

National Collaborating Centre for Healthy Public Policy (NCCHPP)

# Symposium – What Can Public Health Organizations do to Improve Their Capacities to Act on Healthy Public Policies?

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CPHA Conference in Halifax, NS, Thursday April 25, 2024

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# Land Acknowledgment



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# National Collaborating Centre for Healthy Public Policy

## Our mandate

Support public health actors in their efforts to develop and promote healthy public policies

## Our projects

- Analyzing Public Policies
- Climate Change
- Health in All Policies
- Health Inequalities
- Health Impact Assessment
- Knowledge Sharing
- Population Mental Health and Wellness
- Public Health Ethics
- Public Health Infrastructure
- Wellbeing Policies



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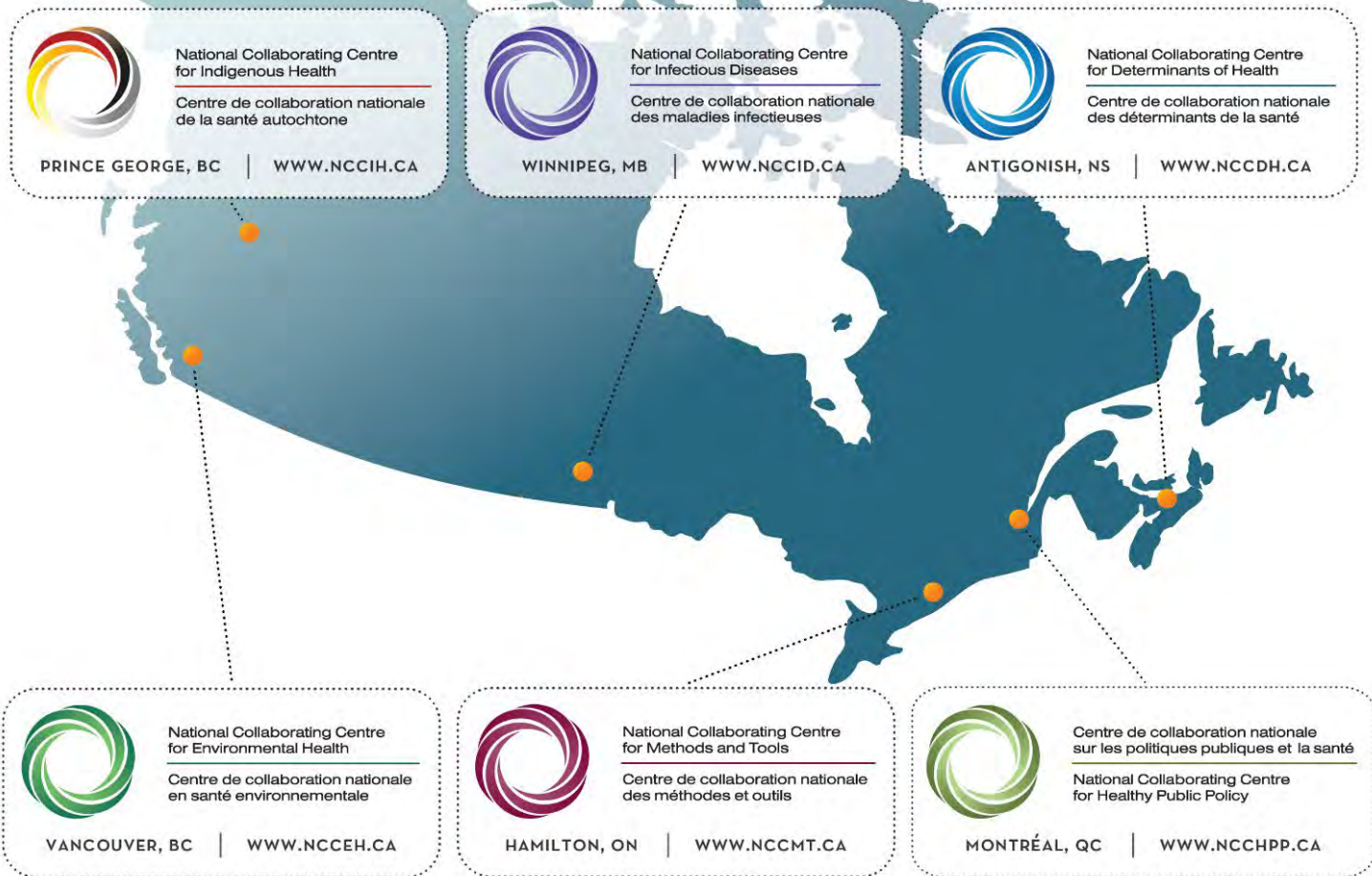
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## Plan of the presentation



1

### **NCCHPP:**

Exploring organizational capacities to act on healthy public policies: overview of results from the literature



2

### **Vancouver Coastal Health Healthy Public Policy Unit:**

Innovation for public policy capacity in the public health system



3

### **Nova Scotia Public Health:**

Healthy Public Policy:  
Recovery and Rebuilding a  
Strengthened Approach

# Exploring Organizational Capacities to Act on Healthy Public Policies: Overview of Results from the Literature

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Laure Baglinière, Expert Scientific Advisor, NCCHPP

Martin Renaud, Expert Scientific Advisor, NCCHPP



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23-25 APRIL HALIFAX, NOVA SCOTIA DU 23 AU 25 AVRIL

**SPEAKER NAME:** Martin Renauld

**I have no conflict of interest to declare in relation to this presentation.**

**SPEAKER NAME:** Laure Baglinière

**I have no conflict of interest to declare in relation to this presentation.**

# CONTEXT AND OBJECTIVES OF THE ANALYSIS



## Why conduct such an analysis?

Little work has been done to examine the concrete actions favoured by public health organizations



## What were our objectives?

1. To list and categorize strategies put in place by public health organizations in Canada and internationally to act on HPPs.
2. To provide information that can be shared between organizations wishing to strengthen their capacity for action in this field



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# METHODOLOGY



- Exploratory analysis of the scientific literature to identify strategies for public health organizations to build capacity to act on HPPs.
- Selection of 106 articles from 2004 to 2022.
- Analysis of content, identification of strategies and examples of implementation using an analysis framework.



