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Health in All Policies Training: Inventory, Analysis, and Avenues for Reflection

Report | 2023

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About the National Collaborating Centre for Healthy Public Policy

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

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Summary

This document identifies and analyzes 85 training initiatives (workshops, webinars, guides, courses, conferences) focused on the Health in All Policies (HiAP) approach. It aims to provide a portrait of the training initiatives offered and to suggest ways to improve upon this offer, with a particular focus on the Canadian context. The report provides a brief quantitative analysis as well as an in-depth qualitative analysis of the following dimensions of the training corpus: objectives and competencies, training mode and pedagogical approaches, conditions that support or hinder HiAP implementation, benefits and limitations, implementation tools and principles, previous experiences with HiAP, as well as the historical context. This analysis revealed several patterns in terms of the content covered. In general, the training initiatives analyzed provide a comprehensive overview of the foundations of the approach and its implementation principles. They tend to emphasize a vision of HiAP focused on flexibility, horizontal collaboration, societal benefits, multifaceted challenges to implementation, and tools that are more conceptual than practical. Despite the quality of existing training options, it seems that professionals wishing to deepen their knowledge and strengthen their competencies related to HiAP would benefit from more concrete and actionable training. In response to some of the shortcomings discussed in this report, we propose a number of avenues for reflection aimed at enriching the training offer, the main one being the development of professional workshops adapted to specific clienteles, audiences, sectors or contexts. One of the advantages of this proposal is that it would respond to the specific realities and challenges arising from the political and social diversity existing in Canada. For reasons of feasibility or resource availability, a virtual course targeting a plurality of actors could also be considered.

1 Introduction

Following two decades of diverse discussions and experiences, the Health in All Policies (HiAP) approach[1] continues to raise hopes that greater intersectoral collaboration within governments can address the social determinants of health and thereby reduce inequities. Pioneers of the approach, experts and academics have created a variety of training initiatives and resources to introduce HiAP and equip decision makers and professionals to implement this approach in different regions of the world. This report presents the results of a review and analysis of HiAP-related training (the term training should be understood in its broadest sense, including any activity or resource that facilitates learning). It details current trends with respect to both form and content and thus contribute more generally to reflections aimed at improving the dissemination and acquisition of knowledge, know-how and competencies related to HiAP. The report is intended for public health actors interested in creating a training initiative focused on HiAP or, more generally, in following one or more training initiative on this topic.

Our quantitative and qualitative analysis of 85 training initiatives indicates that existing options offer high-quality introductions to the approach as well as explanations concerning its conceptual foundations and implementation principles. It also highlights gaps that need to be bridged and elements that need to be improved, in response to which we suggest avenues for reflection aimed at fostering more tangible and practical learning opportunities. The report begins with a presentation of its objectives and the methodology used to identify and analyze training initiatives. It then provides a brief quantitative analysis followed by an in-depth qualitative analysis of the pedagogical approaches identified and, above all, of the content covered in the various training initiatives. The report concludes with a discussion proposing avenues for reflection aimed at enriching the training offered and adapting it to the specific context of the diverse realities existing in Canada.

1.1 Context

This project builds on other initiatives undertaken by the National Collaborating Centre for Healthy Public Policy (NCCHPP) in partnership with the Public Health Agency of Canada (PHAC) aimed at improving understanding of HiAP and ultimately supporting implementation of the HiAP approach in Canada. Specifically, it undertakes to implement some of the findings and recommendations proposed during the Pan-Canadian Meeting on HiAP[2] held in Québec City in October 2019 (prior to the onset of the COVID-19 global pandemic) and organized by the NCCHPP in collaboration with PHAC and the ministère de la Santé et des Services sociaux du Québec (MSSS), including:

a) “Build the evidence base to support capacity building and implementation,” particularly through the creation of “a generic Canadian HiAP toolkit,” and “online learning modules and/or webinars on HiAP and related initiatives;

b) Lay the groundwork for a common understanding of HiAP across sectors,” specifically by developing “a common language and key messages” and “an intersectoral HiAP network for Canada;

[1] “Health in All Policies 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. It improves accountability of policymakers for health impacts at all levels of policy-making” (World Health Organization [WHO], 2013, p. 2).

[2] For more information on this meeting, visit the NCCHPP website for details on this meeting: https://ccnpps-ncchpp.ca/pan-canadian-meeting-on-health-in-all-policies-hiap/.

c) Explore adaptation of the [World Health Organisation] WHO's HiAP Framework for Country Action to the Canadian context, to guide network activities and goals" (Diallo, 2020b, p. 2).

Based on these recommendations, the NCCHPP partnered with PHAC to develop a portrait of available HiAP training and explore avenues for reflection on how to support the approach in the Canadian context.

1.2 Objectives

This report aims to provide an overview of the main trends in the provision of HiAP training with regard to the preferred pedagogical approaches and content. Specifically, the following objectives guided the research and writing of the report:

- To obtain an overview of existing activities and associated documentation aimed at developing HiAP-related knowledge and competencies;
- To optimize the use of existing resources aimed at developing HiAP-related knowledge and competencies to inform the development of Canadian HiAP training;
- To gain a better understanding of the competencies to be developed, the basic dimensions to be considered and the pedagogical approaches to use in the context of Canadian HiAP training.

2 Methodology

2.1 Literature search

The objective of the literature search was to identify available training devoted to HiAP. Considering that training initiatives are not publications as such, we have preferred using a keyword search combined with the "snowball" method to identify and select them. We performed searches on a list of keywords using the resources available online (Google, specialized sites such as the Global Network for HiAP or the World Health Organization, etc.). Below is the list of keywords used in each of the languages considered in the search:

a) French keywords: SdTP, "Santé dans toutes les politiques", "approche multisectorielle en santé", cours, formation, atelier, tutoriel, manuel, apprentissage, guide, université;

b) English keywords: HiAP, "Health in All Policies", "multisectoral approach to health", course, formation, training, workshop, tutorial, manual, textbook, learning, toolkit, university, college;

c) Spanish keywords: SeTP, "Salud en todas las políticas", taller, curso, manual, guía, universidad, formación, aprendizaje.

In the case of courses, the keyword search method identified courses that addressed the concept of HiAP, but did not provide access to all of their content. For example, many university courses (especially those offered in person) only publish a brief description of their content online. In order to identify additional courses and to obtain specific information about the elements of HiAP covered and the pedagogical approaches used, 21 resource persons (university professors or experts) or institutions offering HiAP training in different regions of the world were contacted by email. This resulted in the addition of 6 training initiatives to our list (5 courses and 1 workshop) along with documentation (course outlines, presentations, access to online courses) allowing us to analyze them in detail. The remainder of these communications went unanswered or, once we received the material describing the training initiatives, we had to exclude them based on the criteria detailed in the following section. Two virtual meetings were also held with resource persons who preferred to discuss their training initiative rather than share their teaching materials.

2.2 Inclusion and exclusion criteria

To ensure the consistency of our corpus, the inclusion and exclusion criteria presented in Table 1 were applied to each of the training initiatives identified during our literature search.

Table 1 Inclusion and exclusion criteria

Languages	The vast majority of training initiatives and materials available are in English, but French and Spanish initiatives are also included.	
Date produced	Any training produced between 2005 and 2021.	
Content covered	Training included: Explicitly focused on the HiAP concept. Covering all aspects of HiAP (theoretical framework, implementation, concrete examples). Courses focused in large part on HiAP.	Training excluded: Focused on approaches related to HiAP (whole-of-government approach, intersectoral approaches to health[3], etc.) but not using a conceptual framework based on HiAP. Partially focused on HiAP, but not contributing to a learning process centered on the subject.
Training mode	HiAP implementation guides. Workshops. Webinars. HiAP conferences. Courses (in-person or virtual).	
Duration or length	Implementation guides must be a minimum of 20 pages long. Webinars must be at least 50 minutes long. In-person training must comprise several modules or sessions (for example, a short introductory workshop on HiAP would be excluded). Conferences must include several presentations. Courses have no minimum time limit.	

The "training mode" criterion requires some clarification given that we opted for a very broad conception of the notion of training. Were we to limit ourselves to workshops and courses strictly speaking, we would risk excluding resources that are rich in content and have been used to train many professionals who are well versed in the HiAP approach. Thus, many of the resources analyzed have great educational potential (conference presentations, webinars, guides) even though they do not constitute training in the traditional sense.

2.3 The corpus analyzed

The final list of analyzed training initiatives can be found in the bibliography of this report. We identified 12 workshops, 36 guides, 22 webinars, 8 courses, and 7 conferences that met the adopted inclusion and exclusion criteria, for a total of 85 training initiatives (Figure 1). Some clarification is needed regarding certain training initiatives as well as the analysis of the conferences included in the corpus. The WHO Regional Office for Africa offered a HiAP workshop in English in 2015 and in French in 2016. Since these training initiatives are almost identical, we have regarded them as one initiative. From among the 7 conferences listed, we selected and analyzed 42 individual presentations. Thus, our conference analysis process differs slightly from that of other training modes. With respect to dimensions related to structure, pedagogy, or objectives, we analyzed each conference as a whole. In contrast, the dimensions related to content were tied to individual

[3] Although other intersectoral approaches to health bear many similarities to HiAP, we have chosen to exclude training specifically devoted to this approach based on Diallo's analysis: "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" (Diallo, 2020a, p. 3).

presentations. This explains why we include two totals for training initiatives in our quantitative section (85 and 120, depending on the dimension analyzed). The analysis grid used to collect the data, which is described in the following paragraph, was also adapted to facilitate analysis of the conferences.

Figure 1 Training analyzed according to method

To collect quantitative and qualitative data, we created an analysis grid. The template is included in Annex 1 of this report, as is the version adapted for the analysis of conferences. The grid is divided into two sections: format and content. The purpose of the first section is to gather practical and pedagogical information about the training initiative. The second section focuses on the different content elements covered. We applied the 18 analytical dimensions included in the grid to the documents or resources associated with each of the training initiatives (course outlines, presentations, recordings, accompanying documents, texts, exchanges with trainers). Thus, a grid for each training initiative was completed by entering, for each dimension of analysis, specific data, a summary of the content, or quotations. The data collected in these grids allowed us to compare approaches and content as well as identify the trends described in our brief quantitative analysis and our in-depth qualitative analysis.

2.4 Limitations of the study

The methodological approach used entails certain limitations. Firstly, some potentially useful training may have been left out of our corpus. We consciously chose to limit our corpus to training explicitly devoted to the concept of HiAP. It is therefore possible and likely that training using different terminology but addressing similar topics was overlooked. Training on HiAP may also be included within broader training programs (e.g., health promotion, multisectoral approaches) or training that uses a different analytical lens (e.g., training on health impact assessment). This limitation could apply in particular to training available in Spanish since, despite the fact that several Spanish-speaking countries have implemented HiAP at different levels of government (Ecuador, Chile, Spain, to name a few), we were only able to analyze two Spanish training initiatives that met our inclusion criteria.

Another limiting factor is the understandable reticence of some professionals or organizations to share the content of their training initiatives or simply the impossibility of getting in touch with those offering the training. Another methodological limitation derives from the incomplete nature of some materials. We sometimes found or received only partial documentation: for example, a PowerPoint presentation without sound recordings or a course missing a module. It is possible that some content elements addressed by a small number of training initiatives were not included in our analysis for this reason.

The decision to use an intentionally broad definition of training allowed us to incorporate certain resources (notably guides and conferences) that include theoretical discussions or apply a more research-oriented approach as opposed to a professional training approach. The inclusion of more specialized or in-depth training may have increased the presence of certain topics in our analysis. In addition, the references and citations included in the analysis section of the report are disproportionately drawn from guides since, in addition to the preponderant representation of this training mode (42%), this format offers more and a greater diversity of easily cited content. In comparison, workshops and courses are usually characterized by presentations whose format is abbreviated, and less likely to include standalone quotations that illustrate a point. Despite this reality, we have taken great care to use references, examples, and quotations reflecting clear trends in all or a significant number of training initiatives.

