment of the activities**. A comparative analysis of the cases, along with the main lessons that can be drawn from them will follow (see Table 2 on p. 25).

[2] These five cases were extracted from a scoping review of the grey and scientific literature on approaches akin to the health in all policies strategy or to intersectoral action for health at the municipal or regional level in Canada.

The literature review was produced as part of a research project on the implementation of health in all policies approaches in local governments in Canada. This project is being conducted by Wilfrid Laurier University (Ontario) with support from the NCCHPP. The criteria which guided the selection of these cases are:

- the similarity of the approach to the health in all policies strategy or to intersectoral action that improves health and/or health equity, and which involves local governments;
- the diversity of the cases;
- the diversity of the provinces concerned;
- the availability of information and documentation.

Information was collected by means of a documentary search that led to more detailed descriptions of the initiatives. This research was supplemented by email exchanges with representatives of the City of Vancouver, of the Population and Public Health department of the Saskatoon Health Region, and of the Grey Bruce Health Unit, in Ontario. There were additional exchanges and telephone interviews were conducted with the national coordinator of the network of Tables intersectorielles régionales en saines habitudes de vie, with the coordinator of the TIR-SHV de la Mauricie and with the coordinator of the Table Santé-Qualité de vie de la Côte-Nord.

3 A Healthy City for All: Vancouver's Healthy City Strategy — British Columbia

3.1 Origin and objectives

Given the context of an aging demographic and faced with growing inequalities of income, and with the issues of precarious employment, housing affordability, mental health and addiction, etc., the City of Vancouver undertook to develop Vancouver's Healthy City Strategy (2014-2025). The strategy is guided by the vision of a healthy city for all in which it is possible to create and to continually improve the conditions that enable everyone to enjoy the highest level of health and well-being possible.

The three areas of intervention that form the overall structure of the Healthy City Strategy are: healthy people, healthy communities and healthy environments. The goal is to encourage all residents and sectors of the community to enact measures that help build a healthy city for all. The Healthy City Strategy was unanimously approved by Vancouver City Council in 2014. Within the City's sustainable development framework, this strategy represents Vancouver's pillar of social sustainability, and complements the city's pillars of ecological and economic sustainability, represented by its Greenest City Plan and its Economic Action Strategy. The Healthy City Strategy includes 13 goals, 21 targets and 45 indicators for monitoring progress and results over ten years (2014-2025) (Craig, 2017).
The goals are as follows:

- A Good Start;
- A Home for Everyone;
- Feeding Ourselves Well;
- Healthy Human Services;
- Making Ends Meet and Working Well;
- Being and Feeling Safe and Included;
- Cultivating Connections;
- Active Living and Getting Outside;
- Lifelong Learning;
- Expressing Ourselves;
- Getting Around;
- Environments to Thrive in;
- Collaborative Leadership for a Healthy City for All.

The first four-year action plan (2015-2018) was also unanimously approved by the municipal council in 2015. It contains 19 actions selected on the basis of the significant impact they will have on the goals and targets of the Healthy City Strategy (City of Vancouver, 2015).

3.2 Actors

The health and well-being of citizens are not the responsibility of a single sector, but are instead a collective responsibility. The management and monitoring of the Healthy City Strategy were entrusted to the Healthy City for All Leadership Table, composed of 30 members from public institutions, provincial and federal agencies, foundations and the private sector (see Annex 1). The table is co-chaired by Vancouver's City Manager and the Chief Medical Health Officer. This partnership was based on a memorandum of understanding between the City of Vancouver and Vancouver Coastal Health (the Regional Health Authority), creating a strong collaborative relationship between the two institutions for working on issues related to the health and well-being of all residents.

The actions contained in the Action Plan (2015-2018) are implemented through collaborative work carried out by city staff, members of the Regional Health Authority, non-profit organizations, businesses, researchers, and residents.

3.3 Examples of actions

The table below shows examples of actions contained in the Healthy City for All Action Plan (2015-2018).

Table 1 Examples of actions contained in the Healthy City for All Action Plan

Actions	Leadership
Create the conditions for the proper development of children and young people of the City of Vancouver, from birth to 24 years.	City of Vancouver Social Policy staff and Regional Health Authority
Support the implementation of priorities identified through the efforts of the Mayor's Task Force on Mental Health and Addictions.	City of Vancouver Social Policy staff and Regional Health Authority
Determine how the City and local communities can, through proactive policies and practices, help reduce poverty and drive action at other levels of government, and advance the BC Poverty Reduction Coalition's Poverty Reduction Strategy.	BC Poverty Reduction Coalition Vancity
Offer opportunities to improve competencies to work effectively with First Nations and Urban Aboriginal communities.	City Manager's Office, Regional Health Authority and Equal Employment Opportunity Office
Continue to encourage stronger walking connections through the community planning process, with a priority on areas with the largest concentrations of under-served residents.	Planning and Development Services and Regional Health Authority
Create and enhance wonderful temporary and permanent public places and spaces throughout the city.	Planning and Development Services and Department of Transportation

3.4 Assessment of activities

A report produced by the City of Vancouver for the Municipal Council in November 2017 assessed the progress made in implementing the Healthy City for All Action Plan (2015-2018). This study revealed that 79% of the actions set out in the action plan had been completed or were underway (City of Vancouver, 2017).

3.4.1 Evaluation

The City also mandated a registered cooperative, the SHIFT Collaborative, to conduct an evaluation of the Healthy City Strategy. This work focused specifically on collaboration and on implementation of the strategy across sectors and stakeholders (Crawford, Klein, & Goudriaan, 2017). Its aim was not only to determine what did or did not work, but also to assess the process with a view toward improving, strengthening and clarifying guidelines for the future. The evaluation highlighted the fact that the Healthy City Strategy helped build a shared understanding of the factors that contribute to health and well-being, both within Vancouver's municipal departments and within the community. It also pointed toward the great potential of this strategy to serve as a springboard for intersectoral participation and as a framework for collective action involving the City, the Regional Health Authority and community partners. The Healthy Built Environment Committee was cited as an example of how this partnership mobilizes the participation and expertise of the City and the Regional Health Authority to produce a more effective and more efficient impact.