## FRAMEWORK: 5 DIMENSIONS

- Partnerships
- Organizational structure & resources
- Workforce
- Knowledge development
- Leadership and governance

## RELEVANCE OF THE FRAMEWORK

- Identify and categorize strategies under each dimension
- Define public health organizations' activities
- Facilitate communication with partners and other sectors.



# PARTNERSHIPS

Collaboration among organizations and various public health stakeholders, as well as with organizations and stakeholders from other governmental and non-governmental sectors.

**Strategies  
available to  
public health  
organizations**

- **Inventory and map the ecosystem of actors**
- **Participate in or set up collaboration spaces**
- **Maintain ongoing connections with actors outside public health**
- **Involve knowledge brokers or external consultants**
- **Prioritize participatory approaches**



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## ORGANIZATIONAL STRUCTURE AND RESOURCES

- The infrastructural capacity of the system to contribute to the goals of the public health system: organizational capacity, program execution, structures, and processes.
- Allocation and provision of human, financial, and intellectual resources necessary for the implementation of public health activities.

**Strategies  
available to  
public health  
organizations**

- **Create teams or positions dedicated to HPPs**
- **Promote sustainable financing**



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# WORKFORCE

Qualified human resources with sufficient skills and knowledge to promote and implement HPPs.

Strategies  
available to  
public health  
organizations

- **Map skills and collaborations within organizations**
- **Support "boundary spanning" initiatives within organizations**
- Provide training to improve individual capabilities.



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# KNOWLEDGE DEVELOPMENT

Knowledge: provides information about population health and supports the implementation of evidence-based HPPs.

**Strategies  
available to  
public health  
organizations**

- **Gather local data to support the progress of HPPs**
- **Set up relevant indicators to leverage data favouring HPPs**
- Make public health data and knowledge accessible and usable
- **Develop customized tools for other actors**
- Inform decision making and influence the political agenda.



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# LEADERSHIP AND GOVERNANCE

The capacity and willingness of public health organizations to improve public health by developing and implementing effective policies and demonstrating leadership qualities and strategic thinking.

## Strategies available to public health organizations

- **Prioritize health equity in organizational governance**
- Clarify the roles of public health in governance
- Involve leaders committed to HPPs within organizations
- **Underscore the advocacy role of public health.**



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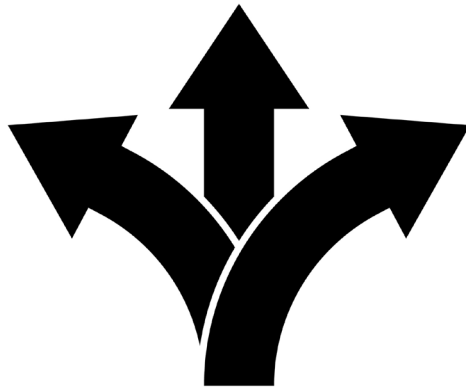
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# Exploring Organizational Capacities to Act on Healthy Public Policies: Overview of Results from the Literature

## CONCLUSION



- A variety of strategies exist for public health organizations to strengthen their capacities
- An upcoming NCCHPP report will present both strategies and implementation examples found in the literature.





# References

Aluttis, C., Broucke, S. van den, Chiotan, C., Costongs, C., Michelsen, K., & Brand, H. (2014). Public health and health promotion capacity at national and regional level: A review of conceptual frameworks. *Journal of Public Health Research*, 3(1), Article 1. <https://doi.org/10.4081/jphr.2014.199>





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# VCH Healthy Public Policy Unit:

Innovation for public policy capacity in the public health system

Melinda Markey, Acting Executive Director Population Health  
Manager, Healthy Public Policy Unit, Vancouver Coastal Health

CPHA Conference

Halifax, Nova Scotia | April 25, 2024



Healthy Public Policy Unit

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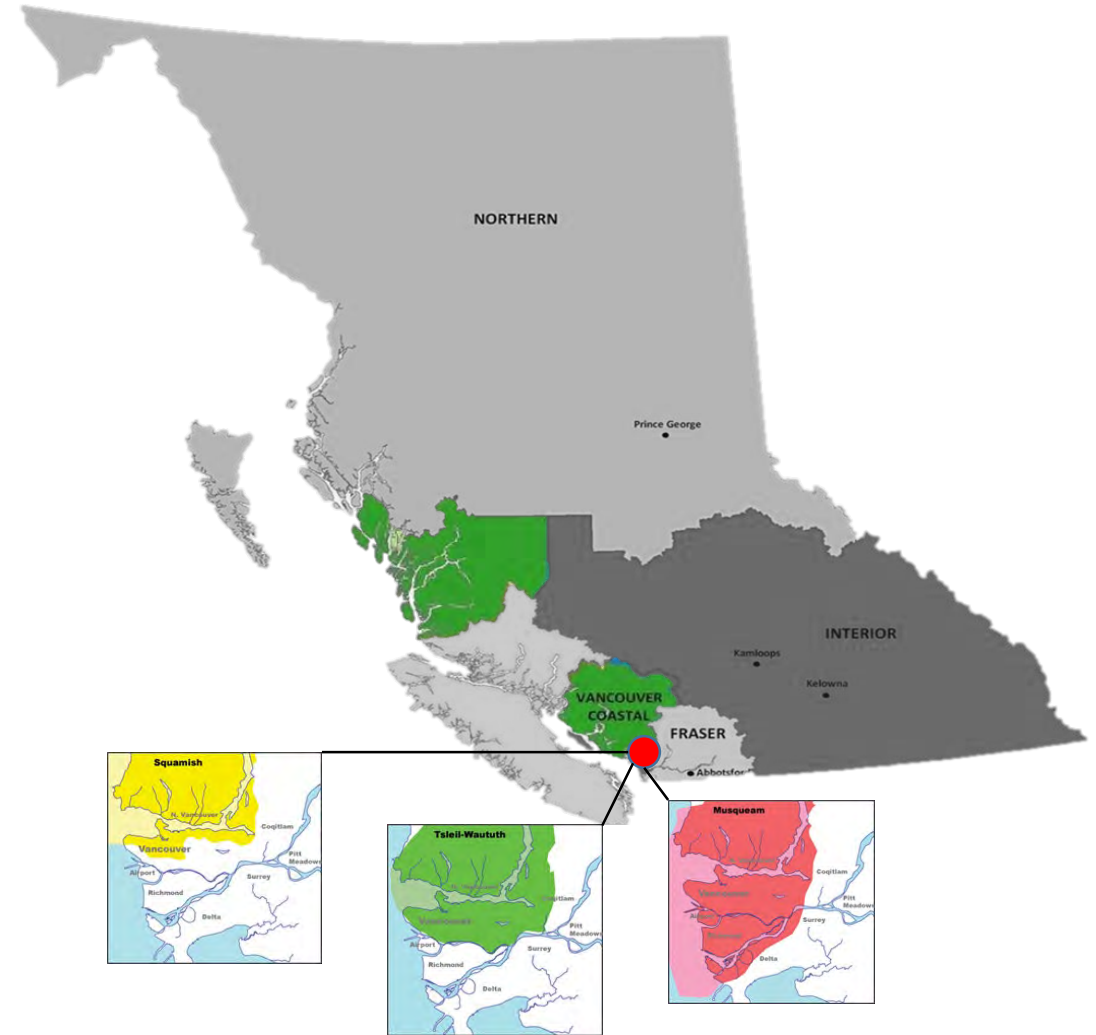
**SPEAKER NAME:** Melinda Markey