It should also be mentioned that the analysis produced here is based exclusively on the training initiatives identified. As such, it is not an analysis of the HiAP approach in all its aspects and does not include the perspective of Canadian stakeholders, although we hope that this report will be useful to them. Despite these methodological limitations, the corpus compiled enabled us to analyze how the different dimensions of the HiAP approach are taught, disseminated, or made available to diverse audiences.

3 Quantitative analysis

Having analyzed 85 training initiatives (120 if we consider the individual conference presentations analyzed), it is possible to present some findings derived from the quantitative data. These observations highlight certain trends and, more importantly, provide a starting point for an in-depth qualitative analysis.

Regarding the date of publication or production of training initiatives, a high concentration of guides and workshops are dated to between 2013 and 2018, with 28 (76%) and 11 (92%) identified respectively. This corresponds to the years following publication of the Helsinki Statement (2013) and the WHO framework for HiAP, which likely played an important role in disseminating the approach. In contrast, the 2019-2021 period saw a marked increase in webinars, with 19 (86%) identified. Restrictions put in place around the world in an attempt to control the COVID-19 pandemic beginning in March 2020 doubtless contributed to this increase.

Data related to the length of training initiatives suggest that the various training modes tend toward relatively short formats (3 days or less for workshops, 75 minutes or less for webinars, one-day conferences). The guides partially mirror this trend with 14 guides having fewer than 35 pages (39%), 15 guides having 81 pages or more (42% of the guides identified), and only 7 guides (19%) having between 36 and 80 pages.

Since governance and public policy issues are central to the HiAP approach, it is not surprising that 36 of the training initiatives (42%) identify public health or public policy professionals as the target audience, followed by elected officials or senior public servants, identified by 22 (26%). In addition, 90 of the 120 (75%) training initiatives examine previous experiences of HiAP implementation. Training initiatives implemented in South Australia (22 initiatives, 18%) and California (16 initiatives, 13%) are the most frequently discussed. On the other hand, 36 training initiatives (30%) analyze local experiences (municipalities, counties, etc.). These data suggest a strong interest in smaller-scale implementation. Not surprisingly, 111 training initiatives (93%) include a discussion of implementation tools or principles, demonstrating the centrality of implementation processes to the training initiatives. Conversely, only 38 training initiatives (31%) explicitly address the benefits of HiAP.

4 Qualitative analysis

The qualitative analysis examines pedagogical dimensions (learning objectives and competencies; training mode and pedagogical approaches); however it focuses more on the content elements covered by the training initiatives (conditions that support or hinder implementation, limitations, benefits, implementation tools and principles, previous experiences, historical context). This focus on content stems primarily from the wealth and complexity of content found. The observed trends are itemized and summarized on the basis of our analysis grids. References, quotations and examples are drawn from the training initiatives to illustrate and support our analysis.

4.1 Objectives and competencies

Among the training initiatives that explicitly stated their learning objectives or the competencies they target, it is possible to identify certain trends. Firstly, we can distinguish two dominant perspectives informing the proposed objectives and targeted competencies. The first aims to explore HiAP from a conceptual standpoint. These training initiatives assert their desire for participants to understand the underlying principles and overall vision of HiAP since it can be "considered an approach, or a perspective, that practitioners can adopt in their daily work and that informs engagement with other sectors to develop policies, plans, and practices that acknowledge and improve social determinants of health" (SOPHIA HiAP Workgroup, 2017, p. 2). To achieve this aim, these initiatives address the theoretical framework of the social determinants of health or discuss previous experiences with implementing HiAP. This perspective is largely intended to provide the conceptual foundation for the integration of more concrete notions linked to HiAP, such as the steps or the tools involved in implementing this approach. In all cases, the focus is on understanding what HiAP is and how to conceptualize its implementation.

The second dominant perspective that can be discerned in reviewing learning objectives and targeted competencies focuses on specific competencies, i.e., knowing how to carry out concrete tasks related to HiAP implementation. Reference is made to skills such as negotiating, writing policy briefs, recognizing windows of opportunity, involving stakeholders, etc. An example would be the training initiative offered by the WHO Regional Office of South-East Asia in 2015. Its objectives were: "1. To share progress and concrete evidences towards health in all policies 2. To provide technical guidance and step-wide approach on 'how to' implement the health in all policies 3. To develop country roadmap to implement health in all policies" (Regional Office of South-East Asia, 2015, Training Report [internal document], p. 6).

The first of these two perspectives tends to be more prevalent, but it is common for training to include both a conceptual perspective and specific skills training. A course given at the University of Edinburgh is an example of this, as it aims to develop in participants: "a critical understanding of the need for all public decision-making to include consideration of health and equity and equip them with practical skills to achieve this across different contexts" (Douglas, Course outline, 2021). The training initiatives analyzed in this report thus fall within a broad spectrum ranging from "starter kits," aimed at providing down-to-earth learning, to comprehensive training, focused on conceptual premises and aimed at providing a thorough understanding of HiAP.

Another trend was identified by the analysis of objectives and competencies. The vast majority of training initiatives refer to their intention to equip participants to adapt their learning to their respective contexts (countries, regions, municipalities, organizations, sectors, etc.). Participants are often viewed as potential "policy champions" or "policy entrepreneurs." The training initiatives aim to equip the latter to integrate and, above all, adapt the knowledge, know-how and competencies

transmitted and acquired. A representative example would be the conference organized by the United Kingdom's Royal Society of Medicine, which promises to "provide help for local authority and NHS [National Health Service] decision makers to determine their own specific needs and challenges" (Royal Society of Medicine, Conference Presentation, 2018). Thus, the training initiatives devoted to HiAP tacitly acknowledge that their aim is to offer a variety of practical and conceptual tools to serve as the starting point for a lengthy and non-linear process, reflecting the complexity and, especially, the multidimensionality of HiAP.

4.2 Training mode and pedagogical approaches

Our analysis indicates that an initiative's training mode (workshop, webinar, guide, course, conference) strongly influences the pedagogical approaches used, since we found clear similarities among training initiatives using the same method. To illustrate this point and to summarize the main pedagogical approaches observed, each of the training modes is briefly discussed below.

Workshops

Workshops tend to use a combination of pedagogical approaches, usually moving from theory (readings, lectures, videos) to application (discussions, activities, case studies, scenarios). Applied approaches tend to integrate the collective and collaborative dimension (intrinsic to HiAP) into the learning process itself when introducing concepts and tools. Many workshops, for example, focus on small group discussions or activities to explore potential challenges or the particular contexts in which participants will be implementing HiAP.

Guides

By their very nature, guides do not include interactive methods. In general, they start with a theoretical discussion and then move on to applicable examples or case studies. However, some guides take the opposite tack, instead giving precedence to case studies. For example, some guides centre their explanations around concrete experiences with HiAP or firsthand accounts garnered from the field. Their reference point is thus tangible and applicable, which can help to better situate theoretical and conceptual learning. For example, the *HiAP: Experiences from Local Health Departments* guide published by the National Association of County and City Health Officials (NACCHO) uses testimonials from local public servants collected during listening and discussion sessions to present strategies for implementing HiAP (2017). Many guides also direct readers to other resources such as videos or activities. This is particularly true for guides whose aim is to "train the trainers," so that the latter can provide HiAP training in their respective countries or sectors.

Webinars

The range of pedagogical approaches used by webinar trainers seems to be limited by the short format and the large number of participants (often difficult to predict). The vast majority offer one or more expert presentations followed by a question and answer period. A few exceptions include surveys of participants' knowledge and preferences, interactive questions, and situational simulations.

Conferences

Like webinars, conferences primarily make use of expert presentations followed by question and answer periods. Other means of learning are mentioned a few times (workshops, roundtables), but we were unable to obtain documentation linked to these activities.

Courses

Unlike webinars and conferences, courses make use of a variety of pedagogical approaches and means. The various in-person courses primarily rely on the lecture method, supplemented by discussions, group activities, exercises and guest speakers. Online courses, especially asynchronous courses, are transforming the range of pedagogical means being used. We are referring here to videos (testimonies, conferences, roundtables, etc.), questionnaires, revision exercises, group work, in-depth capsules, etc. Some courses of this type offer space for personal reflection at different stages of the course. These are guided by questions that allow learning to be applied and associated with the student's knowledge and reality. For example, the WHO's course *No SDGs Without Health* proposes keeping a "leadership journal" that stimulates learner reflection throughout the course on the content being covered. Again, the training method (with respect to courses: in-person, synchronous online or asynchronous online) appears to have a significant impact on the pedagogical approaches used.

4.3 Conditions that support or hinder HiAP implementation

The majority of training initiatives address the factors that support or hinder the implementation of a HiAP approach. Several training initiatives examine the issue in terms of the contextual or structural (social, economic, and political) factors that can positively or negatively influence a HiAP initiative (Section 4.3.1), while others consider these factors primarily in terms of implementation (Section 4.3.2).

4.3.1 Structural factors

4.3.1.1 The impact of political organization

With respect to governance structure, the quality of the bureaucracy, the fragmentation of government functions and the division of governance levels, in particular, are recognized as potential impediments to the implementation of HiAP. Some training initiatives stress the influence of external forces such as legal limits on government action imposed by international trade agreements. Referring primarily to the European Union, Ståhl and colleagues stress, for example, the legal and economic limitations faced by different government sectors when attempting to address the social determinants of health:

> Globalization and pressures to limit public policies that restrict markets will provide further challenges to addressing health in other policies and to action on social determinants of health. This is further complicated by multilevel governance and differences in national, regional and local-level priorities (Ståhl et al., 2006, p. 17).

4.3.1.2 The ideological environment

The influence of dominant ideologies is another obstacle discussed in some training initiatives. We can point here to neo-liberalism, to a vision of health as rooted in individual choices, to the prioritization of economic interests or to the belief that the role and responsibilities of government must be limited. These ideological positions stand in opposition to the very foundations of HiAP, such as work addressing the social determinants of health or the government's responsibility for improving the living conditions of the population as a whole. The University of Minnesota's Health Disparities course highlights this dimension by pointing to the dominant sociopolitical view in the United States, whose basis is individualism, the prioritization of economic growth and restraints placed on public investment, to explain the enormous challenges that accompany attempts to implement HiAP (2019).

4.3.1.3 The concept of a window of opportunity

This concept is regularly used to bridge the gap between the structural context and the feasibility of successfully implementing a HiAP approach in a given environment. Training initiatives refer to Kingdon (1984), who articulated the concept of a window of opportunity within the broader public policy framework, to illustrate the need for a favourable context to allow political and public support for the HiAP approach. An economic or social crisis or a major event (such as a serious accident) can represent an opportunity for reform, provided that the government in power has the capacity and desire to act. For example, in the webinar *Health in All Policies in times of COVID-19: Wellbeing economics and social protection*, Norwegian professor Elizabeth Fosse asserts that the discontent and criticism that emerged during the COVID-19 health and social crisis represents a potential opportunity to revitalize the Scandinavian model, and consequently the HiAP approach, because the need for greater governmental consistency and the importance of considering all sectors of society became apparent (Fosse et al., 2021).

4.3.1.4 The perception of "health imperialism"

One factor that potentially hinders the implementation of HiAP is regularly termed "health imperialism." This refers to how other sectors may perceive the leading role played by health actors in a process that expands initiatives to improve population health to their own areas of activity. Although the training initiatives prioritize collaboration and the need to consider the interests of all sectors involved, the perception that HiAP can be imposed by the health sector poses a significant risk. The perception among potential collaborators from other sectors that decision makers or health professionals are imposing on them the practices and interests of the health sector could stymie any possibility of a win-win strategy, which is central to HiAP. Conversely, some training initiatives focus attention on resistance from within the health sector itself. The dominance of the biomedical conception of health, wherein health professionals "disseminate the dominant image of what a health intervention should be and, more globally, the 'sectoral effect,' which could even be called sectorization, is well entrenched in the field" (Clavier, 2021, Course No. 4). This medicalization of health relegates the social determinants of health to a secondary position and tends to "neglect the many external causes of poor health and the role of other sectors in promoting health and preventing disease" (Ståhl et al., 2006, p. 11), whereas these external causes are the foundation of HiAP.