In addition, the strategy is seen as a framework that helps partners and city agencies assess the extent to which their planning processes are aligned with the goals of health and well-being. For the City's staff and for partners, the strategy represents an opportunity to approach regional, provincial and federal governments to coordinate and collaborate with them in several of the areas targeted by the strategy, including housing, early childhood, health services, etc. It explicitly calls for the inclusion of equity-related concerns, and thus provides an opportunity to take into account the needs of vulnerable populations in the City's planning and programs.

3.4.2 Recommendations

The results of the evaluation also indicate that most of those surveyed believe more resources are needed to implement such an ambitious strategy. These respondents believe there should be more focus on human resources and on providing adequate support for the management, coordination and collaboration demands associated with an initiative of this size and complexity. A series of recommendations was made, including calls for the following:

- Development of a process for strengthening collaborative leadership, shared responsibility, innovation and the collective ability to advance the strategy's goals and vision;
- Identification of a few priority areas for intervention, in collaboration with the strategy's partners and stakeholders;
- Provision of adequate human and financial resources to support the strategy's implementation, with a focus on key factors or activities, such as the secretariat, the establishment of working groups, innovation, change of culture, etc.;
- Alignment and/or integration of the healthy city strategy with other existing programs or those under development, so as to maximize impact and strengthen leadership, coordinate work plans and allocate resources to obtain the greatest benefit (Crawford et al., 2017).

4 A healthy built environment initiative — Saskatoon, Saskatchewan

4.1 Origin and objectives

For several years, Saskatoon Health Region's Population and Public Health division has been working toward the development of healthy living environments. For example, the Health Promotion Department of the Population and Public Health division has been very active in the area of active transportation, working both within the community and with the municipality. In late 2015 and early 2016, the Population and Public Health division decided to go a step further and focus particular attention on the issue of health equity. To this end, it implemented an initiative aimed at coordinating, at the local level, activities supporting the equitable development of healthy built environments. These activities include the analysis of evidence, consultation with partners aimed at improving understanding of the issues related to health equity in built environments, and the identification of best practices for addressing these issues (Janzen, Marko, & Schwandt, 2018).

4.2 Actors

The partners involved in this healthy built environment initiative can be grouped into four categories:

- **Departments in the Population and Public Health division (PPHD) of the Saskatoon Health Region**: Health Promotion, Public Health Observatory, Environmental Public Health, and the Office of the Medical Health Officers.
- **The City of Saskatoon**: the Transportation Division and the Planning and Development Division.
- **An academic partner**: The University of Saskatchewan.
- **Associations**: Saskatoon Cycles, which advocates for a city in which cycling is a viable, year-round mode of transportation that is safe and convenient for citizens of all ages; Upstream, a non-profit organization working to create a healthier society through evidence-based ideas that address the social determinants of health; Liveable YXE, a community initiative which aims to raise awareness among citizens about the importance of enhancing the quality of urban life through local democracy.

The work of those contributing to the healthy built environment initiative is not framed by a formal mandate. However, the actions are supported and valued by the heads of the Population and Public Health division (the Manager, the Medical Health Officers, the Director), who particularly value the collaborative relationships established with the City of Saskatoon.

4.3 Examples of actions

The partners in the healthy built environment initiative chose and undertook the following four projects as representative of a health equity approach to interventions related to the built environment (Janzen et al., 2018):

- Develop a Health Equity in Healthy Built Environment Framework;
- Engage in a campaign with multisectoral partners to highlight the importance of health equity in the built environment, during a municipal election;
- Produce a Health Equity Impact Assessment (HEIA);

- Develop a monitoring and evaluation framework for health equity outcomes in the built environment.

4.3.1 Develop a Health Equity in Healthy Built Environment Framework

In 2016, a reference framework[3] was developed to guide work on ensuring health equity in built environments. It addresses problems in this area targeted by members of the healthy built environment initiative. This reference framework is based on the following vision: "A healthy built environment contributing to improved population health and health equity." It focuses on four main axes: healthy food systems, housing, neighbourhood design and transportation networks. A logic model for health equity in the built environment was developed to guide the various departments and practitioners in the Population and Public Health division in implementing the framework and the actions identified in the four targeted axes.

4.3.2 Engage in a campaign with multisectoral partners to highlight the importance of health equity in the built environment, during a municipal election

The key objectives were: 1) to engage candidates for municipal election in a conversation about urban quality of life; 2) to make known candidates' positions on various issues such as equity, health, active transportation, climate change, the economy, housing, food systems, urban planning, etc.; and 3) to help citizens understand the candidates' positions on these issues by means of a report card. The latter served as the starting point for ongoing discussions about how the City could achieve its existing goals while improving health equity by enhancing urban livability. The awareness campaign served as the starting point for alerting the community to the role played by the municipal administration in achieving health equity for citizens.

4.3.3 Produce a Health Equity Impact Assessment (HEIA)

The Population and Public Health division of the Saskatoon Health Region carried out, in partnership with the organization Upstream, a HEIA of Saskatoon's growth plan for the next thirty to forty years. The HEIA method used was based on the model developed by the Ontario Ministry of Health and Long-Term Care[4] and on the work of the Wellesley Institute in this area.[5] The HEIA concentrated on three areas of intervention in the growth plan: active transportation, public transportation, and growth in the main travel corridors. Thirteen recommendations were made aimed at maximizing the potential positive impacts and minimizing the potential negative impacts of the growth plan, in particular for vulnerable population groups, such as lower-income residents, seniors or persons living with a disability. The proposed recommendations were all compatible with the main initiatives of the growth plan (Sharpe et al., 2016). The HEIA helped highlight the relationship between community health and well-being, health equity among population groups and the municipal sector's responsibilities. It also showed how the health of certain population groups can be significantly improved through interventions in areas such as land use planning or transportation (active and collective).