**I have no conflict of interest to declare in relation to this presentation.**

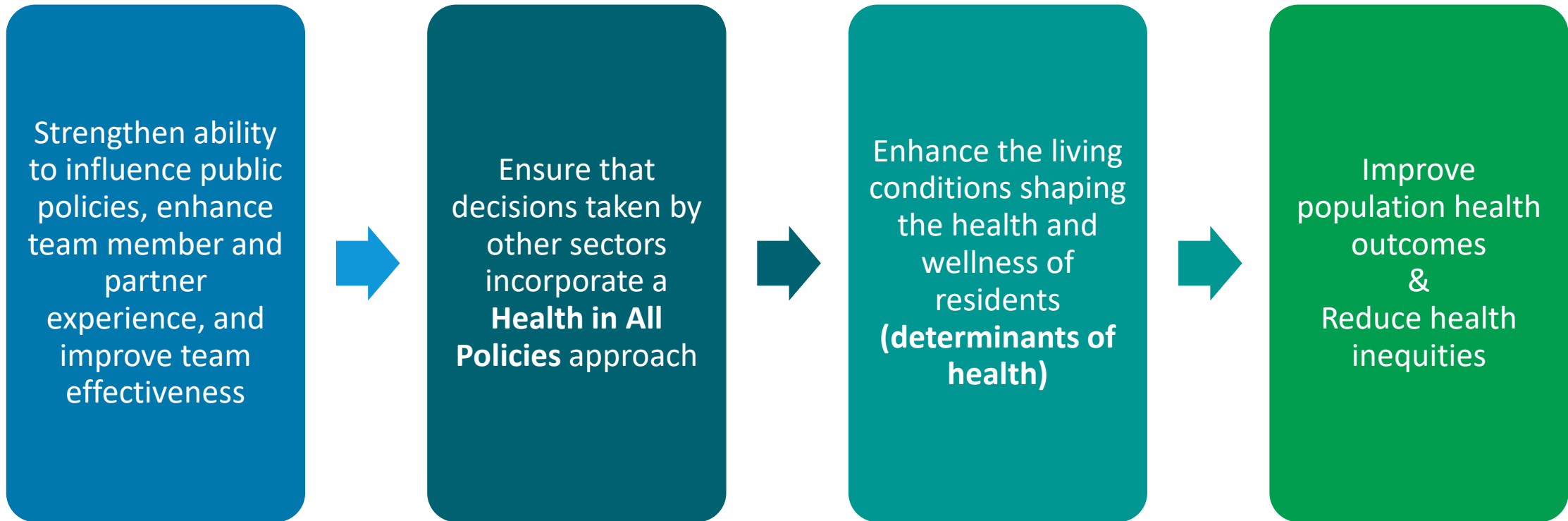
# Territorial Acknowledgement

Vancouver Coastal Health is committed to delivering exceptional care to 1.25 million people, including the First Nations, Métis and Inuit, within the traditional territories of the Heiltsuk, Kitasoo-Xai'xais, Lil'wat, Musqueam, N'Quatqua, Nuxalk, Samahquam, shíshálh, Skatin, Squamish, Tla'amin, Tsleil-Waututh, Wuikinuxv, and Xa'xtsa.

**The VCH physical head office is located on the traditional and unceded territory of the Coast Salish Peoples, including the Musqueam, Squamish, and Tsleil-Waututh Nations.**