4.3.2 FACTORS RELATED TO HIAP IMPLEMENTATION

Even more than structural factors, the training initiatives tend to explore the parameters that support or hinder HiAP strictly from the perspective of implementation. In other words, the training initiatives emphasize the elements that are thought to support or hinder implementation of the HiAP approach.

4.3.2.1 Characteristics intrinsic to HiAP

Because HiAP requires the collaboration of multiple actors and sectors, many training initiatives emphasize the inherently political underpinnings of this approach, including Kickbusch and Buckett (2010, p. 34) who state: "if an HiAP approach is to be successful in promoting health, and especially in promoting a more equitable distribution of health, it will principally be a result of political decisions that are made explicitly in favour of health." The very complexity of the approach also creates many obstacles according to a majority of training initiatives. They stress the difficulty of implementing a multifactorial approach, requiring the collaboration of many actors and the need for a range of knowledge and disciplines. Added to this is the temporal dimension and the challenges associated with actions that, by definition, target the long term. Since objectives can be achieved and outcomes

observed only over many election cycles, HiAP thus becomes subject to bureaucratic or political changes, as evidenced by the South Australian experience:

> The intensive nature of HLA (Health Lens Analysis) means the approach can take time and requires partners to commit to collaboration for a reasonable period of time. In addition, the long-term nature of HLA can result in changing imperatives and bureaucratic structures, which in turn can complicate the approach (HiAP team South Australia, 2017, p. 13).

Moreover, several of the training initiatives associate this temporal dimension with the numerous challenges linked to evaluation. Indeed, HiAP targets, namely changes in population health, are "difficult to measure, influenced by many factors that may be difficult to disentangle, and can take a long time to change" (Rudolph et al., 2013a, p. 99). As a result, it is difficult to gather clear evidence of HiAP's long-term benefits for the health of populations. The multiple constraints on conducting evaluations and the lack of supportive evidence are thus significant barriers to the uptake and implementation of a HiAP approach.

Some training initiatives stress the difficulty of proving the effectiveness of HiAP without direct evidence of its impact on population health. This challenge is associated with several factors, including the following:

- Assessment should involve implementation, effectiveness, cost-utility, and user satisfaction […];
- New policy approaches may not yet have been satisfactorily evaluated;
- More challenging to evaluate whole policies than defined interventions and projects;
- Several measurement methods still have a development potential (Joint Action on Mental Health and Wellbeing, 2017, p. 49).

Add to this the fact that "specific HiAP interventions may be effective in one context, but not in another" (Wyss et al., n.d., p. 9), and it becomes difficult for HiAP proponents to convince skeptics and gain their support.

4.3.2.2 The Implementation process

The training initiatives devote a lot of time and space to examining factors directly related to the implementation process. Most training initiatives discuss a large number of conditions. The list presented in the *Health in All Policies: Training Manual* seems to have inspired many training initiatives and is therefore representative of the list of conditions discussed in the majority of these initiatives:

- Government supports and encourages intersectoral action;
- Sectors have shared interests or both/all benefit from cooperation;
- Issue has high political importance and requires urgent addressing;
- Proposed policy has public support;
- Strong, effective leaders in the bureaucracy (policy champions/entrepreneurs);
- Intersectoral action is well planned with clear objectives, roles and responsibilities;
- Laws exist or are planned to support the proposed policy;
- Sufficient resources are available; and
- There are plans to monitor and sustain outcomes (Stone, 2015, p. 71).

These elements essentially paint the backdrop of a favourable context for a team devoted to concretely establishing a HiAP approach. Each of the conditions presented can constitute a major advantage or a major obstacle in this process. Among these, the existence of a legal mandate (law, decree, municipal by-law, etc.) and the vocal support of high-level political authorities are given particular emphasis in the training initiatives.

4.3.2.3 Leadership

In our analysis of the factors that support or hinder the implementation of HiAP, the word leadership came up more often than any other. The majority of training initiatives maintain that strong leadership and the presence of political will, especially within the executive branch, are sine qua non conditions for the establishment of a HiAP approach. Political leadership in support of HiAP can potentially mobilize resources, provide legitimacy, and most importantly, stimulate (or even compel) the collaboration and adherence of different sectors. For example, several training initiatives mention the central role of Governor Arnold Schwarzenegger and his 2010 executive order that launched the California HiAP Task Force. Conversely, weak or unstable leadership risks encouraging competition between sectors and silo culture. The training initiatives stress the importance of leadership not only at the top political level, but also at all political and administrative levels. The guide produced by the Pan American Health Organization clearly establishes the role and importance of strong leadership:

> It requires building trust, developing working relationships, establishing a baseline of knowledge and identifying the multiple links between health and the various policy areas. It also requires strong commitment, leadership, and perseverance to push forward and implement the changes needed in order for all of this to happen (Pan American Health Organization, 2015b, p. 20).

4.3.2.4 Financial and human resources

Along with leadership, the presence or absence of financial and human resources is repeatedly cited as a determining factor. The availability of funding and the way funding is delivered either enable or restrain implementation of the HiAP approach according to a majority of training initiatives. The South Australian example demonstrated that “dedicated resources for a small team acting as a reference point for HiAP activities” (Kickbusch & Buckett, 2010, p. 76) were crucial in laying the groundwork for intersectoral work. Unfortunately, government funding is usually fragmented and subject to change, which is a huge barrier to collaboration as “incentives are skewed toward competition for funding of usually under-endowed departments” (Leppo et al., 2013, p. 191). Even once this challenge is overcome, temporary or narrowly directed funding can hinder the implementation of consistent actions and policies, according to McQueen and colleagues: “multiple short-term funding streams, often with tight restrictions on how funding can be used and subject to different financial incentives and cost containment concerns, can act as major impediments to efficient use of resources for HiAP” (2012, p. 122). Thus, there is a consensus that consistent, even if modest, long-term funding is a critical success factor for HiAP.

4.4 Benefits of HiAP

Our analysis also examined the benefits of HiAP discussed by the training initiatives. The latter emphasize the benefits of this approach from a governance perspective, as well as the results generated for the wellbeing and health of the populations concerned.

4.4.1 A SOLUTION TO WICKED PROBLEMS

A consistent theme is the emphasis on prevention, or addressing the "causes of the causes." The main advantage of HiAP that is invoked is its ability to address complex and interrelated issues. Such an approach would be essential for dealing with wicked problems, i.e., problems socially defined by their "complexity, interconnectedness, uncertainty, and their need for collective action, systemic approaches, and networked responses, occurring at multiple levels" (Morisod et al., 2021, Module 5, slide 2). Issues of this type, such as obesity, climate change, poverty, systemic racism, etc. create environments that are adverse to health and amplify inequalities. Thus, "focusing on HiAP may shift the emphasis slightly from individual lifestyles and single diseases to societal factors and actions that shape our everyday living environments" (Ståhl et al., 2006, p. XVI). The training initiatives present HiAP as an alternative to the dominant health policies of the past few decades since health care approaches cannot deal with an aging population and the financial burden that comes with it (Kickbusch & Williams, 2013, p. 143). The immense potential of HiAP is thus attributed to intersectoral collaboration, to looking at the big picture, and to working upstream on the social determinants of health to address the wicked problems that the current dominant approaches are unable to correct.

4.4.2 IMPROVEMENT OF SOCIETY AS A WHOLE

By addressing wicked problems, HiAP proposes to make improvements to all areas of society. In the long run, decreasing inequality should lead to "Fairer societies," "Inclusive societies," "Better health and wellbeing for the population as a whole," and a "stronger economy" (Regional Office of the Western Pacific & University of Otago, 2016, Module 2, Slide 22). The training initiatives link this ambitious promise to engaging non-health care sectors in a win-win approach. HiAP thus offers the benefit of improving not only population health, but also all dimensions for which the sectors concerned are responsible, including, for example, economic activity:

> As well as improving health and health equity, partnerships should support other sectors to achieve their own goals, such as creating good-quality jobs or local economic stability. At the same time, a healthier population is likely to bring social and economic benefits to other sectors in the long term (Greszczuk, 2019, p. 4).

The benefits HiAP offers from a broad societal perspective can be considered the ultimate justification for this approach. The training initiatives present the possibility of improving not only traditional health indicators (life expectancy, mortality, epidemiological indicators, etc.), but society as a whole by putting HiAP into practice: "Most HiAP work is framed in terms of how investments in health contribute to a more productive society, strengthen resilience and social cohesion, empower people and contribute to social capital, wellbeing and happiness" (Lin & Kickbusch, 2017, p. 178).

4.4.3 FUNCTIONAL BENEFITS

In addition to the broad aspirations of HiAP, the training initiatives examine the benefits of the way the approach itself functions. Many of them identify flexibility as a key benefit. Because HiAP sets forth a broad vision that must be adapted to specific contexts, its bases of "intersectoral collaboration and commitment require that the methods adopted by proponents of initiatives modelled on this approach may vary depending on contexts, specific population needs, available resources, relationships with key partners, and existing mechanisms" (Brisson & St-Pierre, 2018, p. 7). According to many training initiatives, this is one of the great strengths of the approach. It avoids imposing the adoption of actions or policies that are counterproductive or inappropriate for specific social, political or economic environments. Rather, "the strength of the HiAP approach is that

it has the potential to be broad in its application and fluid in its timelines," allowing it to address the specific needs of a given society, population, or group (Kickbusch & Buckett, 2010, p. 130).

4.4.4 Consistency

Most training initiatives stress that more consistency in governance results from intersectoral collaboration, and more broadly from HiAP. By breaking down silos and valuing partnerships, HiAP would make it possible to avoid contradictions and duplication, and thus promote a long-term and harmonious vision of government action. Indeed, it "focuses on changing systems of decision-making, rather than changing a single decision" (National Association of County and City Health Officials [NACCHO], 2017, p. 7). To achieve this, a HiAP approach must be attentive to the concerns of various stakeholders and draw on a diversity of resources and knowledge from different sectors. This strategy "sits well within a whole system approach in which individuals, organisations and communities work together to identify and pool their capacity, skills, knowledge, connections, assets and resources" (Local Government Association, 2016, p. 11). In addition, the training initiatives highlight the ability of HiAP to generate better communication, to build bridges resulting from activities that span departments and sectors, and to create ties among stakeholders (Merkur et al., 2012). Thus, a central benefit of HiAP is that, once mature, it leads to the institutionalization of intersectoral collaboration, which would go beyond ad hoc collaborations to truly "incorporate a health, equity, and sustainability lens across the whole of government" (Rudolph et al., 2013b, p. 2).

4.4.5 Cost control

All governments are faced with the challenge of managing ever-growing needs with limited resources. Some training initiatives put forth the view that HiAP can be part of the solution to this dilemma by controlling costs in health care and, to a lesser extent, in other sectors. In general, prevention is a logical strategy given the context of aging societies, "whose rising health costs point to the necessity of acting on the determinants of health to ensure the sustainability of the health system" (Abrassart et al., 2017, p. 11). Better coordination within government would lead to greater efficiency, consistency and improved outcomes, thereby reducing operating costs. For example, Buck and Gregory (2013, p. 11) emphasize the potential savings associated with actions taken upstream: "The business case establishing the 'massive savings' that can be made from smart investment in early interventions is strong." Some training initiatives take the cost-saving logic a step further, listing the financial benefits generated by improvements in the health and quality of life of populations: "Policies that make communities healthier have shown a significant return on investment by reducing health care costs, creating jobs, and increasing tax revenue" (Change Lab Solutions, 2018, p. 3). The logic underpinning these savings derives from HiAP's core principles of working upstream on the social determinants of health and better coordinating governance.

