

# WEBINAR – Strategies for Public Health Organizations to Enhance their Capacities to Act on Healthy Public Policies

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November 14, 2024 11:00 a.m. to 12:15 p.m. EST

Laure Baglinière, Expert Scientific Advisor, NCCHPP

Martin Renaud, Expert Scientific Advisor, NCCHPP

Janet Dawson, Health Promoter Specialist, Policy & Equity, Peterborough Public Health

Cora Janzen, Population Health Promotion Practitioner, Saskatchewan Health Authority

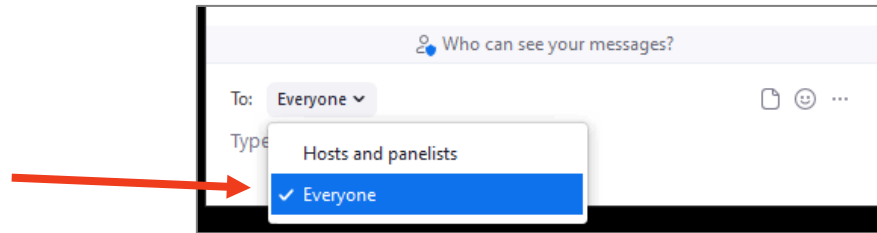
Camille Mercier, Scientific Advisor, NCCHPP



# Technical information

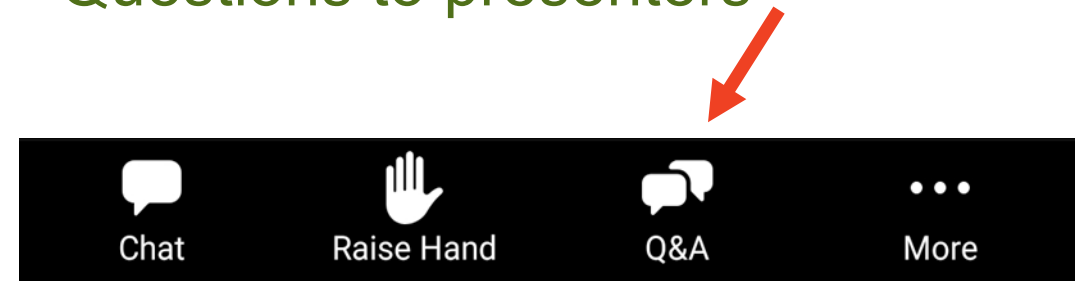
## Chatbox

Discussion among all participants, please select Send to: Everyone



## Q. & A.

Questions to presenters



- The webinar will be recorded, including the discussion boxes, but the question period will not be recorded (Please keep this in mind during discussions).
- The recording will be made available on our website
- The evaluation form will be shared at the end of the webinar and sent by email

# National Collaborating Centre for Healthy Public Policy

## Our mandate

Support public health actors in their efforts to promote healthy public policies.