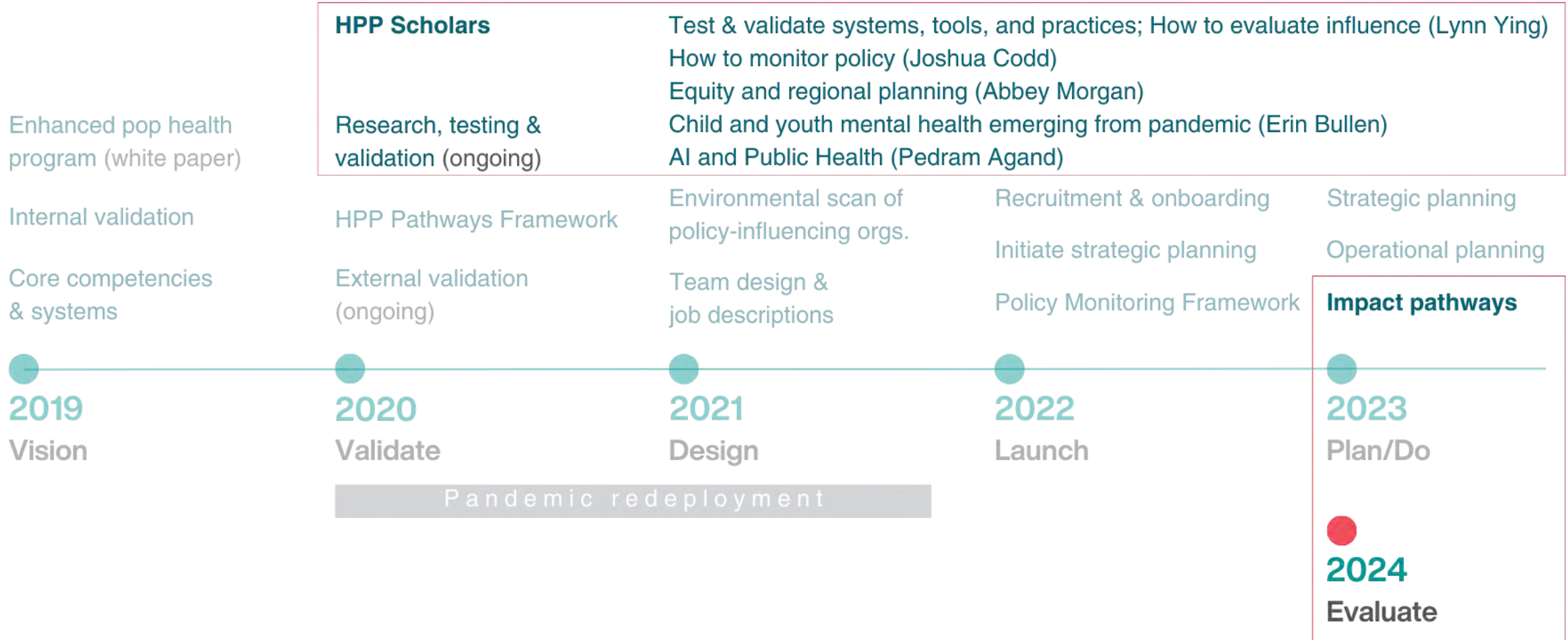
# Our theory of change relies on a HiAP approach



# Healthy public policy renewal at VCH



# Healthy public policy renewal at VCH





# What do public health teams need for policy work?

# A mandate

## In BC Public health has a mandate for healthy public policy

### BC Public Health Act | Section 73(3) Local Public Health Issues

Advise local government on public health (promotion & protection) issues, bylaws, policies



### BC Public Health Act | Section 83 Role of Local Government

Must delegate liaison for health, report health hazards, and consider advice provided by health officer

## MHO Duties & Responsibilities

**Provide evidence-based** opinions.

**Collaborate** across sectors.

**Advocate** for public health and vulnerable groups.

**Communicate** with the public and elected officials on local health issues.

**Contribute** to regional health planning.

### Community Charter | Section 8(3) Public Health Bylaws

Protect health & enhance well-being with public health bylaws. Must consult health board or MHO



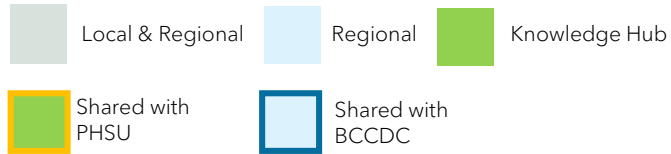
### Local Government Act | Part 13 Regional Growth Strategies

Must consult provincial governments and agencies about Regional Growth Strategies