4.4.6 Equity

Several training initiatives establish equity as both a fundamental principle and a benefit of HiAP. Indeed, renowned professor Sir Michael Marmot (2018) prefers to use the term "Health Equity in All Policies" to emphasize this principle and better define the approach. As an outcome, HiAP would force policymakers to place "equity issues at the forefront" of government policy (Lowrie & Von Hagen, 2021, Slide 83). The approach would thus make it possible to reduce social and health inequalities since "health determinants should be addressed as mediators between policies and health outcomes and equity considered as a core value" (South-Eastern Europe Health Network [SEEHN], 2013).

4.5 Limitations of HiAP

While the training initiatives naturally advocate for the benefits of HiAP (discussed in Section 4.4), they also recognize and describe some of the limitations of this approach. It should be noted that there are some similarities between the factors that hinder implementation (discussed in contrast to supportive factors in section 4.3) and the limitations of HiAP. Here, the focus is on the obstacles limiting the extent to which the goals of HiAP can be achieved once it is implemented, not on the obstacles preceding implementation. This division is more reflective of efforts to clearly present our analytical results than of a theoretical stance.

4.5.1 Financial and institutional limitations

While HiAP is presented as a means of reducing costs that does not require heavy funding to implement, some training initiatives list barriers created by a lack of financial and institutional resources. The South-Eastern Europe Health Network (SEEHN) (2013, p. 34), for example, emphasizes the limited monitoring and data gathering capacities in Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, Moldova, Romania, Serbia, and the former Yugoslav Republic of Macedonia: “none of the SEEHN Network countries had the ability to regularly monitor health outcomes disaggregated by a comprehensive set of socioeconomic indicators including income, education, occupation, gender, rural/urban setting, household size, migrant status and, if permitted by national law, ethnicity.” Several training initiatives thus note that HiAP cannot surpass the capabilities and resources a government possesses.

HiAP aims to stimulate intersectoral collaboration and gradually institutionalize the practice so that “health becomes normal business” (Local Government Association, 2016, p. 17). On the other hand, since HiAP aims to engage multiple sectors and “as HiAP is by nature intersectoral and crosses siloes, it doesn’t have a specific institutional home” (NACCHO, 2017, p. 36). Thus, there exists tension between the need for institutionalization and the inherently intersectoral nature of HiAP. This tension risks limiting the type or number of actions implemented, either by stifling the innovative and flexible spirit at the core of HiAP, or through precarious or partial institutionalization: “Many good practices have low sustainability because they are project organised and not yet an integrated part of local, regional or national government” (Joint Action on Mental Health and Wellbeing, 2017, p. 49).

4.5.1.1 Tension between objectives, deliberation and collaboration

One of the main strategies for implementing HiAP is to take into account the objectives and interests of sectors other than health from a win-win perspective. This has proven to be an effective way to stimulate buy-in from these sectors; however, several training initiatives point to the risk of diluting the initial objectives tied to population health. Indeed, negotiation, compromise, and especially consensus decisions “can take more time” and even cause a group “to lose sight of its end goal” (Rudolph et al., 2013a, p. 60). Similarly, HiAP implementation is likely to suffer from tension between large scale, top-down actions and horizontal implementation that gives voice to a wide range of actors. Morisod and colleagues (2021, Module 5, Slide 8), for example, stress that “the more stakeholders at the table, the more difficult and time-consuming the process can be to come to a common understanding and position.” Not only can deliberation and implementation processes be weighed down by a multitude of stakeholders, but these stakeholders can also sometimes hold them up.

4.5.1.2 Obstruction by certain actors or sectors

Several training initiatives describe resistance to HiAP from multiple actors as a significant impediment to its implementation. Good faith and the desire to collaborate may indeed come up against conflicting interests, and above all, the ability to significantly undermine the implementation of concrete public policies. Firstly, HiAP proponents typically face restrictions on what they can do. The Pan American Health Organization states that "national health sectors in the Region [the Americas] rarely have the mandate, authority, or organizational capacity to bring about the broad policy and structural changes that are needed" (Pan American Health Organization, 2015b, p. 6). Secondly, certain government sectors control the most powerful state levers (economy, employment, trade, finance) that influence the social determinants of health in various ways. The implementation of HiAP is therefore likely to advance only so far as the financial resources or policies controlled by these sectors allow: "implementation of fiscal measures for the purpose of health policy is often restricted by priorities in other sectors, challenged in the context of trade policies or opposed by ministries of finance, trade and industry" (Leppo et al., 2013, p. 90).

Some training initiatives examine the private sector's powerful influence and ability to resist, which limits the implementation of many public policies consistent with a HiAP approach. From an overall perspective, this may refer to actions that are generally contrary to the objectives of HiAP such as "strategies and approaches used by the private sector to promote products and choices that are detrimental to health" (World Health Organization [WHO], 2015c, Module 7, Slide 16). Some training initiatives point more directly at the private sector as a potential direct obstacle, noting several ways it can interfere: "using litigation at national and international levels to challenge policy decisions. Creating alliances with other business sectors. Moving to countries with least resistance" (WHO, 2015c, Module 7, Part 1, Slide 22). The training initiatives thus convey a certain amount of political realism, by explaining that the extent to which a HiAP approach is implemented is partly dependent on actors who are traditionally unconcerned with health.

4.5.1.3 The relative newness of HiAP

While HiAP is consistent with other intersectoral health initiatives, it remains a relatively new approach. Some training initiatives assert that it is therefore necessary to recognize "that many HiAP initiatives are still in their infancy while interest in and implementation of HiAP approaches are growing tremendously, HiAP remains in a developmental stage" (NACCHO, 2017, p. 9). Some ambiguity on the conceptual level and regarding implementation is thus attributable to the relative novelty of the approach and "translated into little documentation and systematization of how intersectoral action is practised within health" (Solar & Valentine, 2013, p. 7), particularly because of the evaluation difficulties mentioned earlier. While the reference here is to a certain lack of precision relative to HiAP as a whole, other training initiatives identify specific elements that remain to be clarified before a stage of maturity is reached. For example, Fafard (2018) highlights accountability and the role of finance departments as two factors associated with major challenges that are generally poorly recognized or analyzed in relation to HiAP implementation. The conception of newness is, of course, relative. As the literature and training initiatives develop, these concerns may fade.

4.5.1.4 The aspirations of HiAP

The proposed goal of HiAP is anything but modest as it aims to improve population health and health equity by acting on all the social determinants of health. According to some training initiatives, the highly ambitious nature of HiAP may actually impede the progress of the approach. On the one hand, the objectives of HiAP may create disproportionate expectations. For example, the WHO's Health in

All Policies: Training Manual enumerates the unmanageable expectations that can arise when stakeholders participate in HiAP initiatives (Stone, 2015). On the other hand, Professor Alderman (2015) points to the risk that HiAP may be perceived as an enormous or overly broad task, which may demotivate potential actors. Finally, the highly ambitious nature of HiAP means that the goals (in terms of health impacts) are never fully achieved since "the problem is never solved definitively, and its solution can lead to problems in other arenas" (Kickbusch & Buckett, 2010, p. 13). Managing expectations and setting realistic goals is thus crucial when implementing HiAP.

4.6 Implementation tools and principles

All of the training initiatives devote considerable space and time to exploring the tools and principles of HiAP implementation. Since it addresses many dimensions, we drew on the work of the WHO Regional Office for Africa (2016), which asserts that "HiAP [is] based on policy and technical processes". Following this categorization, we will begin by discussing the principles underlying implementation, its stages, and its integration into the policy process. Subsequently, we will analyze the technical component, including analytical tools, implementation structures, concrete policies, and a variety of skills needed to support the process of achieving HiAP.

4.6.1 POLICY PROCESSES

4.6.1.1 The HiAP mindset

Many training initiatives suggest that proponents of HiAP should approach implementation with a mindset consistent with the HiAP approach. The reference here is to a holistic view of health focused on addressing social determinants and prioritizing equity. Specifically, this includes an adequate understanding of:

- the interaction between health and society and health and wellbeing;
- the major health challenges related to dynamic social and economic change;
- the wide range of determinants of health, in particular the social, political and commercial determinants of health;
- the equity challenges in relation to health (Regional Office of the Western Pacific & University of Otago, 2016, Module 3, Slide 23).

HiAP: A Manual for Local Government clearly summarizes this way of thinking, central to the approach, by emphasizing context and environment (as opposed to individual choices) and the values of justice, efficiency, opportunity and equity. The manual offers a simple but effective conceptual schematic for HiAP proponents to keep in mind: "environmental frame + solution + values + evidence = Health in All Policies" (Local Government Association, 2016, p. 22).

4.6.1.2 The foundations of HiAP

In the same vein, the training initiatives discuss the fundamental principles to be respected in implementing the HiAP approach. In particular, the fundamentals necessary for intersectoral work, such as communication, partnership, resource sharing, flexibility, cooperation, inter-organizational support, ongoing learning, etc. are discussed. The priorities identified in the WHO HiAP Workshop—The Case of Air Pollution, Urban Health and Sustainability (World Health Organization [WHO], 2018) offer a representative example: "1. collaboration; 2. citizen engagement; 3. a mix of regulation and persuasion; 4. independent agencies and expert bodies; 5. adaptive policies, resilient structures and foresight." Although they sometimes use different terminology or emphasize some aspects more than

others, all of the training initiatives stress the importance of these foundations, which are consistent with the fact that "a HiAP approach thus focuses attention on the development of partnerships for public policy through identifying 'win-win,' coproduction and 'co-benefits'" (Lin & Kickbusch, 2017, p. 2).

4.6.1.3 Implementation steps

Some of the training initiatives propose steps to be followed during the implementation process. Several very concrete points of departure are identified, for example: "executive order, policy-level HIA, health act, multisectoral HiAP action plan, agreement to implement national development plan, facilitating advocacy and building skills" (Herriot & Valentine, 2018, p. 15). However, a greater proportion of training initiatives prefer, as a starting point, analyzing context, establishing contacts with partners and identifying opportunities for beneficial actions. One recommendation that is repeatedly mentioned is to adopt a gradual approach: "to identify 'low-hanging fruit,' or small easily achievable steps to get started that create progress toward a longer-term goal" (NACCHO, 2017, p. 32). This can lay the foundation for intersectoral collaboration before more ambitious actions are undertaken.

Several training initiatives fully incorporate the implementation steps outlined in the WHO Framework for Country Action: "1. Establish the need and priorities for HiAP; 2. Frame planned action; 3. Identify supportive structures and processes; 4. Facilitate assessment and engagement; 5. Ensure monitoring, evaluation, and reporting 6. Build capacity" (World Health Organization [WHO], 2014, p. 7). Others make a few modifications, but overall a gradual implementation process is set forth, based on analysis, research into collaborative opportunities, implementation and ongoing evaluation. Some training initiatives tailor these steps to a particular context or level of government. For example, Change Lab Solutions (2018, p. 11) advises adopting a HiAP policy at the local level by taking the following steps: "convene and collaborate, engage and envision, make a plan, invest in change, track progress." In keeping with the HiAP approach, it is generally asserted that strategic directions and implementation steps are tools intended to guide eventual implementation, which can and should be adapted to specific environments.

4.6.1.4 The window of opportunity model

As with any politically driven initiative, HiAP requires a favourable context to gain the political support necessary for its implementation. As mentioned earlier, many training initiatives refer to Kingdon's window of opportunity model to discuss how to recognize an opportune political moment and how best to take advantage of it. Firstly, a problem must be recognized as such by those in power. It must then be placed on the political agenda and favourably framed. Thirdly, the proposed solution must be "technically sound, culturally and ethically acceptable, financially reasonable" (WHO, 2015c, Module 4, Slide 8). Finally, only a suitable political context allows for negotiation and the implementation of the proposed solution. Many training initiatives underscore the concept of a window of opportunity, because the incorporation of HiAP into government policy depends on the ability of its proponents to promote it in a timely and effective manner.