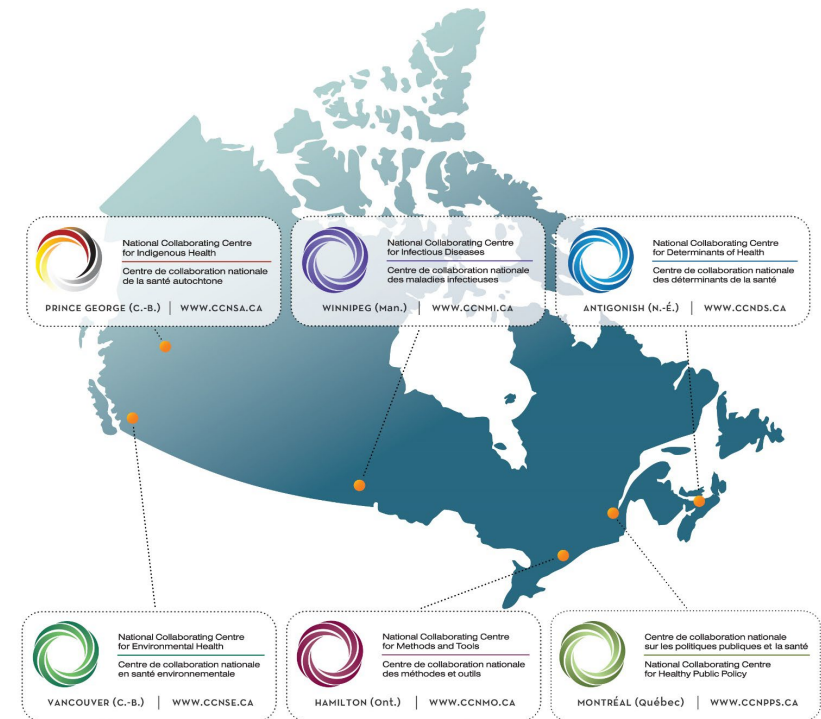
## Our work areas

1. Public policy analysis

2. Intersectoral approaches to promoting healthy public policy

3. Emerging and priority issues

Equity  
Health of Indigenous populations




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# Land Acknowledgment



We acknowledge that we are on an age-old Indigenous territory, a place of meeting and diplomacy between peoples and the site of the signing of the Great Peace treaty.

We thank the Kanien'kehá:ka (Mohawk) nation for their hospitality on this unceded territory.

## Presentation Plan

### **NCHPP – Laure Baglinière and Martin Renaud**

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

### **Peterborough Public Health – Janet Dawson**

Strategies for Public Health Organizations to Enhance Their Capacities to Act on Healthy Public Policies

### **Saskatchewan Health Authority – Cora Janzen**

Effective Strategies for Public Health Organizations to Enhance Their Capacities to Act on Healthy Public Policy

# 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



# 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**
- **Prioritize participatory approaches**
- **Involve knowledge brokers or external consultants**



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## ORGANIZATIONAL STRUCTURE AND RESOURCES

Infrastructural capacity of public health organizations to contribute to the promotion and implementation of HPPs (organizational capacity, programme delivery structures and processes), combined with the allocation and provision of human and financial resources needed to carry out HPPs.

**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

The production and dissemination of knowledge providing information to support 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 ability and commitment of organizations to implement HPPs is apparent through strong leadership (guiding, inspiring, influencing and directing others) and strategic thinking by taking thoughtful decisions about what, for whom and how.

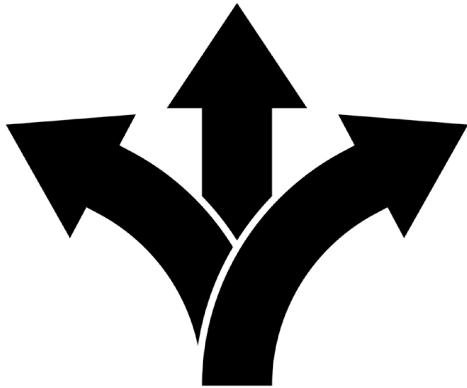
## Strategies available to public health organizations

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



# 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
- The results presented today will be published in a report entitled: "What can organizations do to improve their capacity to promote healthy public policies?"
- Phase II of the project: case studies focusing on public health organizations



# 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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Visit [ccnpps-ncchpp.ca](http://ccnpps-ncchpp.ca)

[laure.bagliniere@inspq.qc.ca](mailto:laure.bagliniere@inspq.qc.ca)

[martin.renauld@inspq.qc.ca](mailto:martin.renauld@inspq.qc.ca)

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# Strategies for Public Health Organizations to Enhance Their Capacities to Act on Healthy Public Policies

## Case Study from Peterborough Public Health

NCCHPP Webinar

November 14, 2024

Janet Dawson, MSc.

Health Promoter Specialist, Policy & Equity



# How can public health organizations strengthen their capacity to promote healthy public policies?

## PPH Case study:

- The mandate
- The context
- The policy window of opportunity
- Structure & resources
- Implementation steps
- Reflection



# Peterborough Public Health

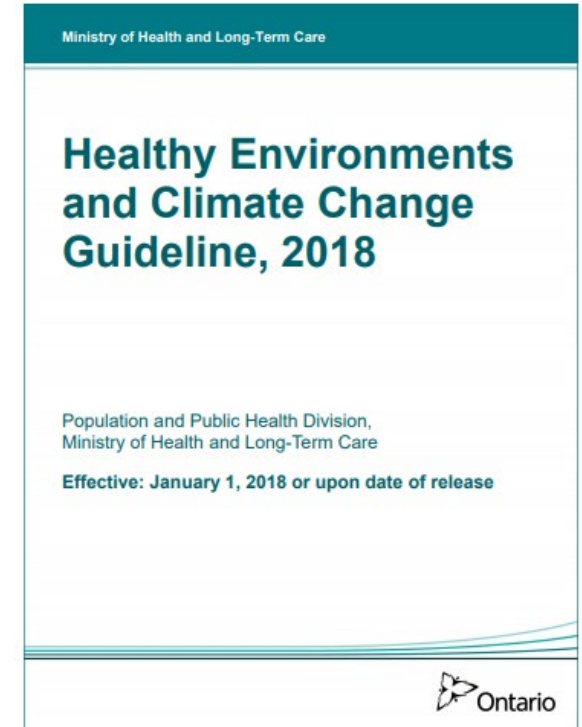
- 1 of 34 local public health agencies in Ontario.
- Autonomous Board of Health
- Serves:
  - City of Peterborough
  - County of Peterborough
  - 8 Townships
  - Hiawatha First Nation
  - Curve Lake First Nation