# A talented team...

## HPPU – March 2024

### Organization chart

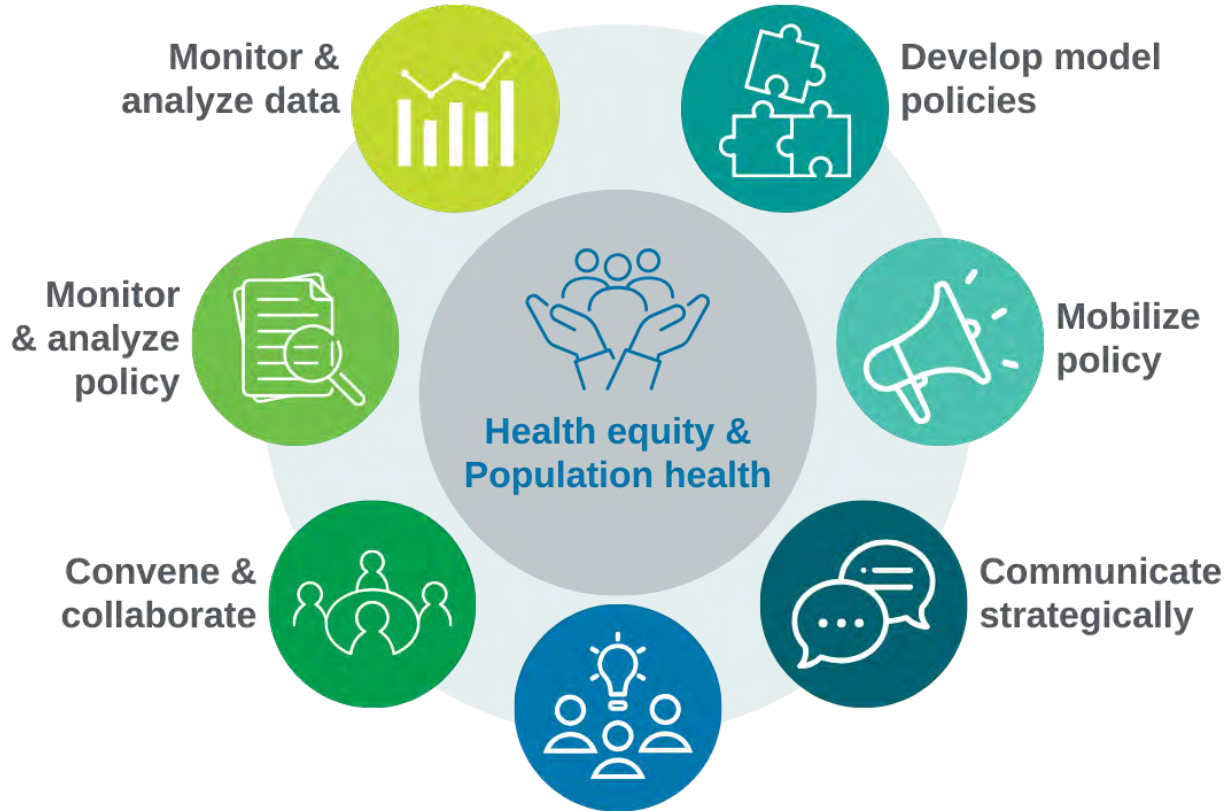


# ...with the expertise to fulfill our key functions and services

Identify and monitor local or regional population health issues with data-driven and evidence-based approaches

Monitor and analyze policy and program options and apply an evidence-based systems approach to support implementation

Collaborate with partners and communities to co-create policy initiatives in a culturally relevant and equity-oriented way



Co-create standardized policy frameworks and templates for adapted use in various community contexts

Monitor policy windows, co-design campaigns, and effectively champion healthy public policies and services across the region

Visualize data and share information tailored to reach diverse audiences and enable impactful policies and initiatives

## Public health leadership

Bridge capacity gaps and advance healthy public policy practices that promote population health and wellbeing

# Collaborative ways of working across settings and sectors

## Policy Monitoring + Windows of Opportunity

Ongoing monitoring of policy **windows of opportunity**, policy **funding opportunities**, **community response**

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## Context, Governance + Key Players

Maintain in-depth understanding of the setting, **including context, governance structures, key players, issues affecting the setting** (funding, capacity, etc.)

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## Population Health Data to Influence Decisions

Maintain strong familiarity with **setting / population health data** and key health issues in the VCH region



## Oversight + Support for OCMHO Staff and MHOs

Provide **oversight, strategy development & support** to HPPU & OCMHO staff working in this setting, including the regional MHO lead

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## Connections with Subject Matter Experts

Develop strong connections with **subject matter experts** for setting-based health data & evidence-based interventions

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## Knowledge Exchange

Develop, facilitate & coordinate opportunities with OCMHO & external partners for **knowledge exchange** in relation to issues that affect the setting /sector

# How do we go about working on policy?

# Use a strategic framework to guide and assess policy influence

## Enable

*Share* information, expertise and resources

- Raise awareness and contribute to agenda-setting by inspiring interested or impacted groups.
- Bridge capacity gaps to support key sectors to understand issues, salience, and relevance.

## Influence

*Broker* interpretation of information via relationships

- Enable partners to mobilize by articulating where, why, and how they can have impact on an issue.
- Convene collaborations and partnerships that create opportunities for cross-sector influence and action.

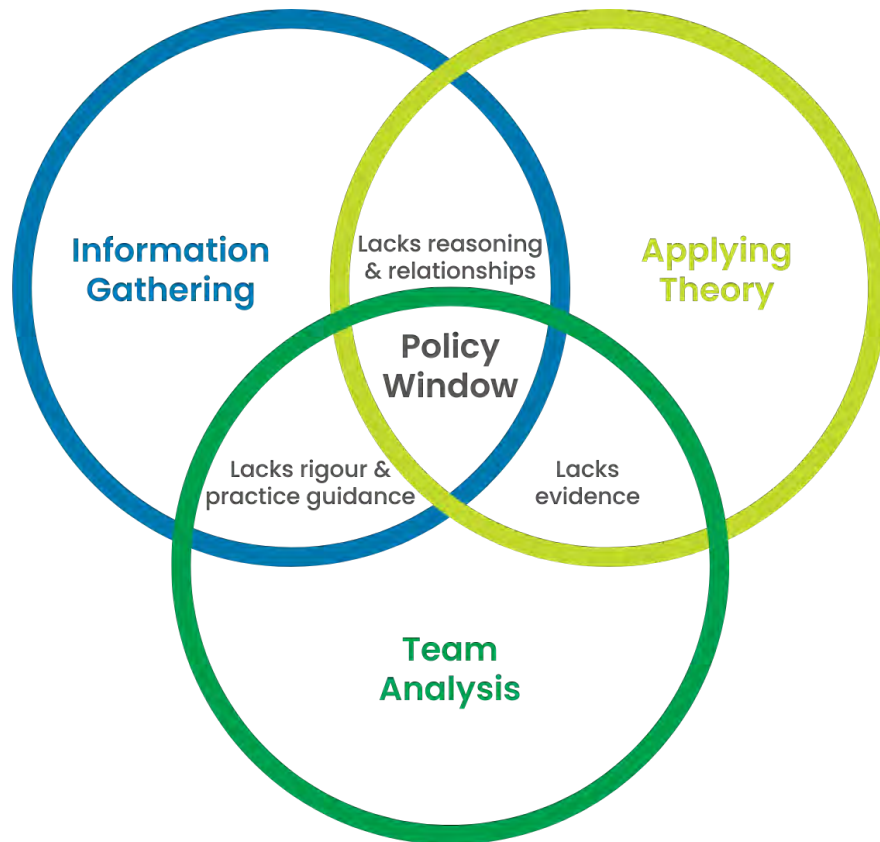
## Contribute

*Drive* long term change by leveraging policy windows

- Participate in collaborative decision-making tables that create and/or enact policy.
- Directly influence policy, program or systems changes that promote health and health equity.