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3 See: http://www.ccnse.ca/sites/default/files/forum-files/HBEFramework_2018Apr10.pdf

4 See: http://www.health.gov.on.ca/en/pro/programs/heia/

5 See: https://www.wellesleyinstitute.com/topics/health-equity/heath-equity-impact-assessment/

4.3.4 DEVELOP A MONITORING AND EVALUATION FRAMEWORK FOR HEALTH EQUITY OUTCOMES IN THE BUILT ENVIRONMENT

Under the direction of the Public Health Observatory in the Population and Public Health division, a series of indicators was developed in collaboration with the City of Saskatoon and the University of Saskatchewan. These indicators can be grouped into the following three categories: 1) policy, planning, and infrastructure; 2) health behaviours and exposures; and 3) health outcomes (Janzen et al., 2018). Equity outcomes are integrated into each category, by examining each indicator from a socio-economic perspective; that is, by stratifying results according to deprivation associated with sector, gender, age and other elements tied to the plan that are likely to have an impact on health equity.

In addition, the Population and Public Health division planned to design, over the course of 2019, a comprehensive set of indicators to monitor and evaluate each component of the Health Equity in Healthy Built Environment Framework, and to support the City's strategy for monitoring its growth plan. This process of identifying indicators creates synergies between health actors and actors in the municipal administration and in academia, and allows progress attributable to the healthy built environment initiative to be monitored and evaluated. In addition, it can serve to demonstrate the added value of collaboration between the municipal sector and the Population and Public Health division and to provide municipal authorities with data on health and health equity that they can use when assessing their policies, plans or projects and during decision-making (Janzen et al., 2018).

4.4 Assessment of activities

The healthy built environment initiative has not yet been the subject of an assessment. However, the ongoing development of monitoring and evaluation indicators for the Health Equity in Healthy Built Environment Framework should provide information on the impact of this initiative at the local level.

In their article documenting this initiative, Janzen et al., (2018) evoke its limitations and the challenges encountered during its implementation. For example, the initiative has not been able to focus on the integration of health equity issues in rural areas, despite the fact that the Health Equity in Healthy Built Environment Framework was intended to apply to the entire population and territory of the Saskatoon Health Region. There could be two reasons for this limitation, according to Janzen and colleagues; namely a lack of capacity within the Population and Public Health division, and the need for clearer directives following the merger of twelve health regions into a single provincial public health authority (the Saskatchewan Health Authority), in December 2017. This merger has also had the effect of slowing down the full implementation of the Health Equity in Healthy Built Environment Framework (Janzen et al., 2018).

5 The Grey Bruce Healthy Communities Partnership — Ontario

5.1 Origin and objective

Since 2009, in concert with the launch of its municipal alignment strategy, the Grey Bruce Health Unit has been developing a Health in All Policies approach. The health unit's core idea is that municipalities can partner with public health actors and other community stakeholders to improve the health and well-being of citizens, by adopting a Health in All Policies approach.

To this end, the Grey Bruce Healthy Communities Partnership was created in 2010. Its objective is to work toward the development of policies that foster the health of the region's residents. The Health in All Policies approach provides the underlying framework for this partnership.

5.2 Actors

The Grey Bruce Healthy Communities Partnership comprises some thirty actors, including community leaders, policy makers and members of various organizations (see Annex 2 for a list of organizations). The group meets monthly to discuss the major health problems of Grey Bruce residents and to seek appropriate solutions for the community. Specifically, the group includes the Grey Bruce Health Unit, elected officials, municipal staff, school board directors and other concerned community organizations.

5.3 Examples of actions

Examples of actions undertaken in the context of the Grey Bruce Healthy Communities Partnership are presented below.

5.3.1 Transportation

Transportation is an important issue for the Grey and Bruce counties, given their relative geographic isolation. Due to the large geographic area of Grey Bruce and its underdeveloped public transit network, automobiles are a vital means of meeting the population's daily travel needs (Grey Bruce Health Unit, 2014).

Public Health assisted Grey County in developing its Master Transportation Plan, as a member of the Technical Advisory Steering Committee. The Master Transportation Plan is a strategic plan that will direct policies and infrastructure initiatives for the County's transportation system over the next 25 years. Public Health and Grey County worked together to include in the plan proposed measures for encouraging active transportation. Thus, the primary goal of the Master Transportation Plan is to "create a vision for all modes of transportation in Grey County, with a particular focus on encouraging active transportation options (cycling, walking/running)" (Grey County, 2019). In addition, the two agencies worked together to organize a workshop on "Solutions for Active Transportation."

The Grey and Bruce counties, in partnership with the Grey Bruce Health Unit, also actively supported the production of a local report on "complete streets," one of the first reports of this type for rural Ontarian communities.

5.3.2 HOUSING

The Above Standard Housing Project, launched in 2014, is an intersectoral initiative active at both the local and provincial levels. This project is partnered with RentSafe, a program initiated by the province of Ontario, which seeks to address indoor environmental health risks affecting low-income tenants (mould, dampness, pest infestations, etc.), by working alongside numerous stakeholders.

The Health in All Policies approach espoused by Grey Bruce led to the development of the locally adapted Above Standard Housing Project, with active support from the Grey Bruce Health Unit. The program focuses on finding ways to improve housing conditions for vulnerable populations at the local level. The aim is, firstly, to better understand the local factors that contribute to the persistence of substandard housing conditions and, secondly, to develop strategies and initiatives that will improve these conditions for vulnerable persons. The actors participating in this project are the Grey Bruce Health Unit, social housing managers, officers responsible for enforcing municipal regulations, housing services, homelessness prevention agencies, women's shelters, tenants and owners.