Several training initiatives explore this concept in greater depth by describing potential opportunities and offering concrete examples. The training initiatives were seen to reflect considerable optimism, no doubt because "windows of opportunity for Health in All Policies are everywhere" (Rudolph et al., 2013a, p. 21). Indeed, they list a multitude of potential windows of opportunity, usually linked to government actions (production of budgets, institutional reforms, strategic plans, etc.), specific issues or one-off events. McQueen and colleagues discuss, for example, the role of parliamentary oversight in the UK Parliament in creating a window of opportunity for HiAP. The House of Commons

Health Committee conducted an in-depth analysis of the issue of health inequalities in 2009. Its report helped to put this issue on the UK policy agenda and thus set the stage for debate and discussion during which the HiAP approach could be presented as an appropriate solution to the problem (McQueen et al., 2012).

4.6.1.5 The legal mandate

With respect to the instruments or means through which to turn these windows of opportunity into concrete policy action, the training initiatives generally favour a legal mandate or the use of existing mechanisms (subsection 4.6.1.6). Integrating key HiAP concepts into the text of legislation would serve several functions. Among other things, it would, according to Gakh: "formalize HiAP work; facilitate HiAP work; integrate health directly into other sectors" (Gakh et al., 2015). The adoption of a legal mandate would thus initiate the process of institutionalizing HiAP by clarifying its directive and implementation frameworks, thereby strengthening its sustainability (Kickbusch & Williams, 2013). Legislative details are generally not discussed in the training initiatives; however, some possibilities specific to HiAP are mentioned, such as public health laws mandating impact assessments, funding modifications, etc. Some training initiatives also examine regulatory frameworks (Kickbusch & Buckett, 2010) or local initiatives such as using "local ordinance or resolution as a way to formally institutionalize HiAP" (NACCHO, 2017, p. 31).

4.6.1.6 Mobilize existing mechanisms

The use of existing mechanisms is presented as an alternative or a complement to the adoption of legislation framing HiAP. Any mechanism that facilitates intersectoral collaboration or targets the social determinants of health can serve to anchor HiAP initiatives. One example is the adoption of strategic plans or of operating agreements between different sectors or agencies (Abrassart et al., 2017). Evaluations (mandatory or not), especially health impact assessments (HIAs), are very regularly cited by training initiatives as an entry point, for example: "In the context of HiAP the proper role of HIA may well be to prompt others to develop the necessary modifications rather than to make specific recommendations as to how the policy should be modified" (Ståhl et al., 2006, p. 194). We discuss impact assessments and their role in the context of HiAP implementation in more detail in subsection 4.6.2.1 on analytical tools. The Healthy Cities initiative is another example of "a concept that is key to the application of HiAP at the local level" (Simos, interview with the author, October 28, 2021). This strategy proposes, according to Barr, municipal-level implementation characterized by the following: "comprehensive plan, health on top of the agenda, commitment to health and wellbeing, ensure policies are healthy policies" (Shankardass & Bart, 2018). Where it is already being implemented, the practices and mechanisms of the Healthy Cities initiative can greatly facilitate the introduction and consolidation of the HiAP approach.

4.6.1.7 Promote HiAP to decision makers

The training initiatives propose different strategies for influencing policymakers and promoting the implementation of HiAP, including promoting the development of a network of partners. Since partnerships are a fundamental aspect of the approach, it is crucial to properly plan for the integration of individuals and agencies since "adding new members or agencies to an existing group requires orientation to the group process, understanding of shared goals, and attentiveness to group dynamics" (Rudoph et al., 2013a, p. 34). It is also crucial to identify and encourage leaders, usually referred to as "champions." These will use their influence to "frame discussion of the issue, build consensus, attract resources and seize and create opportunities to move the reform forward" (Stone, 2015, p. 50). In addition to the mobilization of potential partners, the training initiatives emphasize the importance of demonstrating the feasibility and potential of the HiAP approach quickly to gain

political support and begin the process of institutionalization. Primary emphasis is placed on the need to "produce concrete, tangible deliverables as vehicles to guide policy and document progress" (Rudolph et al., 2013a, p. 79). Concrete actions (producing plans, carrying out impact assessments, developing policies, etc.) not only illustrate what HiAP is and guide the development of the approach, they also serve to demonstrate the validity of the rhetoric put forth to launch the process. At the same time, the training initiatives emphasize the importance of providing a clearly contextualized framework for action in order to:

> define the contextual environment and the extent to which that can be influenced or changed; define those actions which it can control within its own strategic space; and define the transactional environment where it aims to affect change together with the other actors in the space (Lin & Kickbusch, 2017, p. 180).

As a strategy, the training initiatives thus encourage carrying out a multitude of actions aimed at moving the HiAP approach forward by mobilizing resources to achieve tangible results, while always keeping in mind that HiAP must be promoted and, above all, supported by political authorities and a range of collaborators.

4.6.1.8 Levels of implementation

It is worth mentioning that the principles, tools and implementation strategies observed tend to differ depending on the level under analysis. Training initiatives focused on the local level usually emphasize actions related to consensus building such as raising awareness, informing or mobilizing partners, building capacity or creating spaces for exchange or collaboration (Lemieux, 2021). Training focused on higher levels of governance, places more emphasis on the formal aspects to be taken into account, such as the structures to be established, procedures, monitoring and evaluation mechanisms, legislative initiatives, etc. This difference is equally, if not more, apparent in discussions of the technical processes attached to HiAP implementation.

4.6.2 TECHNICAL PROCESSES

The line between political and technical processes can be relatively blurred, given that all actions undertaken to implement HiAP are interconnected and inspired by the same principles. By technical processes, we mean analytical tools, implementation structures, concrete policies that can be adopted, and professional competencies to be developed.

4.6.2.1 Analytical tools

We identified many tools for conducting health and equity impact assessments, facilitating implementation, evaluating the process, and, in the case of New Zealand, performing these actions from an Indigenous perspective. In terms of health and equity impact assessment tools, the training initiatives tend to bridge the gap between tools that have been used for decades and the HiAP approach. They devote time and space to these tools because:

> Assessments of impacts on health and health equity are not just highly effective tools for measuring the consequences of broader social, environmental, and economic changes for population health; they also have a significant influence on the quality and sustainability of policy development and implementation (Vasconcellos, 2016, p. 35).

Around the world, health impact assessments (HIAs) are used to evaluate the potential risks and benefits of projects with respect to population health and inequalities. By seeking the involvement of the various stakeholders, an HIA is able to make recommendations for improving a project, program

or policy. Many training initiatives discuss in detail how HIA works and the steps involved. They establish clear links between the values, objectives and analytical frameworks of HIA and the more holistic HiAP approach. As an analytical tool, HIA is often presented as an effective starting point for HiAP implementation. On the one hand, an HIA contributes to HiAP on a technical level since it "brings together data, expert knowledge, and public input to identify and examine the health effects of proposed decisions in a stepwise fashion" (NACCHO, 2017, p. 23). On the other hand, it lays the foundation for the intersectoral collaboration at the core of the approach:

> Many HIA practitioners report that the best outcomes of their projects were the relationships built with other sectors. Often these relationships facilitate collaboration on future projects even in the absence of a subsequent HIA. For this reason, HIA is an excellent tool for a single project or a policy-based approach to HiAP (Wyss et al., n.d., p. 6).

A few training initiatives also discuss the use of HIA-derived tools to broaden the mandate of HIA or to focus on a particular dimension. Examples include *Environmental and Social Impact Assessment* (ESIA), *Health Equity Impact Assessment* (HEIA), *Strategic Health Impact Assessment*, a *Health Equity Assessment Tool* (HEAT)[4] or *Health Rights Health Impact Assessment* (HRHIA).

The training initiatives also present some analytical tools principally devoted to HiAP implementation. Among those identified, the *Health Lens Analysis* (HLA) tool is certainly the most in-depth. The pioneers of HiAP in South Australian drew on the concept of HIA to create an analytical tool adapted to HiAP. By applying the following steps—mobilize, collect evidence, generate, navigate, and evaluate—, HLA aims to "examin[e] the connections between policy and health in a systematic and collaborative manner, which results in the formulation of evidence-based recommendations to guide policy strategy" (WHO, 2015c, Module 10, Slide 26). Several training initiatives analyze this tool in detail since, unlike HIA, which tends to focus on a specific project, HLA prioritizes analysis of the collaborative dimension and "the emphasis is placed on both achieving the goals and objectives of the partner agencies and on improving health and wellbeing outcomes and reducing inequities" (HiAP Team South Australia, 2017, p. 13).

In addition to HLA, other analytical tools are proposed which can set the stage for potential HiAP implementation by analyzing context, implications, or stakeholders. Brief descriptions of some of these tools are presented here, but we have included only those discussed in more than one training initiative. "Stakeholder analysis" is discussed in several training initiatives. Its use is in keeping with the need to include organizations, groups and individuals from different backgrounds in the implementation process. Stakeholder analysis aims to "Identify allies and opponents. Identify priority stakeholders who can affect the issue more. Identify best strategy to affect priority stakeholders. [Make] better use of resources" (Regional Office for the Eastern Mediterranean, 2017, Session 2.4). Similarly, but targeting stakeholders in a specific area, "community assessment" involves leveraging existing data, and conducting surveys or interviews to "systematically and comprehensively determine what resident concerns are, what are the community's major strengths, and what are the most significant barriers to health" (Change Lab Solutions, 2018, p. 18).

Finally, training initiatives from New Zealand describe some analytical tools that reflect indigenous practices and perspectives. The example of "Te Pae Māhutonga" is representative of the tools observed. This model of promotion includes a planning guide with an analysis of the "elements needed for strong community development including: *Te Oranga* (participation in society), *Mauriora* (connection to community and culture), *Toiora* (healthy lifestyles), *Waiora* (environmental protection), *Te Mana Whakahaere* (community ownership and autonomy) and *Ngā Manukura* (leadership)" (Health

[4] Leppo and colleagues refer instead to *Health Economic Assessment Tool* (HEAT) (2013).

in All Policies Team, Community and Public Health, 2018, p. 17). We did not find any tools devoted to Indigenous realities in the training initiatives identified that were produced in other countries (including Canada). Given the principles of HiAP and the growing awareness that approaches to health and to other fields would benefit from greater inclusion of Indigenous organizations, interests and perspectives, this absence represents a significant gap in the training initiatives currently available.

The training initiatives commonly discuss methodologies for evaluating HiAP. Although not analytical tools in the strict sense, explanations and details regarding the evaluation of the approach support the analysis of HiAP throughout the implementation process, which prompts us to include this dimension here. For the reasons mentioned previously, HiAP evaluation raises many challenges. This dimension is nonetheless crucial as it makes it possible to “demonstrate effectiveness, promote continuous learning and improvement, help to guide programme evolution, the allocation of resources and promote stakeholder engagement” (Local Government Association, 2016, p. 55). Many training initiatives distinguish three subjects of evaluation: the process or progress of HiAP implementation (collaboration, team formation, training, etc.); impact (regulations, policies, laws, initiatives, etc.); and outcomes (changes in population health). Some training initiatives also offer advice or guidance aimed at facilitating the evaluation process. For example, emphasis is placed on the importance of developing or using indicators “based on income, age, geographic location, and ethnicity” to ensure adequate coverage of target populations (Kickbusch & Williams, 2013, p. 245). It is also suggested that “methods for monitoring and evaluation be included from the outset, and results and findings be publicly disseminated”, again with a view to continually improving HiAP and revealing its benefits (Brisson & St-Pierre, 2018, p. 17). Some training initiatives recommend the use of non-health focused data (e.g., crime or education data) to provide a more holistic view and foster other avenues of collaboration (Rudolph et al., 2013a).