# Anticipate and create windows of opportunity for policy action

## Policy Monitoring Framework

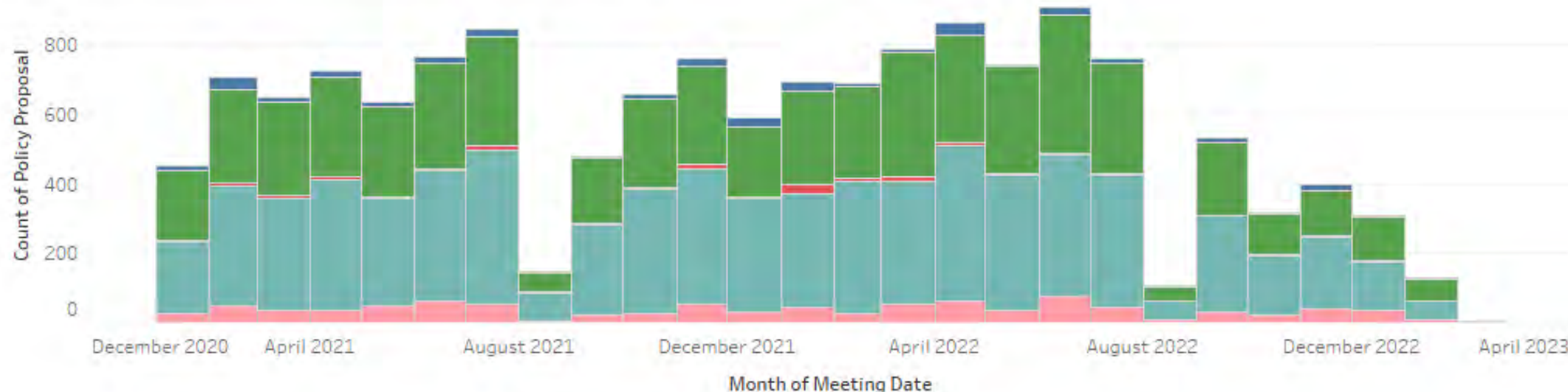


## Policy Analysis & Monitoring

- Legislative cycle and media monitoring of priority policy areas
  - Government and advocacy coalition activities, news, social media
- Allows team to be proactive, take advantage of policy windows, develop and mobilize informed policies, and track policy outcomes
- Tableau dashboard (PAM)
- CRM for engagement and network development



Figure 1. Municipal council data count of policy proposals by theme over time



Theme ■ Harm Reduction ■ Housing ■ Mental Health ■ Unclassified ■ Youth Children

Table 1. List of Municipal council policy proposals (N= 13,233)

Location	Meeting Date	Section	Policy Proposal	Theme	Submitter
Bowen Island	Jan 2023	Agendas	Councillor Fast Opposed	Unclassified	
			RES#23-35 It was Moved and Seconded That Council approve the age..	Unclassified	
			Special Council Meeting January 30, 2023 BUSINESS ARISING FROM T..	Housing	
		FILEHEAD	Special Council Meeting January 30, 2023 Adopted on February 13, 2..	Housing	
		New Business	ADJOURNMENT By unanimous consent, the meeting adjourned at 10:..	Unclassified	
			Move to a Closed meeting. RES#23-37 It was Moved and Seconded That Council move to a Closed Council meeting to discuss items pursu..	Harm Reduction Housing	
Déc 2022	Agendas	Page 1 of 7 Regular Council Meeting December 12, 2022	Unclassified		
		RES#22-596 It was Moved and Seconded That Council approve the ag..	Unclassified		

Filters

Location  
(All)

Meeting Date  
05 Jan 2021 08 Feb 2023

Download date  
27 Jan 2022 15 Feb 2023

Section  
(Multiple values)

Theme  
 (All)  
 Harm Reduction  
 Housing  
 Mental Health  
 Unclassified  
 Youth Children

Keyword 1

Keyword 2

Add keywords above to search and filter results accordingly.

**How do we continue to develop healthy public policy as a core public health practice?**

# Cast a wide net to enhance capacity for healthy public policy

## Diverse team training & experience

- Public health & health sciences
- Public engagement & planning
- Policy analysis & advocacy
- Governance & politics

## Leveraging & building tools & competencies

- Public health data & mandate
- Policy monitoring
- KT & engagement
- Data vis & communications



## Leadership support & organizational buy-in

- Chief MHO as champion
- Internal validation from outset
- Broad support for upstream population health approach

## Collaboration with HPP leaders & innovators

- NCCHPP & other NCCs
- GNHiAP/CNHiAP
- Health agencies (e.g. BCCDC)
- Non-profit organizations

# Develop skills in policy processes

## Capacity Building Programming

Facilitated interactive sessions



LOCAL GOVERNMENT 101, UNDERSTANDING POWER, WORKING WITH MHOS, FRAMING

## Healthy Public Policy Packages

Strategic guidance on priority topics

### PART 1 | The issue

- Relevance to population and public health
- Theory of change for healthy public policy influence
- Issue statements
- Evidence for health impacts
- Data sources

### PART 2 | HPP approach

- HPPU position
- Frames to consider, and for whom
- Frames to avoid, and why

### PART 3 | VCH/HPPU actions

- Contributions, activities, and participation
- Lessons learned

### PART 4 | Key partners and potential allies

- Allies and organizations
- Provincial Context
- Federal Context

## Convening collaborators to identify needs, gaps, and opportunities to improve mental well-being for children and youth

- **Build knowledge:** research report
- **Raise awareness:** Best Brains Exchange
- **KT for policy:** engage local governments and support with tools
- **Mobilize policy action:** convene regional networks and provincial policy groups



### Local government actions influence child & youth mental wellness

**Mental wellness is multi-dimensional**

**Vibrant communities need thriving children & youth**

Young people in VCH (and elsewhere) need support.

- ↳ child social-emotional development
- <50% in grades 4 through 8 are thriving
- <30% of teens report high mental wellness

Mental wellness affects child development and their future ability to participate fully in society.