5.3.3 MUNICIPAL ELECTIONS STRATEGY

Another initiative undertaken by the Grey Bruce Health Unit as part of their Health in All Policies approach is their municipal elections strategy. The Health Unit's goal is to raise candidates' awareness of the effects their actions will have on community health, equity and sustainability, and to prompt them to take health into consideration by applying a Health in All Policies approach to municipal decision-making. To this end, a document succinctly introducing the Health in All Policies approach, along with a tool for promoting healthy communities (the Healthy Communities Tool) was distributed to candidates during the 2018 municipal elections.

5.4 Assessment of activities

An evaluation of the Grey Bruce Healthy Communities Partnership conducted in 2015 revealed that members are generally satisfied with the partnership, although they believe it can be further improved. The cited benefits of continued participation in the partnership include the opportunity to exchange information, to build awareness and understanding of problems and opportunities within the community, and to learn about initiatives led by other organizations. The partnership also provides opportunities for collaboration, networking and action leading to the creation of a healthier community.

The evaluation report suggests clarifying the partnership's purpose and objectives by emphasizing strategic goals and developing a process for prioritizing actions. It also recommends more clearly identifying the target populations; broadening its pool of members; forming working groups composed of key actors that can develop practical strategies for attaining strategic or policy goals; and developing a long-term financial plan (MacDermid, 2015).

6 Table intersectorielle régionale en saines habitudes de vie (TIR-SHV) de la Mauricie (Regional intersectoral round table on healthy lifestyles for the Mauricie region) — Québec

6.1 Origin and objective

The first regional intersectoral round table on healthy lifestyles (referred to as TIR-SHVs) was created in the Québec region in 2004. Between 2004 and 2009, the 17 administrative regions of Québec established TIR-SHVs, which are consultative structures (Mongeau, Pelletier, & Marion, 2016) whose main objective is to work toward the creation of healthy living environments.

In most cases, as in the Mauricie region, TIR-SHVs are associated with Regional Administrative Conferences,[6] which are comprised of regional representatives of the various government departments and agencies. As with the other TIR-SHVs, that of the Mauricie region traces its origin to the *Plan d'action gouvernemental de promotion des saines habitudes de vie et de prévention des problèmes reliés au poids (2006-2012) — Investir pour l'avenir*, a government action plan for promoting healthy living and preventing weight-related problems, launched in the fall of 2006. The mission of the Mauricie region TIR-SHV is to enhance and promote healthy living in the Mauricie region through consultation and partnership focused on the mobilization and alignment of actions supporting healthy eating and physically active lifestyles (Lefebvre, 2018). It is important to note that the TIR-SHV provides guidance and support for enhancing living environments (municipal, early childhood and school), by working together with local and regional actors to identify objectives and implement strategies and actions tied to healthy living, in these environments.

6.2 Actors

The Mauricie region TIR-SHV is composed of representatives from the regional public health branches, government departments and non-governmental organizations (for the status as of October 2018, see Annex 3). The TIR-SHV is chaired by the director of public health at the Centre intégré universitaire de santé et de services sociaux (CIUSSS) de la Mauricie et du Centre-du-Québec. In addition to monitoring many activities through email exchanges, the Table meets twice yearly to gather information about actions implemented, to discuss specific problems and to make important decisions.

6.3 Examples of actions

To fulfil its mission of developing healthy living environments, the TIR-SHV produces multi-year action plans detailing its interventions in support of various living environments (municipal, early childhood, school). The following projects and action plans were developed over the past five years (Lefebvre, 2018):

- "Ça mijote en Mauricie," a regional project (2012-2014);

[6] The Regional Administrative Conferences are composed of regional managers from each government department and agency whose actions have an impact on development in the region. See: https://www.mamh.gouv.qc.ca/developpement-territorial/concertation/

- Plan d'action régional – Saines habitudes de vie 0-17 ans de la Mauricie (2014-2017);
- Plan d'action régional – Saines habitudes de vie 0-17 ans de la Mauricie (2017-2019).

The following are examples of actions contained in the 2017-2019 action plan[7] adopted by the Mauricie region TIR-SHV:

- Having identified their connections to healthy living, work toward harmonious and consistent use of levers within government departments and NGOs;
- Equip decision makers to develop an integrated vision of healthy living at the local level by holding meetings on specific topics (knowledge transfer);
- Inform actors (elected officials, managers and stakeholders) of the impact of their decisions on the adoption and maintenance of healthy eating habits;
- Assist (inform, support and equip) local communities in their efforts to improve the food available in venues where physical activities are practiced, in sports clubs and at events;
- Work toward ensuring that decision makers and stakeholders at the preschool level and in family service agencies (0-5 years) understand and adopt the key ideas in the Gazelle et Potiron[8] reference framework;
- Mobilize and network with decision makers to promote active transportation;
- Contribute to municipal planning processes, including development of land use plans and sustainable mobility policies.

6.4 Assessment of the activities of the Mauricie region TIR-SHV

An assessment of the activities of the Mauricie region TIR-SHV was carried out by the coordinator of the Plan d'action régional – Saines habitudes de vie 0-17 ans de la Mauricie, together with the coordinator of the TIR-SHV. This assessment covers the period from July 1, 2016 to March 31, 2017. Of the 13 goals set, 12 had been partially achieved and 1 had not been achieved (see Annex 4). This result is partially explained by changes affecting the various partner organizations and structures integral to the TIR-SHV, which slowed implementation of some of the actions in the regional action plan for healthy living (Houde & Lefebvre, 2017). In addition, the fact that the TIR-SHV's activities are not directly tied to deliverables, since their work consists of consulting with local and regional actors, helps explain the partial achievement of objectives. Indeed, the ongoing implementation of many of these actions is integral to the TIR-SHV's subsequent action plan (2017-2019).