# The Mandate

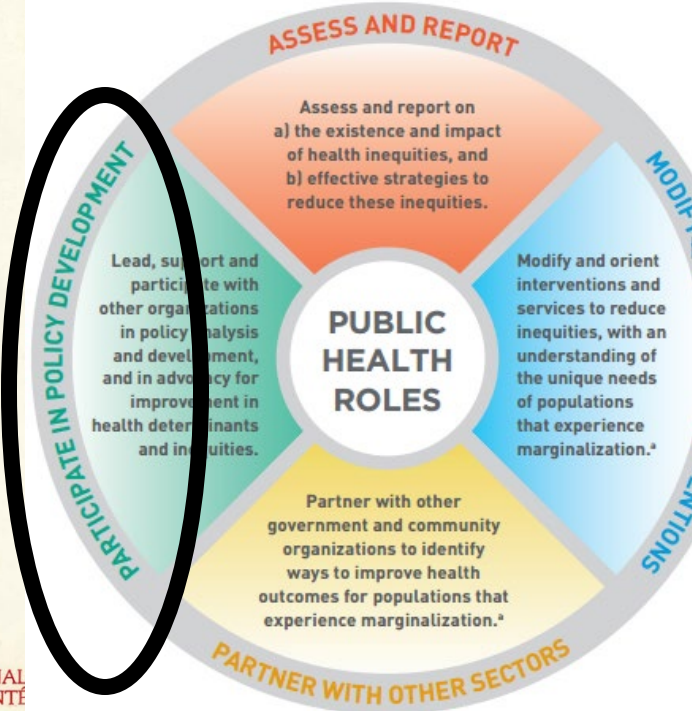
## Requirement #1: Engaging with Municipalities:

- BOH shall collaborate with municipalities under the Ontario Planning Act to address local impacts of climate change and reduce exposure to environmental health hazards in the community. Collaboration activities include reviewing and providing comments to local planning authorities on regional and local official plans not less than every 5 years as part of the local planning cycle.



(Ontario Ministry of Health and Long-term Care, 2021)