# Leveraging the powerful influence of local governments to promote child and youth mental well-being

Protective factors in four realms that

- 1) local governments can significantly influence
- 2) emerged as priorities during the COVID-19 pandemic

Grants to enable local initiatives:

- Youth Climate Corps Initiative (Squamish)
- Community Belonging (qathet)
- OCP Renewal Youth Engagement (SCRD)
- Quality After School Opportunities for Youth (Richmond)



# Thank you!

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[melinda.markey@vch.ca](mailto:melinda.markey@vch.ca)



# Healthy Public Policy: Recovery and Rebuilding a Strengthened Approach

Kari Barkhouse, Science and System  
Performance, Public Health  
CPHA, 2024





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**SPEAKER NAME:** Kari Barkhouse

**I have no conflict of interest to declare in relation to this presentation.**

## Healthy Public Policy Capacity in 2020



### Leadership & Governance

Legitimizing the Role:

- Provincial Standards & Policy Protocol
- NSH Population Health Framework & HPP (Advocacy) Guidelines



### Organizational Structures & Resources

- Dedicated HPP Positions Provincially, Regionally and Front-line
- Provincial unit (SSP) established



### Knowledge Development

- Development of HPP public health data tools , evidence briefs, framing and key messages



### Partnerships

- Provincial and Local Coalitions
- Municipal Engagement and Partnerships
- Partnership Guidelines
- Partnership Mapping

# Dedicated Positions for HPP



Provincial: Senior Policy Analysts, Public Policy Analysts, Program Specialists, Health Equity Lead



Regional: Policy and Social Action Consultants, Health Equity Consultants, Partnership and Engagement Consultants



Community: Health Promoters, Public Health Nutritionists

## HPP Context 2022

- Healthy Communities and HPP Paused 2 to 2.5 years
- Staff with capacity and passion for HPP left organization
- New staff hired during the pandemic without orientation to Healthy Communities and HPP work
- Leadership re-assignments created a domino effect
- Competing pressure to restart other public health programs and services that had also been paused
- Returning staff expressed lack of confidence in previous knowledge and skill
- Partners and relationships needed to be rebuilt
- Work in community had changed or moved forward

# Re-developing HPP as a Core Area Of Work

- Focus on People
- Orientation & Re-orientation
- Rebuild Zone Healthy Communities Teams



## Healthy Communities Recovery Phase Program Update - May 2022



### Our Roadmap for Recovery...

Underpinning our recovery phase is an understanding of the impact of the last two years on our *people and program*. Our process intentionally seeks to create connections across Zone and SSP teams and establishes a *phased-in approach* for re-engaging in Healthy Communities (HC) work that is responsive, supportive, and flexible. We know this is not the entirety of work; it is a starting point in our transition back to our roles.

#### Ongoing

Cultivate conditions for success and staff thriving at work

#### Step 1

Design an agile process to re-engage Healthy Communities staff

#### Step 2

Partial lifting of BCP:  
- Policy Groups + HPS

#### Step 3

Transitions

#### Step 4

Co-plan and restart full program

# Building Individual Knowledge and Capacity

- Presentations:
  - Issue Specific Data profiles
  - Evidence Synthesis
  - Emerging Issues
- Theory and Practice Sessions
  - “Laying the foundation for policy work in public health”
  - Interactive, discussion case studies

## Team Supports

### Theory & Practice Thursdays

Bi-weekly sessions to support knowledge exchange and capacity building for health promotion work, reconnecting staff to their skills and colleagues.

#### Update – Theory and Practice Thursdays

- “Pilot Episode” held on April 7<sup>th</sup> - see [Mural](#) for upcoming sessions:
  - ❖ [Policy Development and Advocacy](#)
  - ❖ Diversity and Inclusion
  - ❖ Communication
  - ❖ Partnership and Collaboration
  - ❖ Situational Assessments
- Planning groups have been formed to develop and lead sessions with the broader team.

### Tell Tale Tuesdays

Bi-weekly sessions to build collective knowledge, understanding and appreciation for Healthy Communities’ current or emerging work.

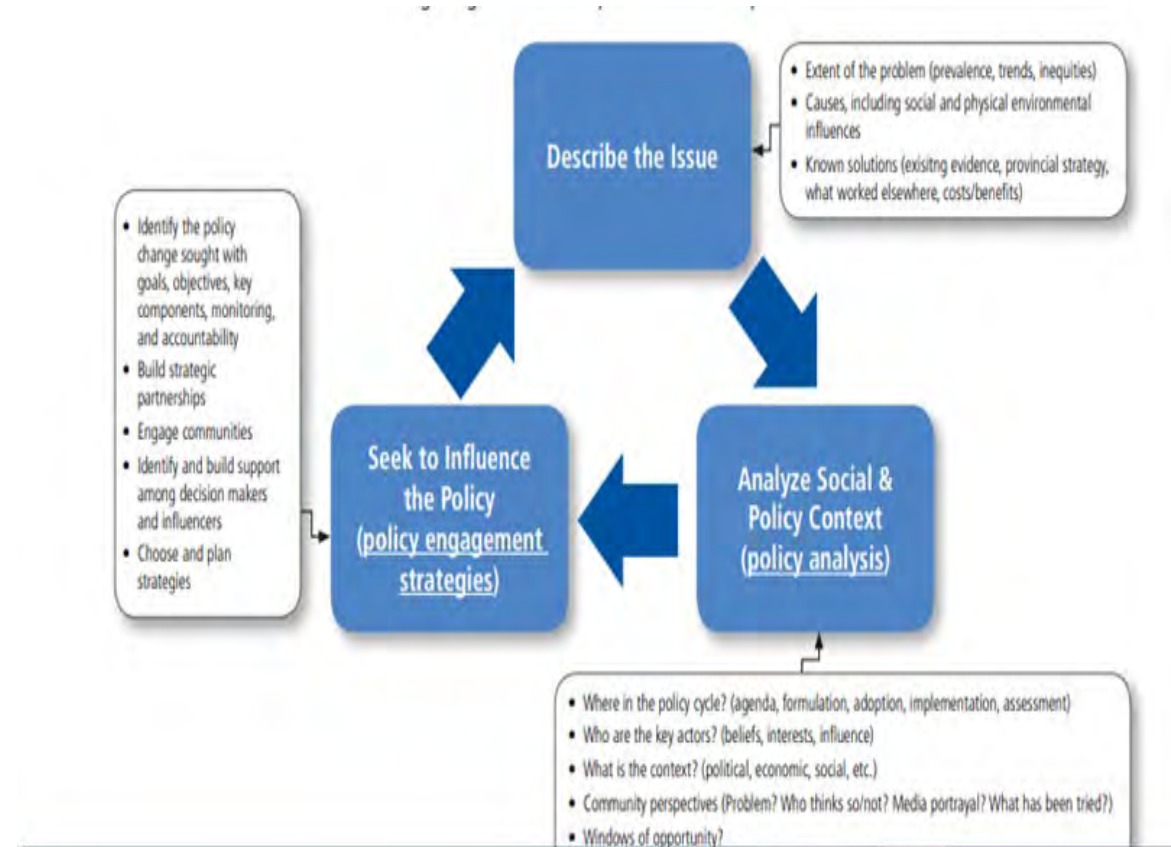
#### Update – [Tell Tale Tuesdays](#)