Training initiatives stress the importance of evaluation to HiAP implementation. However, apart from the rather general advice mentioned here, few tools are presented that concretely facilitate the evaluation process. In contrast, the training initiatives tend to suggest fairly well-defined implementation structures.

4.6.2.2 Implementation structures

As with all of the elements discussed thus far, the training initiatives tend to favour flexibility and adaptability when it comes to HiAP governance structures. Despite making relatively specific suggestions, the initiatives leave the door open to multiple possibilities. As stated by McQueen and colleagues (2012, p. 47): "These three levels [the government, parliament and bureaucratic levels] have great potential for actions to support evidence, set targets, coordinate, advocate, monitor and evaluate and guide policy.” Beyond such references to flexibility, we found, on the one hand, suggestions based on top-down logic with a tendency toward formal structures. On the other hand, we found suggestions inspired by horizontal logic with an emphasis on the idea of networking or an approach that begins informally and gradually leads toward institutionalization.

When HiAP is conceived of and presented primarily as an approach whose aim is to improve governance (of a country, province, or state), formal structures and top-down logic are usually preferred. HiAP is considered “best supported by formal structures that are stable and foster long-term change” as they provide better accountability, justify funding, and offer clear direction (Rudolph et al., 2013a, p. 62). Committees (or subcommittees) of ministers and senior public servants are mentioned numerous times as they have a “strong influence on the agenda setting and policy formulation stages of the policy cycle” (Regional Office for Africa, 2016). Parliamentary committees, for their part, are seen as effective vehicles for promoting HiAP.

The training initiatives also suggest modifying governance structures, rather than creating new structures. For example, mega-ministries and ministerial mergers are mentioned as a means of improving “the efficiency and coherence of political and administrative work in government and administration” (Merkur et al., 2012, p. 5). Although this solution is frequently included, most training initiatives offer little detail; moreover one initiative states that there are few supportive examples of this strategy and it has proven very costly (McQueen et al., 2012). The “joint budgeting” strategy is also a regular feature of training initiatives. The aim is to avoid silo budgeting of ministries or agencies and to distribute resources in accordance with objectives and actions aligned with HiAP, which would have the potential to “reduce administrative and transaction costs, generating economies of scale through sharing of staff, resources and purchasing power, while also facilitating rapid decision-making” (Merkur et al. 2012, p. 15). In opposition to or in addition to structures that have the greatest impact on policy decisions and directions, several training initiatives emphasize horizontal structures.

Some of the training initiatives draw attention to networking and to a more organic, less structural approach that can optimize discussion and collaboration (Reeves, 2018). Networks constitute flexible collaborative spaces and, in the view of some authors, could thus “replace organizations as the mechanism to move complex issues forward” (Schwenger & Kalda, 2014). Without limiting themselves to the idea of a network, several training initiatives suggest taking advantage of existing, ad hoc or informal spaces to promote the gradual institutionalization of HiAP. For example, Shankardass (2014) states that ad hoc intersectoral actions make it possible to “build on existing governance structures and tools to support automaticity.” It is also common to propose the establishment of a small working group that could stimulate collaboration and ensure effective coordination between different sectors and actors. This proposal is based on several concrete experiences such as those of California or South Australia: “In many case studies, a small and dedicated team of HiAP practitioners acted as an engine for moving forward and driving partnerships” (Lin & Kickbusch, 2017, p. 182). In a similar vein, some training initiatives promote the establishment of interdepartmental committees to create collaborative spaces within the bureaucracy. Such structures carry the advantage that they “work within the government bureaucracy, do not require significant costs or reorganisation, [and] can work with departments over time” (Merkur et al., 2012, p. 13).

Thus, the training initiatives discuss in depth various structures for implementing HiAP. Some prefer a top-down approach while others favour horizontal collaborative structures — in all cases, the training initiatives emphasize that, in the long term, there remains the "necessity of institutionalizing to sustain initiatives” and “in both cases [informal and formal structures] accountability and oversight are necessary” (Local Government Association, 2016, p. 46).

4.6.2.3 Public policies generated by HiAP

Our analysis also looked at healthy public policies arising from the implementation of HiAP. Some suggestions focus on government policies such as tax measures, regulations, programs or organizational changes. However, these suggestions tend to remain general. The financial dimension is often prioritized, with taxes and fiscal measures being given relatively central importance. For example, Kickbush and colleagues (2020) suggest using “fiscal policies that ensure equity and redistribution.” It is even more common to see proposals that target the living environments of populations. Many of the suggested policies are intended to influence or improve the immediate environment of citizens. Policies related to urban planning, housing, mental health prevention, or violence in schools or communities are examples discussed in the training initiatives. The priorities articulated by the United Kingdom’s King’s Fund provide insight into what policies proposed at the local level are trying to ensure:

- the best start in life;
- healthy schools and pupils;
- helping people find good jobs and stay in work;
- active and safe travel;
- warmer and safer homes;
- access to green and open spaces and the role of leisure services;
- strong communities, wellbeing and resilience;
- public protection and regulatory services;
- health and spatial planning (Local Government Association, 2016, p. 56).

The fact that the training initiatives emphasize the flexibility of the HiAP approach and that they seem to want to avoid imposing an overly rigid framework may explain the lack of space devoted to concrete public policy proposals that could be generated by the implementation of HiAP.

4.6.2.4 HiAP-related competencies

The final aspect related to implementation tools is the competencies that need to be developed. The training initiatives devote a great deal of time and space to promoting professional know-how and skills that are considered essential to establishing the HiAP approach. These include, in particular, leadership, collaboration, advocacy and commitment. We conclude this subsection with a discussion of the ability to write policy briefs.

Most training initiatives emphasize the importance of leadership at all levels to the successful implementation of HiAP. This notion is linked to many competencies, similar to those discussed below. For example reference is made to "systems leadership," which facilitates "collaborative direction-setting and decision-making with other stakeholders" (Pan American Health Organization, 2015a, Module 11). The training initiatives focus, above all, on leadership from the health sector. Organizations in this sector (ministries, agencies, etc.) are described as inter-sector facilitators and sources of expertise with the potential to set a strong direction for all actors involved in HiAP. The observations of Leppo and colleagues are representative of a message often repeated in training initiatives:

> health ministries have many roles: identifying issues and providing an evidence base (problems stream); advocating for solutions; convening relevant parties, according to the issues at hand; taking the initiative; leading by example; and mediating and negotiating in order to arrive at policy design (policies stream) (Leppo et al., 2013, p. 310).

Thus, leadership is considered a competency that is crucial to the implementation process. However, while this notion may be discussed only in general terms, training initiatives also examine more specific and concrete skills.

Because HiAP relies heavily on intersectoral collaboration to function, it is unsurprising that the training initiatives affirm its importance and discuss how it should be cultivated. In doing so, it is critical to develop "strong relationships that are built on a foundation of trust, mutuality, and reciprocity" (Rudolph et al., 2013a, p. 47). It is advisable to be cognizant of the interests of participants, to ensure that they are given the credit they deserve, to be transparent, and ultimately to

shift “from a mindset of scarcity and competition for resources to a long-term, collaborative model of encouragement and support” (Rudolph et al., 2013a, p. 51).

In addition to promoting an attitude based on trust and reciprocity, the training initiatives greatly emphasize the importance of a win-win strategy. Indeed, it is of primary importance to ensure that the objectives and interests of each partner are taken into consideration. One strategy is to avoid work focused on potentially conflicting interests: “Most HIAP categories and actions work best at the low end of conflict where there is less controversy” (SOPHIA HiAP Workgroup, 2017, p. 12). In this regard, negotiation skills prove essential. HiAP proponents need to be equipped with the skills for “‘negotiating across’ to achieve national policy coherence through a whole-of government approach and negotiating ‘out’ for a whole-of-society approach which means building coalitions with diverse actors. It also means negotiating ‘within’ the health sector” (Stone, 2015, p. 114). In practice, these negotiation skills involve, for example, “playing to the strengths of each sector and community, ‘going with the flow’ rather than against it, demonstrating cobenefits to those involved (even beyond government sectors), and avoiding turf wars” (Vasconcellos, 2016, p. 46). Some training initiatives also emphasize the human dimensions associated with conducting successful negotiations, such as informal meetings, developing relationships between individuals, or ongoing participation in meetings and communication (Ricklin & Ulrich, 2019).

The relative novelty and ambitious nature of HiAP require that it be promoted and championed to convince partners to participate in a HiAP initiative and, more importantly, to engage in sincere and meaningful collaboration. To this end, the training initiatives suggest various ways to communicate the benefits of the approach and describe how it functions. In discussing HiAP, it is suggested that emphasis be placed on the social determinants of health to illustrate the logic of the approach. This includes, for example, “establish[ing] an ‘environmental frame’ that demonstrates that the places people live, work, and play affects their health and decisions” (Rudolph et al., 2013a, p. 101). Another action suggested by many is to establish shared values (equity, efficiency, etc.) as the starting point for a conversation or negotiation. Positive and practical discussion are presented as key and proponents are encouraged to: “state the solution clearly, and be sure that the solution gets at least as much attention—or more—than the problem” (Rudolph et al., 2013a, p. 104). Similarly, some training initiatives put forth argumentative strategies. For example, the WHO HiAP: Training Manual divides these into three categories: “Health argument: health has intrinsic value. Health-to-other-sectors argument: improved health and equity can support realization of mandates and goals of other government sectors. Health-to-societal-goal argument: improved health and equity can also contribute to wider societal gain” (Stone, 2015, p. 83).

In addition to communication skills, the training initiatives emphasize the importance of disseminating the knowledge and know-how needed to implement HiAP. This is crucial to generating interest and ultimately developing policy champions who will be torchbearers for the approach. Making data universally available or carrying out any other “knowledge transfer process [...] that promotes the dissemination, adoption, and assimilation of the most up-to-date knowledge available for use in professional practice or health management” (Cultures & Santé, 2018, p. 45) helps HiAP to become more widespread. Many training initiatives emphasize the importance of making educational resources available and providing training. For example, the WHO suggests concretely implementing the following actions: “Supporting networks of institutions/trainers to deliver the training. Conducting regional and country trainings. Creating a database of resources and generating new materials — supporting communities of practice. Actively supporting course adaptation” (World Health Organization [WHO], 2015a, Session 1.2).

Many training initiatives point to the usefulness of policy briefs in promoting the HiAP approach and specifically in "bridging the gap between knowledge and action" (Organización Panamericana de la Salud, 2015, Module 6). Some training initiatives discuss this idea in more detail and emphasize the importance of knowing how to formulate effective policy briefs. Mastering the use of this tool is viewed as a competency essential to influencing policy makers. This requires producing policy briefs that are "focused and limited in scope; professional rather than academic; evidence-based; succinct, understandable and accessible; and practical and feasible" (Stone, 2015, p. 83).

On the technical level, the training initiatives tend to proffer analytical tools, potential governance structures, and competencies to be developed. On the other hand, the concrete tools for implementing HiAP in the field are only sparsely detailed, with policy briefs being the exception.

4.7 HiAP experiences

As our quantitative analysis indicated, the training initiatives refer to several experiences with implementing HiAP to illustrate the process. This subsection provides an overview of how these experiences are integrated into training initiatives. Note that we have selected a few examples to illustrate this aspect, but for reasons of brevity, some experiences mentioned repeatedly in the training initiatives are not discussed here (notably initiatives in the United Kingdom, Québec and Norway).