# The Mandate

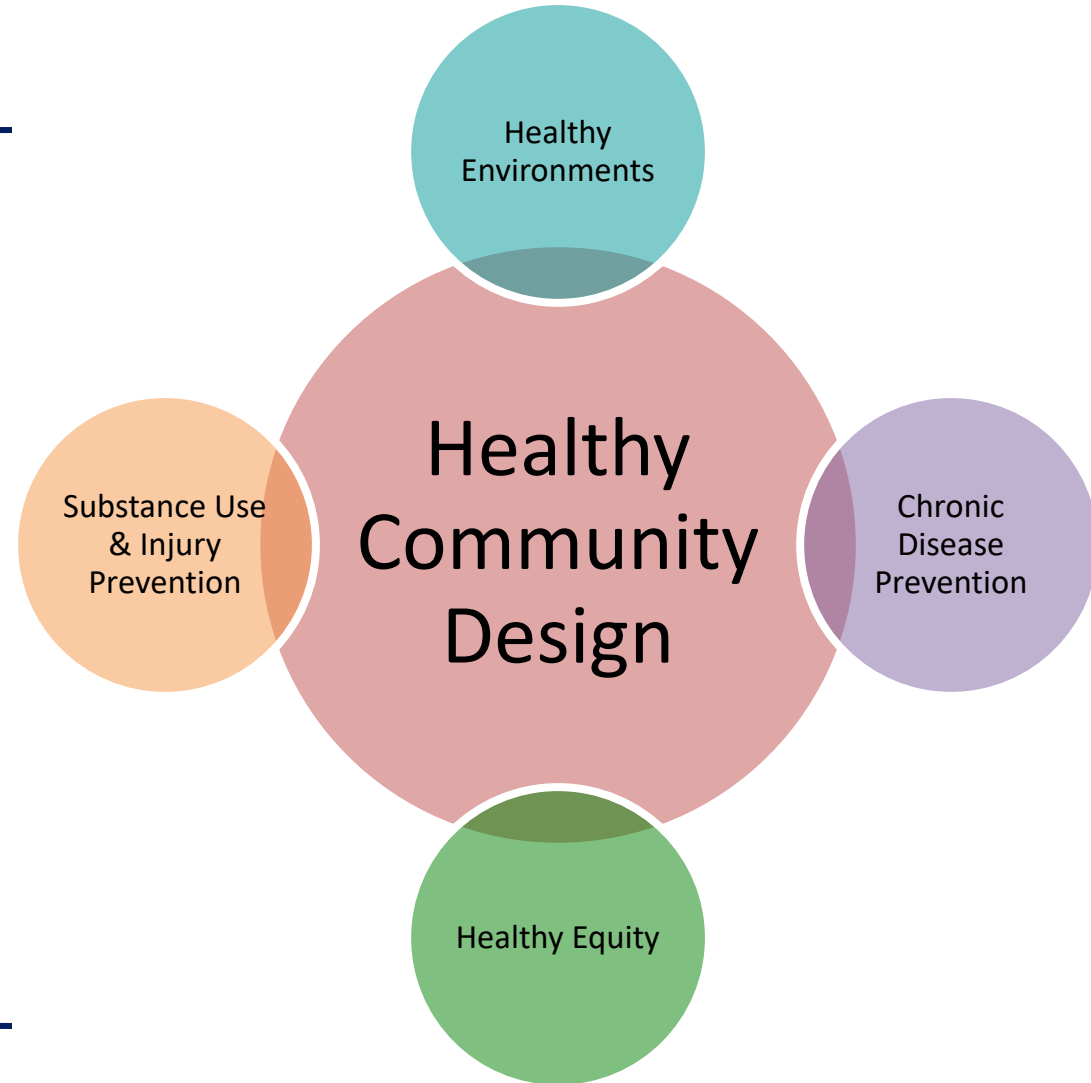


(World Health Organization, 1986; National Collaborating Centre for Determinants of Health, 2013; Peterborough Public Health, 2022)

# The Context...

It was 2017...