7 See: http://www.urlsmauricie.com/wp-content/uploads/2017/11/7.1-PAR-SHV-2017-2019_Mauricie_VF.pdf

8 See: https://www.mfa.gouv.qc.ca/fr/publication/documents/guide_gazelle_potiron.pdf

6.5 Example of changes to the TIR-SHVs

In the Côte-Nord region, the TIR-SHV created in 2009 evolved into a Table Santé-Qualité de vie (a health and quality of life table) in 2017, in response to input from decision makers in the Côte-Nord Regional Administrative Conference. This strategy is aligned with intentions to work toward better integration and greater consistency of actions targeting social development and community health (CISSS, 2017). Another advantage of this transformation is that the demands made on partners are streamlined (DeChamplain, 2017), thus avoiding a multiplication of consultative bodies and promoting real synergy among all actors working to positively impact the health and quality of life of the region's inhabitants.

Unlike the TIR-SHV, which was chaired by the director of public health for the Côte-Nord, the Table Santé-Qualité de vie is co-chaired by public health and the regional manager in the Ministère des Affaires municipales et de l'Occupation du territoire.[9] Its aim is to promote social and community development by prioritizing interdepartmental action on the social determinants of health, for the purpose of improving the health and quality of life of the region's inhabitants (CISSS, 2017).

[9] Now the ministère des Affaires municipales et de l'Habitation

7 The Mobile Food Market initiative — Halifax, Nova Scotia

7.1 Origin and objectives

The Halifax region population resides in urban, suburban, and rural communities. Studies continue to highlight the food insecurity experienced by some of the region's inhabitants (Tarasuk, Mitchell, & Dachner, 2014). For people living in rural areas, accessing food is sometimes difficult due to the remoteness of grocery stores and the limited availability of public transit. Several reports, including the *Halifax Regional Municipal Planning Strategy 2014* and the *Halifax Centre Plan 2017*,[10] have highlighted the need to address this issue.

In early 2015, representatives of the government and local community partners began working together to address the problem of access to healthy food in the Halifax area. The team spent several months creating a collaborative governance structure and detailing a plan for developing and implementing a mobile food market initiative. The underlying vision of this initiative is to create healthy, strong and vibrant communities by improving the food supply. Its mission is to support community access to fresh, affordable, and culturally-appropriate vegetables and fruits. The purpose of this innovative initiative is to help create healthy, more just and sustainable food systems in Nova Scotia (Kemp, 2018). The cities of Toronto and Ottawa have developed similar approaches (the Mobile Good Food Market and the Mobile Market, respectively).

The specific objectives of the Mobile Food Market are as follows:

- Improve the accessibility of fresh, high quality, fruits and vegetables for residents;
- Increase engagement and collaboration among and between existing and new partners;
- Build the capacity of community volunteers and local hosts to play an active role in shaping food systems in their communities;
- Enhance the sense of neighbourhood pride and community engagement among residents, Mobile Food Market visitors and customers;
- Assess the market potential for alternative methods of food distribution for under-served communities within the Halifax region.

The target population includes low-income residents, seniors, newcomers to Canada, persons with disabilities, single-parent families and anyone else having difficulty accessing grocery stores or markets. These population groups may have limited access to food due to a lack of transportation, an inability to afford the food available, a lack of access to culturally appropriate foods, or a combination of these factors (NSHA, 2017).

[10] See: https://static1.squarespace.com/static/57dbead9b8a79b34cba8c227/t/59121656d2b857331952903b/1494357635810/Attachment_A_compressed2.pdf

7.2 Actors

The Mobile Food Market, created in 2015, is a non-profit initiative involving residents, communities, local businesses, community organizations and the public sector. Initial reflection on this project was led by public health actors in the Nova Scotia Health Authority and the Halifax Mayor's Office. A detailed list of partners in the Mobile Food Market initiative can be found in Annex 5. The initiative has a three-tier governance and operational structure (Smillie, 2018) that includes the following:

- **An Advisory Team**, whose role is to provide advice and expertise to support the planning, coordination, implementation and evaluation of projects undertaken by the Mobile Food Market;
- **A manager, coordinator and volunteers**, who manage the day to day logistics, including planning and preparation, market coordination, volunteer management and support, communications and administration, as well as reporting to the Advisory Team;
- **Local host teams and volunteers**, who provide on-site support where the Mobile Food Market operates and also focus on partnership building, community outreach, operational logistics, volunteer recruitment and management, and communications.

7.3 Examples of actions

The Mobile Food Market operates at 13 sites across 6 communities: North Preston, North End Halifax, Fairview, East Preston, Spryfield and East Dartmouth. It offers high quality, affordable fresh fruits and vegetables (sold at reduced prices) to several Halifax communities. The market is operated out of a Halifax transit bus that has been converted into a food market on wheels. A complete schedule indicating the locations and times for the Mobile Food Market is posted on the initiative's website: http://www.mobilefoodmarket.ca/.

7.4 Assessment of activities

An evaluation of the Mobile Food Market's activities for the winter/spring 2017 period was carried out. It was mainly intended to verify whether the Mobile Food Market's initial objectives were achieved and to identify and highlight the main lessons learned to inform next steps. More specifically, this evaluation focused on the following questions:

- Does the Mobile Food Market increase the accessibility and affordability of fresh, high quality, fruits and vegetables for residents in the market communities?
- Is the Mobile Food Market reaching the intended populations?
- What impact does the Market have on the sense of neighbourhood pride and community engagement among residents, visitors, and customers?
- What impact (if any) does the Mobile Food Market have on initiating municipal policy changes related to food systems?

Several data collection methods and tools were developed to support the evaluation, including customer surveys, customer testimonials, tracking of the market's sales and interviews with key informants. It is clear from this evaluation that the Mobile Food Market helps improve food security by enhancing physical access to healthy, fresh and affordable foods. Most people surveyed stressed the short travel times required to reach the Mobile Food Market and the affordability of the food. The project also helps enhance food literacy among residents through established partnerships with various community agencies that develop and strengthen residents' food literacy skills.