4.7.1 South Australia

Given that South Australia is one of the earliest examples of implementation and that a considerable amount of HiAP training is influenced by or comes directly from this region, it is not surprising that this experience is so often included in training initiatives. It is usually presented as one of the great success stories of HiAP. This success is explained by a few fundamental characteristics, including: a "high level mandate from central government, an overarching framework which is supportive of a diverse program of work, a commitment to work collaboratively and in partnership across agencies, and a strong evaluation process" (Solar & Valentine, 2013, p. 12). Several training initiatives take the time to recount the story of HiAP in South Australia. The various stages of implementation are used to illustrate the complexity and incremental nature of the process. For example, a guide published by the South Australian HiAP team details the various phases they progressed through: "Proof of concept and practice (2007-2008). Establish and apply method (2008-2009). Consolidate and grow (2009-2013). Adapt and renew (2014). Strengthen and systematise (2015-2016)" (HiAP Team South Australia, 2017, pp. 4-10). The "story" of the South Australian experience has been replicated and adapted by many training initiatives. They refer to this experience when describing multiple elements of implementation, such as tools or mechanisms, health lens analysis, adoption of policies, best practices and principles guiding all stages of implementation. According to the dominant perspective in the training initiatives, South Australia represents the gold standard for illustrating the implementation process and potential achievements of HiAP.

4.7.2 California

Having begun the implementation process in 2010 subsequent to a political decision, California represents another prime example that is often cited, particularly in U.S. training initiatives. In addition to discussing the Healthy Communities Framework and the goals underlying the approach in this state ("active transportation, healthy housing, parks and urban greening, community safety through prevention, healthy food, healthy public policy") (Rudolph et al., 2013a, p. 118), the training initiatives emphasize the process of mobilizing stakeholder involvement. The California HiAP Task Force is described as a "hub linking many concurrent projects, ensuring that the broader effort

maintains coordination and momentum" (Rudolph et al., 2013a, p. 124). The results and changes achieved in California are largely attributed to efforts to reach out to partners, raise community awareness, and facilitate collaboration among different actors. Despite the central role of high-level policy makers in initiating HiAP in California, it is usually described as a horizontal approach in which interpersonal collaboration is a dimension central to the achievement of institutional progress. Several training initiatives describe the Task Force as a vector for or multiplier of local HiAP initiatives. In the context of a webinar, representatives highlighted these characteristics, pointing out that the team includes both formal and informal members: "participation is voluntary and not funded; consensus decision-making; priority [is] community stakeholders" (Dillon & Gutierrez, 2020). This emphasis on networking and informal collaboration is evident in most examples of HiAP initiatives implemented in the United States.

4.7.3 Local Initiatives in the United States

The U.S.-based training initiatives examine a multitude of local initiatives that usually share the characteristics mentioned in the previous paragraph. For example, the National Association of County and City Health Officials (NACCHO) offers a series of webinars whose goal is to describe HiAP experiences in counties and municipalities. To illustrate how local experiences are integrated into the training initiatives, we have limited ourselves here to the example of King County, which is mentioned in several training initiatives. This Washington State County "prioritized projects that were in areas where there are large communities of color or people of lower income," in particular when planning for urban development, parks, and transportation (Change Lab Solutions, 2018, p. 15). Some training initiatives refer to the King County experience, as well as other local initiatives, as examples of the adoption of an equity and social justice ordinance and of collaborative work within marginalized communities (Wyss et al., n.d.). In discussions of local HiAP initiatives, emphasis is placed on horizontality, the interpersonal dimension, and the integration of a diversity of groups. Whereas there is a marked emphasis on local experiences in U.S. training initiatives, those from other parts of the world tend to emphasize experiences at the national or, in some cases, subnational level.

4.7.4 Thailand

Thailand's approach provides training initiatives with a powerful example that combines legal mechanisms and a high degree of institutionalization with a dynamic of citizen participation where a wide range of stakeholders are given a voice. In fact, one WHO training initiative points to this approach as an "exceptional example of participatory governance in action" (WHO, 2015c, Module 9, Slide 16). In brief, Thailand holds an annual National Health Assembly in accordance with the National Health Act. This assembly, composed of academics, civil society organizations, citizens, and various government sectors, has the power to "advocate, design, plan, and implement health beyond health sectors" (Regional Office of South-East Asia, 2015). Lin and colleagues (2014, p. 17) illustrate the diversity of topics discussed by referring to the 2012 assembly, where the topics of "food safety, air pollution, systems to support walking and cycling, children and IT, health workforce education, among others" were discussed.

4.7.5 Ecuador

For its part, the Ecuadorian experience is included in several training initiatives to illustrate both the central role of political power and the implementation of HiAP at several levels of governance. By incorporating in the constitution the "National Plan for Wellbeing" (Plan nacional para el buen vivir) and supporting it with social investments, then-President Rafael Correa adopted a "transformative mandate for HiAP," which generated "increased buy-in for HiAP implementation across diverse sectors" (Shankardass, 2019). This support from the highest political authorities translated into action

at the national level — for example, higher taxes and restrictions on alcohol. At the municipal level, the capital city of Quito stimulated citizen participation through its Healthy Neighbourhoods project, which "promotes community led initiatives, supports healthy public policy and integrates health in urban planning and local investment decisions" (Lin & Kickbusch, 2017, p. 24). Thus training initiatives can use the Ecuadorian experience to demonstrate consistency between the call for top-down support of HiAP implementation and a discourse in favour of citizen participation and horizontal collaboration.

4.7.6 FINLAND

The Finnish case is associated with four main elements. Training initiatives use it to contextualize and explain the origins of HiAP. Since the 1960s, Finland has implemented various initiatives to improve the health of its population. The North Karelia project, aimed at improving nutrition and product availability and modifying behaviours (such as smoking), combined with a "new public health law, which was established in 1972, [that] strengthened the legal basis of heart health and other health promotions," made Finland a forerunner of intersectoral collaboration targeting the social determinants of health (Ståhl et al., 2006, p. 151). Training initiatives also refer to this country as an example of government leadership stimulating local implementation. Guided by a national framework law, HiAP implementation is carried out mainly in municipalities by incorporating health objectives into their strategic plans and urban planning, and by conducting human impact assessments (Douglas, 2021). In addition, Finland is cited as being instrumental in the expansion of HiAP internationally, particularly during its presidency of the European Union in 2006, which served as a springboard for the promotion of HiAP. Finally, some training initiatives use this country's experience to demonstrate the interconnection between national implementation and the international context. For example, Ollila (2015) highlights the critical influence of international discussions, training initiatives, and HiAP promotion (WHO, European Union, etc.) in supporting the implementation of concrete policies in Finland. Such interaction between different levels of implementation is also part of a more global historical context, the subject of our next subsection.

4.8 Historical context

We observed two main trends in the way training initiatives situate the HiAP approach in its historical context. On the one hand, the emergence of HiAP is presented as a logical and necessary response to the wicked problems characterizing postmodern society: "globalization, urbanization, poverty, socioeconomic inequality, food insecurity, environmental degradation, demographic transition" (WHO, 2015c, Module 2, Slide 3). The HiAP approach is literally "a response to wicked problems and inequality" (Kickbusch, 2017). Given the context of globalization, aging societies, and ever-increasing inequalities, HiAP is the reflection of awareness "of the importance of improving and maintaining people's health and reducing health inequalities" (Greszczuk, 2019, p. 2). Thus, wicked problems and inequities combined with the obvious limitations of the dominant disease-centered (as opposed to health-centered) approaches have led to a search for solutions that address the full range of causes. This tendency to situate the emergence of HiAP in the context of major social changes affecting health is, however, less predominant than characterizing HiAP as an extension of international initiatives targeting the social determinants of health.

The desire to contextualize HiAP within the legacy of previous public health efforts is evident, as Kickbusch and Buckett (2010, p. 27) explain: "Healthy public policy has a long history, built on epidemiological evidence, social science and historical analysis. HiAP can be seen as the latest expression of this long tradition." More specifically, the training initiatives situate the emergence of HiAP in the context of cooperative international actions relating to health issues. Many training

initiatives present a timeline and detailed explanations concerning resolutions and conferences dedicated to health promotion: “The Health in All Policies concept is derivative of earlier movements to address the social determinants of health, such as the Health Promotion movement that led to and emanated from the Ottawa Charter of 1986” (Rudolph et al., 2013b, p. 18). Among many other collaborative efforts, the 1986 Conference and the Ottawa Charter for Health Promotion are frequently mentioned because they established the pillars of the social determinants of health: “peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice, and equity” (Herriot & Valentine, 2018, p. 7). Other regularly referenced conferences include Alma Ata in 1978, which highlighted intersectoral work; Adelaide in 1988, which advocated pursuing a greater diversity of partners; and “both the Rio Political Declaration on Social Determinants of Health and the 2013 Helsinki Statement on Health in All Policies [which] promote HiAP as a method for facilitating a more integrated and networked approach to policy-making” (Valentine & Neira, 2018, p. 10). The WHO Commission on Social Determinants of Health, which published its report in 2008, is also frequently discussed, particularly because it “made it clear that health issues have diffuse boundaries and health determinants are largely outside the direct scope of the health sector, and have deep societal roots” (Solar & Valentine, 2013, p. 3). Undeniably, the majority of training initiatives situate HiAP in continuity with resolutions by the international community to broaden our understanding of health and to promote intersectoral work. Accordingly, many training initiatives draw relationships to the broader initiatives of the UN, such as Agenda 21, the Sustainable Development Goals or Climate Change Agreements.

5 Discussion

In this final section we interpret the results of our analysis, enabling us to highlight certain limitations that characterize the training initiatives on offer. Based on this interpretation, we suggest avenues for reflecting on the design of future training initiatives. This process then guides us toward concrete suggestions on how to support HiAP training initiatives in Canada. These suggestions are put forward with the modest aim of optimizing the analysis that has been carried out and, above all, of furthering reflection on how to enhance the range of HiAP-related training initiatives currently available. We have consciously focused on the limitations identified, so as to offer constructive criticism on how to complement currently available training initiatives, which are already skillful at integrating the foundations of HiAP.

5.1 Interpretation and avenues for reflection

5.1.1 Dichotomy between objectives and obstacles

In our analysis of the factors that training initiatives describe as either facilitating or hindering HiAP implementation, we found there was some conflation between the obstacles one should expect when implementing HiAP and the goals that the approach is intended to achieve. The training initiatives regularly point to government fragmentation, operational functioning and silo logic, conflicting interests, competition for limited resources among agencies or ministries, lack of a common language, and ad hoc, non-recurring funding as major obstacles to HiAP implementation, and yet overcoming these problems is a central part of the HiAP mission. The HiAP approach aims to stimulate collaboration between sectors, to work toward common interests (win-win) and, ultimately, to result in consistent public policies that reduce health inequalities. Achieving these goals is therefore a matter of resolving the obstacles listed above. The omnipresence of the concept or image of the silo in training initiatives illustrates our point. On the one hand, training initiatives present HiAP as a solution by means of which to overcome vertical logic and silo work, which prevent collaboration and the development of public policies that can truly change the social determinants of health and ultimately improve the root causes of population health. On the other hand, this silo logic is presented as one of the main reasons why HiAP is difficult to implement. For example, a WHO training initiative (WHO, 2015c, Module 9, Slide 17) identifies the “dominance of siloed decision-making and narrow definitions of core business” as significant threats to implementation.

Thus, it is common to present some of the situations that HiAP is supposed to improve as being also significant barriers to its implementation. In this sense, the training initiatives seem to point, whether consciously or not, to a major challenge when it comes to concretely applying this approach rooted in collaboration and reciprocity between sectors. In our opinion, it would be of benefit to acknowledge the contradiction discussed here. This would indicate the relevance of training initiatives exploring solutions that are directly applicable to the obstacles inherent to governance and thus allowing participants to envision potential bridges between these obstacles and the objectives of HiAP. In other words, it is essential to draw attention to feasible solutions and to formulate a more consistent discourse concerning these two elements.