- Assessment
- Partnerships
- Collaboration



# The Policy Window of Opportunity

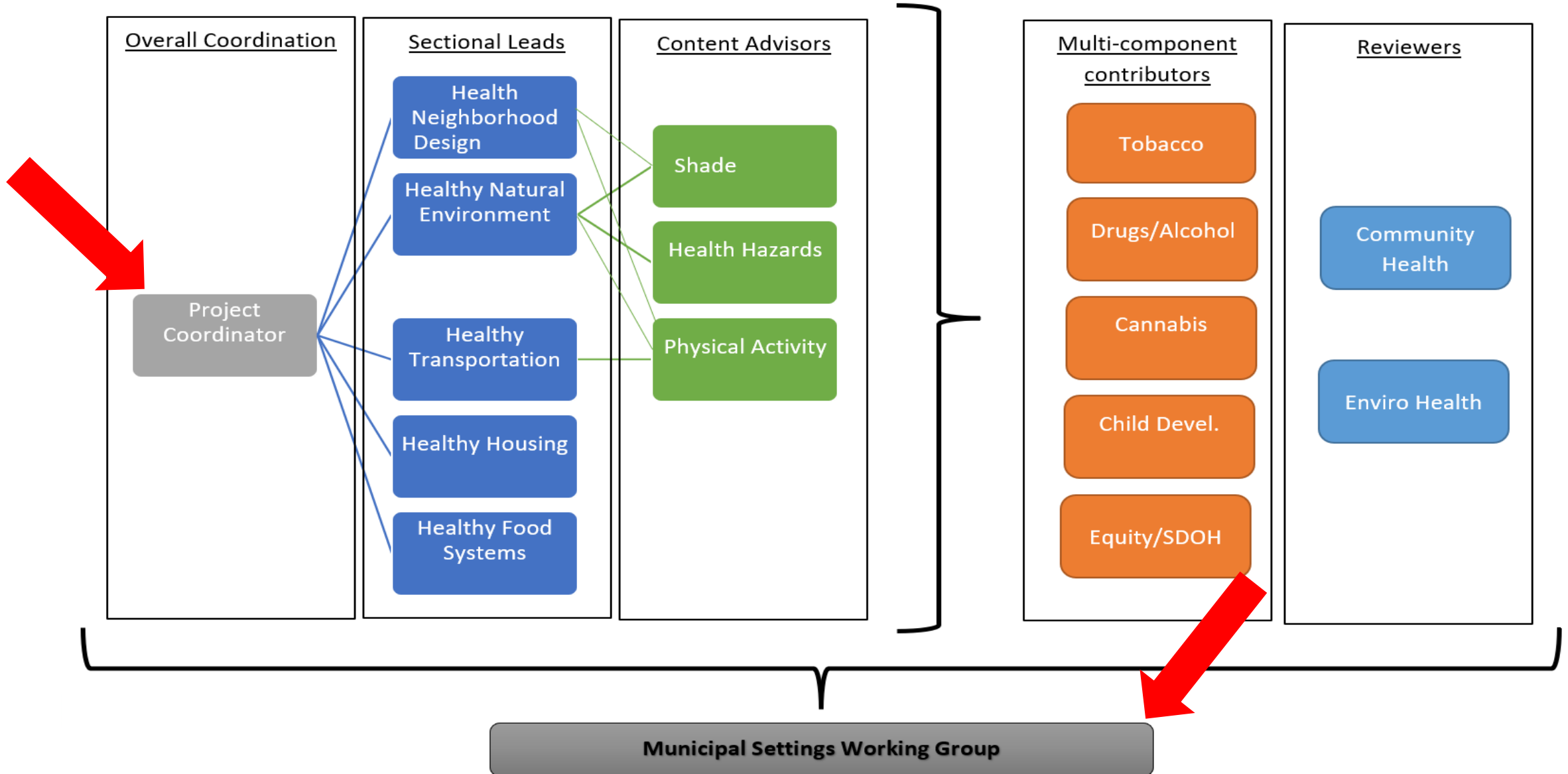


City of Peterborough  
Official Plan review  
re-launched  
April 1, 2017

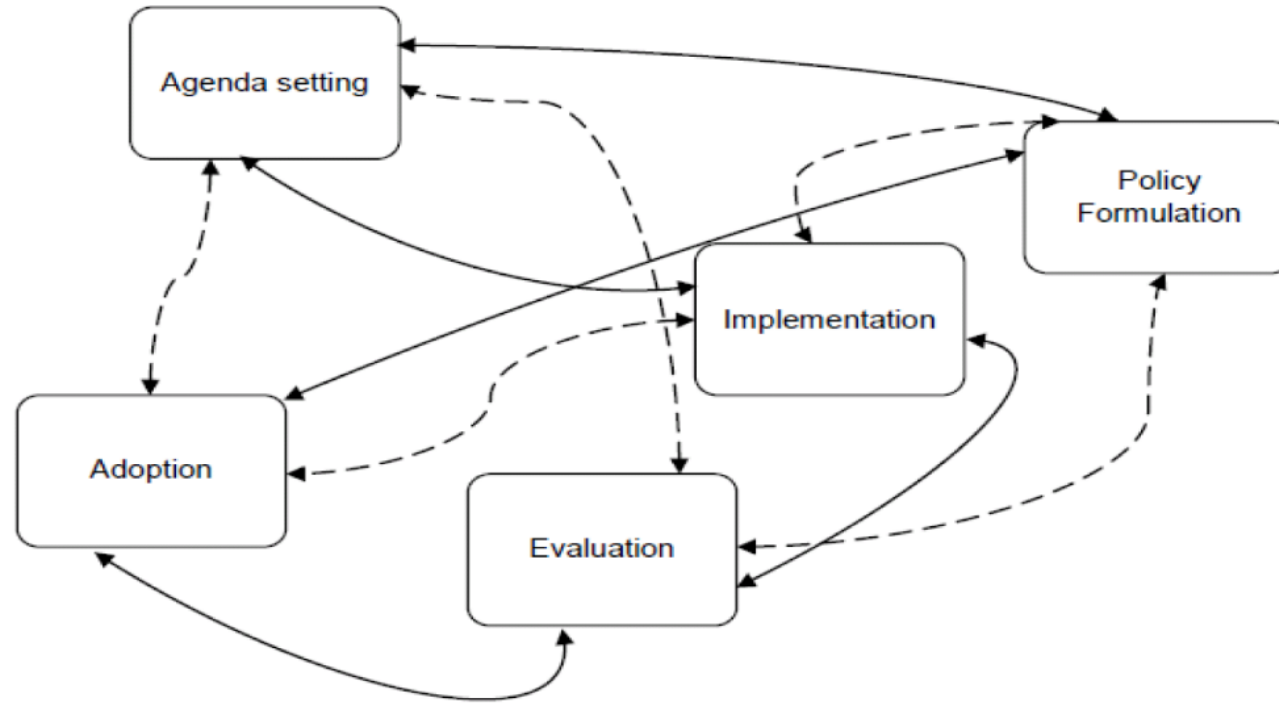
County Official Plan  
review launched  
May 17, 2017