The evaluation reported that the Mobile Food Market continues to expand its scope within communities by finding new ways to reach people, such as offering home-delivery services or expanding pick-up locations to include a seniors' complex. It has also helped enhance neighbourhood pride and community engagement through, among other things, the creation of vibrant meeting spaces and the development of recreational activities for families.

The evaluation of the Mobile Food Market's implementation also indicated that the project had demonstrated an ability to engage decision makers, by providing a platform for influencing municipal policies, programs and initiatives. In particular, the project drew attention to the need to update municipal policies to foster the creation of mixed-use communities. In addition, the project was recognized as a means of raising awareness about food security among municipal councillors and staff, and highlighting the potential contributions municipal departments can make to solving social problems like food insecurity and poverty (Kemp, 2018).

8 Comparative analysis and key lessons

A synthesis of the five cases of intersectoral action for health is presented in Table 2.

Study of the different cases reveals that the development of a clear strategy or plan with shared objectives is an important element facilitating intersectoral action for health. According to the literature, developing strategies for engaging in intersectoral action for health requires that the health sector and the municipal or regional sector define shared objectives and a common vision. In fact, according to Larsen and colleagues (2014), the absence of shared objectives discourages sectors from working on cross-cutting issues such as health, and one of the essential conditions of success for intersectoral action for health is the development by stakeholders of a common understanding of key issues and the actions required to address them (Rantala et al., 2014). Moreover, effective communication between sectors and the use of "win-win" strategies can facilitate the establishment of a common vision among the main actors in a partnership (Guglielmin*,* Muntaner, O'Campo, Shankardass*,* 2018). Such strategies may result in partners pursuing objectives other than population health (for example, quality of life, citizen satisfaction, etc.).

Analysis of these cases also reveals that intersectoral work is not driven by a policy or mandate requiring sectors to work together on health issues, but rather by incentive policies, as in the case of the Mauricie region TIR-SHV and the TIR-SHVs throughout Québec in general, or by other forms of encouragement for intersectoral collaboration, such as Vancouver's Social Sustainability Strategy and memorandum of understanding. In the case of the Saskatoon initiative, intersectoral action for health is driven by support from the heads of the Population and Public Health division, as well as by the establishment of connections with the municipality. The political will of municipalities has played an important role, as in the case of the Halifax Mobile Food Market, which benefits from the committed involvement of the Mayor's Office.

Collaborative leadership also appears to be an important aspect of fostering reliable collaboration and establishing a climate of mutual trust. Simply asking professionals who are used to operating in sectoral silos to work together can prove insufficient. Leaders must set an example by agreeing to share responsibilities and to work together toward a common goal, such as the improvement of population health and the reduction of inequalities. The transformation of the TIR-SHV, chaired by public health, into the Table Santé-Qualité de vie, co-chaired by public health and the Ministère des Affaires municipales et de l'Occupation du territoire[11] serves to illustrate this point. Similarly, one of the recommendations in the evaluation of Vancouver's Healthy City Strategy is to position "collaborative leadership" as both a fundamental goal and a component of all of the strategy's goals.

In addition, as was observed in the case of the Mauricie region TIR-SHV or of the Saskatoon healthy built environment initiative, changes (elimination, reorganization or modification of guidelines) that are introduced within partner organizations and partnership structures can slow down the process of implementing intersectoral action for health.

The evaluations of the initiatives described in this report also reveal the importance of having sufficient and stable funding to ensure the sustainability of the process and of the actions undertaken.

[11] Ministère des Affaires municipales et de l'Habitation

Thus, a comparison of these cases gives rise to five main lessons for actors who wish to implement intersectoral initiatives at the local or regional level:

- Develop a clear strategy with shared objectives;
- Secure the strong support of authorities in office;
- Develop collaborative leadership;
- Support the stability of structures and organizations implicated in the partnership;
- Procure adequate and stable funding.

The factors relating to shared objectives, a common vision, political support and funding resemble those identified in the literature. The data from the literature also highlight, in particular, public involvement and participation, the role of local media in disseminating information (Larsen et al., 2014) and legal mandates (Gakh, 2015). With respect to this last point, Rantala and colleagues (2014) conclude that a legal mechanism obliging sectors to work together could be a partial solution, but that it is unlikely to be a sufficient means of fostering intersectoral collaboration if there is no willingness to cooperate.

Table 2 Synthesis of five examples of intersectoral action for health

	Issues	Objective	Actors involved	Intersectoral collaboration strategy	Intersectoral collaboration mandates, policies or strategies
Vancouver's Healthy City Strategy – (BC)	Growing income inequality, intensification of problems tied to affordable housing, mental health and addiction	Improve the health and well-being of Vancouver's citizens	Public institutions, provincial and federal agencies, foundations and the private sector	Development of a memorandum of understanding between the City of Vancouver and the Regional Health Authority	Vancouver's Social Sustainability Strategy
Healthy built environment initiative – Saskatoon (SK)	Health equity in the built environment	Integrate health equity concerns into local built environment initiatives	Population and Public Health division of the Saskatoon Health Region, City of Saskatoon, University of Saskatchewan, associated actors	Support of public health directors for intersectoral work, as well as for establishing collaborative relationships with the municipality	Health Equity Position Statement
Grey Bruce Healthy Communities Partnership – (ON)	Access to safe and affordable housing, a healthy diet, stable jobs, a healthy transportation network, etc.	Establish a healthy community partnership to provide access to safe, appropriate and affordable housing, to low-cost transportation options, to healthy food, to education and employment, to a safe environment, etc.	Grey Bruce Health Unit, elected officials, municipal staff, school board directors and other concerned community organizations	Promote Health in All Policies by implementing the municipal alignment strategy	Ontario Public Health Standards, Provincial Declaration of Principles, etc.
The Table intersectorielle régionale en saines habitudes de vie (TIR-SHV), in the Mauricie region – (QC)	Mobilization/ communication, healthy eating, physically active lifestyles, early childhood and active transportation	Encourage mobilization and consultation among local and regional actors so as to create healthy living environments	Government agencies (regional managers in several departments) and non-governmental organizations	Work with local and regional actors in accordance with a common action plan to promote healthy living	Plan d'action gouvernemental de promotion des saines habitudes de vie et de prévention des problèmes reliés au poids (2006-2012) and Fonds pour la promotion des saines habitudes de vie (2007)

Table 2 Synthesis of five examples of intersectoral action for health (cont.)