- First session completed on April 26<sup>th</sup> (School Food Current State Analysis Interim Results).
- Future sessions planned:
  - ❖ Health Equity Lens
  - ❖ Food Security
  - ❖ Social Inclusion and HPS
  - ❖ Living Wage Calculations
  - ❖ Built Environments

## Communications

# Provincial Healthy Public Policy Teams

- Three areas of focus:
  - Income policy
  - Housing policy
  - Substance Use Policy (Alcohol, Tobacco, Vaping)



*Create Teams Dedicated to HPP*

# Examples of Policy Team Outputs

## Describing the Issue

- Housing and Health Evidence Brief
- Review and understand provincial and local data

## Understanding The Social and Political Context

- Developed searchable housing stakeholder inventory available to zone HC teams
- Invited guests and organizations to discuss research, strategic goals and policy approaches.
- Policy monitoring on income policy landscape
- Sharing municipal and local opportunities and issues

## Seek to Influence

- Developed key messages to share with partners and engaged in local Provincial Housing Action Needs Assessment consultation
- Supported National Advisory Council on Poverty consultation – convened change agents
- Developed an organizational submission to a federal consultation on Tobacco and Vaping Products Act (TVPA)



# Tools for Community Health Board Planning

- Household Food Insecurity
- Housing and Health
- Income and Health
- Social Connections
- Active Communities

**HOUSEHOLD FOOD INSECURITY**  
Eastern Zone- Community Health Board Planning Tools

**Key Messages**

1. Food insecurity is a problem that arises due to *insecure or inadequate income*.
2. Food insecurity impacts health and quality of life for people of all ages in our communities.
3. Food programs offer short-term food access but are not a solution to food insecurity.
4. Actions are needed that target the root causes of food insecurity, not its symptoms.
5. Addressing food insecurity requires policies that guarantee a stable, adequate income for all.

**Definitions**

**Marginal Food Insecurity**  
Worrying about running out of food and/or having limited food selection due to a lack of money.

**Moderate Food Insecurity**  
Compromising diet quality, quantity or adequacy (such as being unable to purchase certain foods for medical or cultural reasons) due to a lack of money.

**Severe Food Insecurity**  
Missing meals, reducing food intake, or at the most extreme level, going days without eating because there is not enough money to buy more food.

**Household Food Insecurity and Health**

**Food insecurity occurs when an individual or household cannot access that they need due to financial constraints.** The negative health outcomes of food insecurity reach far beyond just nutrition and diet. If someone is having to make compromises in the quality of their diet or reduce their food intake, they are likely also struggling to afford the costs of other essential resources that determine health, such as the cost of housing or medications.

Food insecurity is a serious public health issue. Adults living in food-insecure households are at greater risk for:

Infectious Disease<sup>1</sup>

Chronic Conditions<sup>2</sup>

Poor Oral Health<sup>3</sup>

Injury<sup>4</sup>

Premature Death<sup>5</sup>

Experiencing food insecurity, especially early in life, can also lead to poor mental health outcomes for children and youth, including increased risk of anxiety, depression and suicidal ideation. **The connection between food insecurity and health remains true even when accounting for other factors, such as level of education or household income.**

**INDICATOR: HOUSEHOLD FOOD INSECURITY**

**Percentage of households experiencing food insecurity, Canada and Nova Scotia, by severity, 2022**

Region	Marginal	Moderate	Severe
CAN	5.6	8.9	4.0
NS	5.1	12.2	4.7

In Canada, food insecurity is measured through population-level surveys where households answer questions about their food situation and depending on their responses are considered **marginally, moderately or severely food insecure**<sup>8</sup>.

There are currently **213,000** people living with some level of food insecurity in Nova Scotia.

In Nova Scotia **12.9%** of households that are food insecure include children aged 4 to 17 years old.

**Percentage of households experiencing food insecurity, Canada, by main source of income, 2021**

Main Source of Income	Percentage
Private retirement pensions	3.9
Wages, salaries, or self-employment	13.7
Seniors' public pensions	14.5
Employment insurance	38.5
COVID benefits	41.6
Social assistance	63.1

**Food insecurity is strongly tied to household income.** As household income decreases, the risk and severity of food insecurity increases.

**Source of income also matters.** Rates of food insecurity among income assistance recipients in Nova Scotia are deeply concerning and among the highest in the country. **In Nova Scotia, 74.1% of households that receive income assistance are food insecure**<sup>9</sup>.

1

# Strengthening HPP

## PH Priority

- Foundational documents and organizational processes in public health to implement HPP guidelines.
- Ongoing capacity building and training plan for HPP

## Provincial Evaluation and Monitoring System

- Consistent process and system to collect local data and monitoring of policy windows
- Reporting Provincially using relevant indicators
- Sharing success stories and KPI reporting

## Alignment and Coordination

- Maintain collaborative structures to coordinate technical support and local action
- Apply Planned and Coordinated Approaches to Policy Windows
- Apply Strategic Framing





# Questions/ Feedback



**Thank You**



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