# Structure and resource planning



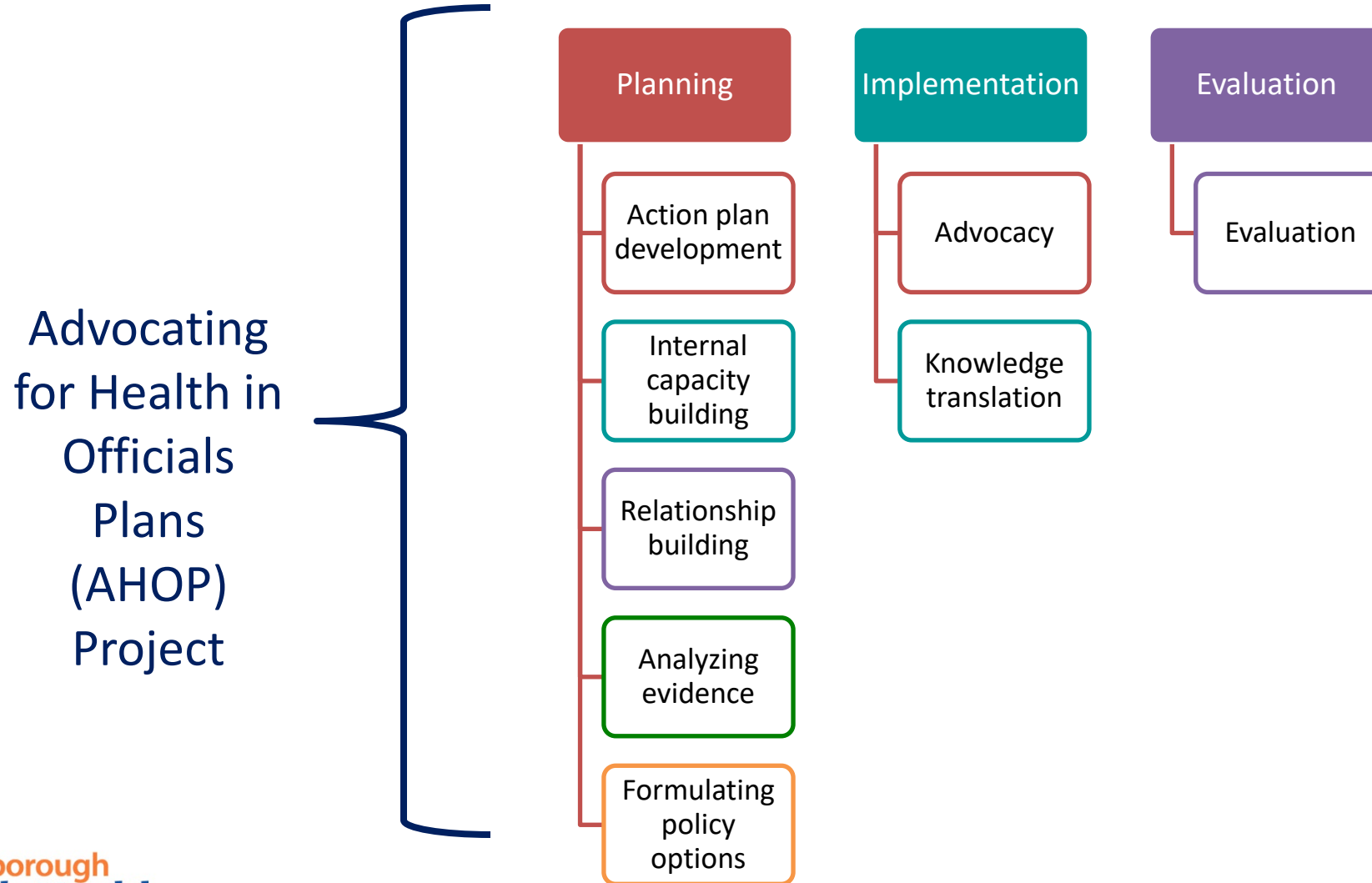
# Implementation planning



## Stages in policymaking: a turbulent flow

National Collaborating Centre for Healthy Public Policy, 2013

# What steps did we implement?



# Reflections:

## Successes:

- The external relationships built from the 2013-2017 active transportation work were key!
- Using a project management type structure helped keep the project on task and organized.
- Supportive leadership.