	Issues	Objective	Actors involved	Intersectoral collaboration strategy	Intersectoral collaboration mandates, policies or strategies
Mobile Food Market initiative – Halifax (NS)	Food insecurity	Improve access to healthy and affordable food within communities	Nova Scotia Health Authority, Halifax Mayor's Office, local businesses, community organizations, residents	Creation of a governance structure that relies on the engagement of stakeholders	Halifax Regional Municipal Planning Strategy, Halifax Centre Plan, etc.

It should be noted that the evaluations of the initiatives discussed here are process assessments or are focused on assessing the implementation of actions. They do not present data indicating changes in population health. It is therefore difficult to precisely evaluate the real impact of the initiatives on population health. This underlines the importance of public health surveillance work aimed at collecting basic data on population health indicators, which enables measurement of the actual effects of this type of initiative on population health.

Furthermore, although action at the local level plays an important role in promoting health, it is unlikely that local and regional efforts alone could effectively address the determinants of health, without complementary strategic, evidence-based action at the provincial, territorial and federal levels.

9 Conclusion

Local governments represent the level of governance that is closest and most accessible to citizens. Given this fact, these governments have an important role to play in creating healthy communities, and offer inherent opportunities for the implementation of intersectoral action.

Many initiatives aimed at improving health through an intersectoral approach have been launched by local governments in Canada and elsewhere in the world. However, there are few systematic reviews of these experiences and little practical advice related to the implementation of such an approach at this administrative level as compared to initiatives undertaken at other levels of governance. This briefing note has aimed to fill this gap by presenting examples of intersectoral action for health initiated at the local and regional levels in Canada. As has been shown, a diverse range of approaches have been adopted. Despite this, certain elements, which are common to the cases presented, facilitate intersectoral collaboration for health at the municipal and regional levels. These are:

- Development of a clear strategy with shared objectives;
- Strong support from municipal authorities and leaders;
- Development of collaborative leadership;
- Stability of the structures and organizations implicated in the partnership;
- Stability of the funding mechanism.

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11 Annexes

Annex 1 Healthy City for All Leadership Table (Vancouver, British Columbia)

1. City of Vancouver (Co-Chair)
2. Vancouver Coastal Health (Co-Chair)
3. Canadian Mental Health Association, Vancouver
4. YWCA
5. Metro Vancouver Aboriginal Executive Council
6. Greenest City Action Team
7. Association of Neighbourhood Houses of BC
8. Vancouver Board of Education
9. BC Healthy Living Alliance
10. Grants and Community Initiatives, Vancouver Foundation
11. BC Partners for Social Impact
12. Healthy Living Branch, Population and Public Health, BC Ministry of Health
13. SUCCESS
14. Reconciliation Canada
15. British Columbia Institute of Technology BCIT
16. Vancouver Foundation
17. Centre for Hip Health and Mobility
18. MOSAIC
19. Arts Umbrella
20. BC Ministry of Children and Family Development
21. Langara College
22. Vancity Credit Union
23. The Learning City
24. Ending Violence Association of BC
25. Rennie Marketing Systems
26. Greater Vancouver Food Bank Society
27. Western Region, Public Health Agency of Canada
28. Street to Home Foundation

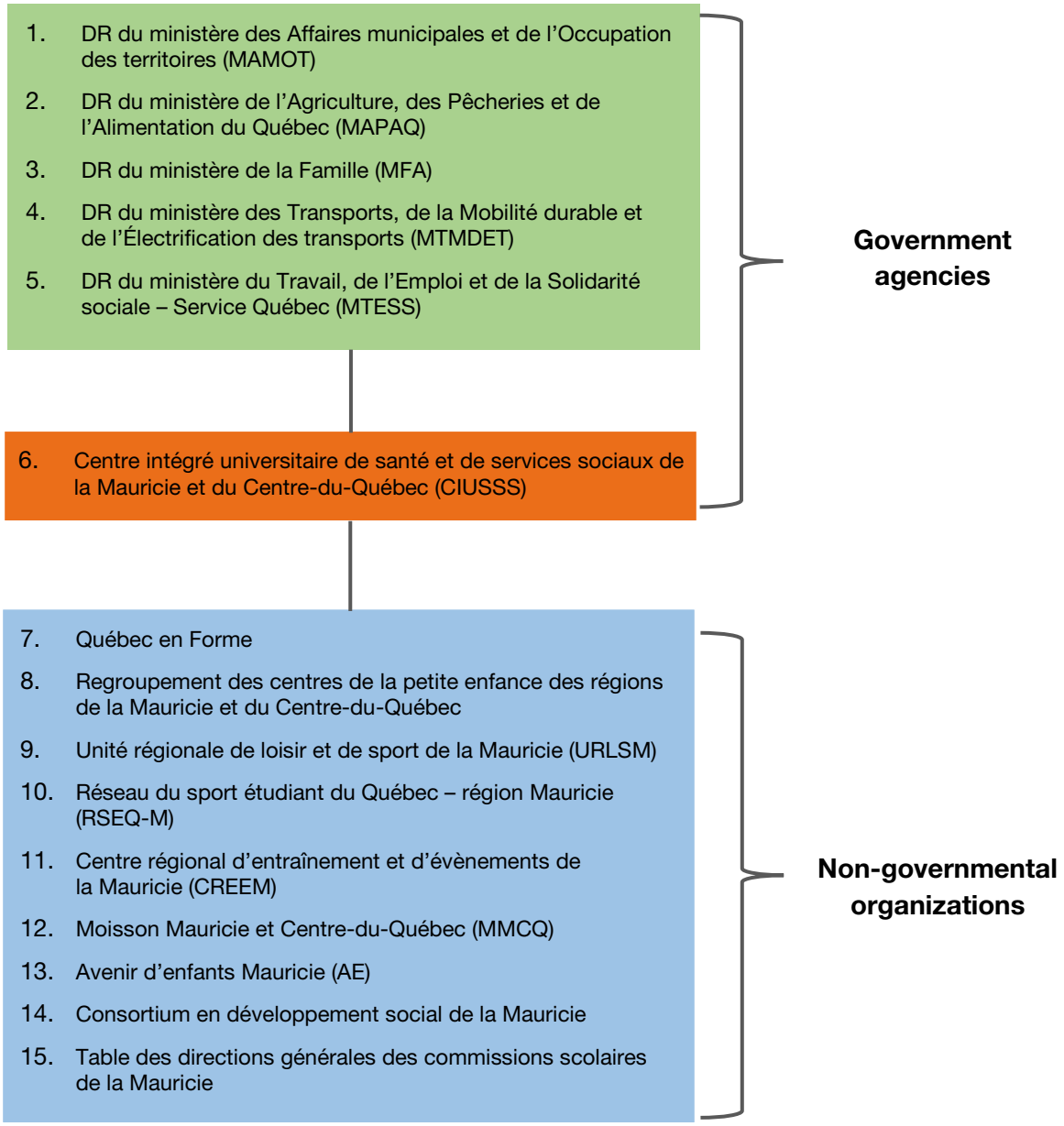
Source: City of Vancouver, 2015.