5.1.2 Integration of non-health sectors

Although the HiAP approach is fundamentally rooted in multisectoral work, the training initiatives primarily target professionals and decision makers in the health sector. It is important to note, however, that some training initiatives include other sectors among their target audiences (12% of training initiatives explicitly target professionals or senior public servants from sectors other than

health). This prioritization of health actors is reflected in the content that training initiatives choose to focus on. For example, when discussing the integration of other sectors within HiAP initiatives, it is common to suggest ways that representatives from the health sector can convince them to take part, including by considering their interests and objectives. Thus, one of the main pitfalls to avoid is that of HiAP being perceived as "health imperialism." In other words, the goal of involving multiple sectors in the HiAP approach constitutes a priority for the majority of training initiatives, but they direct this message principally to the health sector.

To uphold the principle of intersectoral collaboration intrinsic to HiAP, it would be useful for training initiatives to more explicitly target a multitude of sectors. It seems contradictory to stress the need to take into consideration the interests of all sectors, to promote the equality of all actors and to avoid at all costs the perception of "health imperialism," when the training initiatives themselves do little to involve actors from other sectors. This could be achieved by designing training initiatives that are specifically adapted to the perspectives of other sectors or by considering the possibility of offering training initiatives that address a multitude of government sectors[5].

5.1.3 FLEXIBILITY AND DETAILED TOOLS

As noted in our qualitative analysis, training initiatives emphasize the flexibility that HiAP offers. One of its key advantages is it offers the possibility of tailoring collaborative intersectoral initiatives and their related policies to different contexts. This emphasis on adaptability may explain why few detailed and concrete tools are included in the training initiatives. A similar tendency was observed with regard to a multitude of topics, but we can point to the example of evaluations to illustrate our point. Our analysis shows that training initiatives consider this step to be a crucial part of a long implementation process. They also acknowledge and summarize the difficulties associated with conducting evaluations. Despite these observations, we did not come across detailed practical tools for carrying out this evaluation process. In general, training initiatives limit themselves to stressing the importance of evaluation, listing its benefits, and mentioning the elements that can be evaluated or the basic principles to be respected.

The training initiatives tend to discuss the principles and goals of HiAP, but seem reluctant to offer concrete, actionable ways to achieve them. In our view, it would be desirable at this stage in the evolution of HiAP to provide participants with concrete tools applicable to specific issues. Instead of leaving it to future policy champions to develop their own tools, it could be beneficial to include in training initiatives tools that have been applied to real-world cases. Using these as templates, participants could then reformulate and adapt them to their specific environment.

5.2 Potential solutions

Our qualitative analysis leads us to conclude that certain basic elements of HiAP are very well covered by existing training initiatives: conceptual information, previous experiences, principles of implementation, historical context, benefits, limitations, and factors that support or hinder implementation. In other words, professionals wishing to understand how HiAP works and to begin reflecting on this approach will find a variety of excellent training initiatives to meet their needs. On the other hand, professionals wishing to equip themselves to implement the approach in their own environment would be less well served by the available training initiatives. Given this context, the question arises: how can the training initiatives on offer be improved to better support the progress of

[5] It is possible that such training initiatives exist but were not identified by this report because they do not use the terminology of HiAP.

HiAP? We will first suggest what we consider to be an ideal solution to the issues raised in this report, and follow next with a discussion specific to Canadian contexts and additional suggestions.

5.2.1 THE PROFESSIONAL CUSTOM WORKSHOP

The design of professional workshops adapted to specific contexts, actors or sectors seems to us to offer the greatest potential to supplement the quality and variety of existing training initiatives. Although it requires significant human and even material resources, the workshop is the training mode that is most conducive to incorporating interactive and applicable activities. Thus, this mode of training offers many opportunities for more in-depth focus on practical tools and needs-adapted learning. Professional workshops would also adequately and concretely apply the three suggestions we formulated in the preceding paragraphs. Firstly, HiAP experts would be able to propose concrete avenues for addressing existing obstacles in specific contexts. In collaboration with participants, a workshop could focus on specific governance obstacles in a given environment: the context of a federation, a policy or legal environment, social or political issues, etc. Secondly, workshops are sufficiently flexible to be shaped to the perspectives and needs of participants. It would thus be possible to tailor workshops to specific sectors. Stakeholders from sectors other than health could be trained to act as policy champions and develop a HiAP approach based on their own interests and fields of action. Finally, by drawing on the expertise of workshop leaders, referring to previous experiences and, above all, allowing close collaboration with participants, workshops have the potential to bring forward and adapt existing tools. Thus targeted workshops could equip participants with evaluation tools or proposals for public policies that have been previously implemented. It is important to note that several of the workshops identified through this study have already implemented this approach. For example, the WHO's *HiAP Training Slides: Companion Material to Support HiAP Training Activities* proposes activities that can be carried out in the context of implementing public health campaigns targeting the social determinants of health (2015c). Based on the example of such workshops, we believe that training initiatives that target participants who already have a conceptual understanding of HiAP and that focus primarily on implementation would have the potential to equip actors to put the approach into practice. In this way, it would be possible to address some of the gaps identified by our analysis and advance the progress of HiAP implementation, particularly in Canada.

5.2.2 THE CANADIAN CONTEXT

Our research is prompted by a desire to provide the tools necessary to facilitate implementation of the HiAP approach in Canada. It is therefore relevant to consider the implications specifically for Canadian realities of our findings and reflections regarding the HiAP implementation process. Some of the training initiatives were developed in Canada, but none of them provides an analysis specifically of this country's realities or adapts its content to them. We will briefly discuss the particularities of training initiatives offered in French and the applicability of our main suggestion in Canadian contexts.

Of the 85 training initiatives identified, only nine (10.5%) are in French or contain a French component (this includes two conferences). Having performed a comparative analysis of these training initiatives versus our corpus as a whole, we were unable to detect any substantial differences with regard to the dimensions analyzed. On the contrary, the concepts and themes emphasized by the flagship training initiatives, notably those offered by the WHO, are taken up and discussed in the French initiatives. On the other hand, the limited number of such training initiatives implies a limited diversity of formats and approaches. For example, we did not identify any online courses in French, whereas several options are available in English. Thus, it is possible for French-speaking professionals or students to access quality training, but the options remain limited.

Our suggestion that emphasis be laid on creating workshops tailored to specific sectors or actors also applies to Canadian contexts. First and foremost, it is neither conceivable, nor probably desirable, to close the gap between the number of training initiatives available in English and in French. On the other hand, workshops tailored to the needs and realities of certain audiences would facilitate access to useful information and relevant learning for Francophone individuals, groups and organizations across the country. Moreover, Canada's linguistic and cultural diversity amplifies the need for training initiatives that target the needs and perspectives of specific groups. Perhaps the best example is that of Indigenous nations and communities, for whom any potential HiAP training should take into consideration their perspectives, needs, and even whether or not they wish to adopt the approach. The federalized system also accentuates the need for learning that takes into account the specific environments created by the political realities of the provinces and territories and the economic and social challenges of the country's different regions.

5.2.3 Additional suggestions

We believe that offering targeted workshops is the best solution to bridging the gaps identified in our training analysis. However, designing and implementing workshops tailored to specific groups requires considerable human and material resources. In addition, staff turnover in the organizations potentially involved may result in the need for frequent repetition of such workshops. With this in mind, we propose additional avenues for reflection on how to enhance the training options available and align them with the realities specific to Canada.

An initial step in the process of developing training initiatives adapted to Canadian contexts (including targeted professional workshops) should be to take stock of the training needs of actors interested in participating in the implementation of HiAP. The collection of pan-Canadian data (through interviews, surveys, focus groups) would help clarify the expectations and needs of potential audiences. A needs assessment would help to clearly identify the sectors or groups that wish to receive training, and the preferred formats and content[6]. In particular, this would improve knowledge and understanding of the perspectives of actors working at different levels of governance or in different sectors (particularly those other than health), in different languages, within Indigenous communities, and among marginalized groups.

The creation of an asynchronous online course specifically targeting Canadian realities could be an alternative to targeted workshops or even complement them. Such a course would have the advantages of requiring a more modest investment of resources and of being accessible to all. It could be modelled on existing training initiatives yet offer some diversity of content. As our analysis indicates, it would be appropriate to focus predominantly on practical tools and instruments that facilitate the implementation of HiAP. For example, case studies including tools that have been used in the field could be adapted by participants to their own implementation contexts. In addition, this type of training could help to integrate the HiAP approach with the ongoing process of reconciliation with Indigenous peoples, which is both a major challenge and a priority in the Canadian context. Despite the limitations of virtual learning, an online course could all the same offer participants an opportunity for knowledge sharing and networking. Moreover, an asynchronous course need not impose the same training on all participants. A variety of modules can be created to meet different needs and realities.

[6] Poliquin and Carrillo Botero conducted a needs assessment concerning the potential establishment of a pan-Canadian HiAP network. The various actors surveyed included a description of their training needs without, however, specifying the format or parameters of a potential training initiative (Poliquin & Carrillo Botero, in press).

Another possibility would be to offer customized coaching by experts as a follow-up to a training initiative (online course, workshop or other). Periodic meetings with a specialist or mentor would allow participants to obtain feedback while having the latitude to adapt the knowledge and skills previously learned to their realities. This approach would have the advantage of complementing existing training initiatives, which focus on the principles and overall logic of HiAP, by concretely supporting participants in adapting HiAP to the particular environments in which they work.

The suggestions offered here are an extension of all the work that has gone into developing the training initiatives we have identified and analyzed. They are intended to contribute to a broader process of reflection on how to support the implementation of HiAP.

6 Conclusion

This report offers a critical and constructive interpretation of HiAP training initiatives. By using a broad definition of the concept of training, we have been able to identify and contextualize several trends relating not only to pedagogical approaches, but above all to the content addressed within this body of training initiatives. Despite the diversity of didactic methods observed, the thematic content contained clear similarities. The training initiatives tend to effectively establish the conceptual foundations of HiAP and the principles guiding its implementation. On the other hand, our report suggests that more practical and targeted training would help to mitigate certain shortcomings that were noted, including a lack of tools and instruments directly applicable to implementing the approach in the field. Thus, workshops tailored to the needs of particular groups have the potential to overcome the limitations of the training initiatives currently available. In an effort to apply our findings to the Canadian situation, it would be possible to design and develop workshops tailored to the various realities of different provinces, sectors, levels of governance, regions, Indigenous communities, etc. Workshops aligned with the needs and contexts of participants would likely limit the number of people who could participate, and would require detailed yet malleable preparation by trainers. In view of this, the creation of a virtual course could be considered as a potential complement or substitute for work focused on targeted workshops for reasons of feasibility and accessibility. By adopting on one or the other of these proposals, it would be possible to achieve the essential goal of better and more concretely equipping potential policy champions to support the multiplication and strengthening of HiAP implementation initiatives.

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Appendix 1

Analysis grid: template

	CHARACTERISTICS	NOTES
FORMAT	Year of publication or production	
	Duration or length	
	Target audiences	
	Objectives	
	Teachers and trainers	
	Host organization or publication director	
	Pedagogical approaches	
	Cost	
	Training mode	
CONTENT	Targeted competencies	
	Theoretical framework	
	Implementation tools or principles	
	Factors that favour implementation	
	Use of the literature	
	Challenges and obstacles	
	Previous experiences	
	Background or international context	
	Advantages of HiAP	
GENERAL OBSERVATIONS		

Analysis grid: conference

	CHARACTERISTICS	NOTES
FORMAT	Year of publication or production	
	Duration or length	
	Target audiences	
	Objectives	
	Teachers and trainers	
	Host organization or publication director	
	Pedagogical approaches	
	Cost	
	Training mode	
	Theoretical framework	
GENERAL OBSERVATIONS		

Analysis grid: individual presentation

	CHARACTERISTICS	NOTES
FORMAT	**Objectives**	
	Trainers	
CONTENT	Targeted competencies	
	Theoretical framework	
	Implementation tools or principles	
	Factors that favour implementation	
	Use of the literature	
	Challenges and obstacles	
	Previous experiences	
	Background or international context	
	Advantages of HiAP	
GENERAL OBSERVATIONS		

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