Annex 2 Grey Bruce Healthy Communities Partnership membership list (Ontario)

1. Grey Bruce Health Unit
2. Community Council on Aging
3. Grey Bruce Board of Health
4. Southwest Ontario Aboriginal Health Access Centre
5. City of Owen Sound
6. Bluewater Canadian Cancer Society
7. DND Canadian Division Training Centre, Meaford
8. YMCA of Owen Sound Grey Bruce
9. Keystone Child, Youth & Family Services
10. United Way
11. Grey County
12. Bruce Grey Catholic District School Board
13. Grey Sauble Conservation Authority
14. Canadian Mental Health Grey Bruce Mental Health and Addiction Services
15. Bruce County
16. Community Voices, Poverty Task Force
17. M'Wikwedong
18. Municipality of Meaford
19. South East Grey Community Health Centre
20. Municipality of Grey Highlands
21. Community Foundation Bruce Grey
22. Southwest LHIN Grey Bruce

Source: provided by the Grey Bruce Health Unit.

Annex 3 Members of the Table intersectorielle régionale sur les saines habitudes de vie de la Mauricie (Québec) (status as of October 2018)



Source: Lefebvre, 2018.

Annex 4 Assessment of the objectives of the Plan d'action régional – Saines habitudes de vie 0-17 ans de la Mauricie (2014-2017) (Québec)

Period reviewed: July 1, 2016 to March 31, 2017

Partially achieved objectives:

- For key actors and decision makers in all sectors (municipal, school, health, community, civil society, daycare centres and government departments) in each community to mobilize for healthy living both at the local and regional levels;
- For the local and regional bodies to be equipped with effective means of communication suited to meeting their respective needs;
- For the healthy living action plan "Petite enfance, grande forme" to contribute optimally to introducing targeted changes into the practices of educational childcare services;
- For stakeholders in the preschool sector and in family agencies (0-5 years) to assimilate the key concepts in the Gazelle et Potiron reference framework and adhere to them;
- For local food security tables and regional partners for food security to develop one or more solutions for ensuring a healthy food supply;
- For physical and economic access to healthy foods to be an active concern of actors in the agri-food sector and in decisional bodies;
- For local communities to be supported in their efforts to improve the healthy food supply in children's living environments;
- For local communities to be supported in efforts to ensure healthy eating environments in day camps;
- For municipalities and schools to engage in the process of establishing environments that promote a physically active lifestyle;
- For a support mechanism for coaches (who do not need a PNCE[12] coaching certificate) to be established to ensure the quality of interventions and enhance healthy living messaging (food security and physically active lifestyles) for youth;
- For decision makers and stakeholders in relevant environments to become more knowledgeable about motor development of youth at the primary school level;
- For more decision makers in municipal and school environments and in the Ministère des Transports du Québec to include "active transportation" on their agendas;
- For communities (municipal and school sectors, Ministère des Transports du Québec) to establish mechanisms for integrating "active transportation" into planning.

Unachieved objective:

- For physical and economic access to healthy foods to be an active concern of actors in the agri-food sector and in decisional bodies.

Source: Houde & Lefebvre, 2017

[12] Programme national de certification des entraîneurs.

Annex 5 Partners and key contributors to the Mobile Food Market (MFM) initiative (Halifax, Nova Scotia)

1. Nova Scotia Health Authority
2. Halifax Regional Municipality
3. Halifax Mayor's Office
4. Ecology Action Centre
5. Partners for Care
6. Veith House
7. East Preston United Baptist Church
8. YWCA Halifax
9. MetroWorks
10. East Dartmouth Community Centre
11. Saint Thomas Baptist Youth Fellowship
12. Northwood Care
13. North Preston's Future
14. Mulgrave Park Caring & Learning Center
15. United Way Halifax
16. Atlantic Superstore
17. Noggins Farm
18. The Wooden Monkey
19. Freeman's Little New York
20. Halifax Transit
21. Halifax Public Libraries
22. Halifax Parks & Recreation
23. Halifax Fleet Services
24. Nova Scotia Department of Community Services
25. Stone Hearth Bakery
26. Elmridge Farm

Source: Smillie, 2018.

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