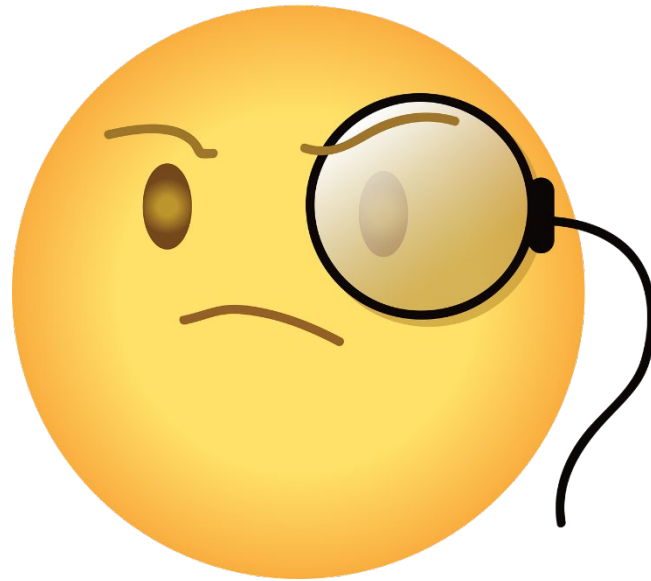
## Challenges:

- Not enough resources/time spent on evaluation.
- The length of the policy process and keeping the project resourced.
- Shifting priorities due to the pandemic.

## Policies outside the public health sector need:

- An intentional “internal capacity building” to learn about the topic/sector/context.
- An advocacy plan to identify points of influence and how you will contribute to those.
- Time allocated to building external relationships.
- Regular check-ins/fire-side chats for your team.

**Let's take a closer look at our retrospective review...**





**Janet Dawson, Health Promoter Specialist**

Peterborough Public Health

705-743-1000, ext. 392

[jdawson@peterboroughpublichealth.ca](mailto:jdawson@peterboroughpublichealth.ca)

# References

1. Benoit, F. (2013). Public Policy Models and Their Usefulness in Public Health: The Stages Model. Montréal, Québec: National Collaborating Centre for Healthy Public Policy. Available from: [https://ccnpps-ncchpp.ca/docs/ModeleEtapesPolPubliques\\_EN.pdf](https://ccnpps-ncchpp.ca/docs/ModeleEtapesPolPubliques_EN.pdf)
2. Dawson, J. Advocating for Health in Official Plans Project [presentation]. Peterborough, ON: Peterborough Public Health; 2019 Dec 11 [cited 2023 June 13]
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6. Ontario. Ministry of Health and Long-Term Care. Ontario Public Health Standards: requirements for programs, services and accountability [Internet]. Toronto, ON: Queen's Printer for Ontario; 2021 [cited 2023 June 12]. Available from: [https://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/protocols\\_guidelines/Ontario\\_Public\\_Health\\_Standards\\_2021.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf)
7. World Health Organization (WHO). The Ottawa charter for health promotion: first international conference on health promotion [Internet]. Geneva: WHO; 1986 [cited 2023 June 12]. Available from: <https://www.canada.ca/content/dam/phac-aspc/documents/services/health-promotion/population-health/ottawa-charter-healthpromotion-international-conference-on-health-promotion/charter.pdf>



# Effective Strategies for Public Health Organizations to Enhance Their Capacities to Act on Healthy Public Policy

Saskatchewan Health Authority's Perspective

November 14, 2024

***Healthy People, Healthy Saskatchewan***

The Saskatchewan Health Authority works in the spirit of truth and reconciliation, acknowledging Saskatchewan as the traditional territory of First Nations and Métis People.



***saskhealthauthority.ca***



# VISION, MISSION, VALUES AND PHILOSOPHY OF CARE

## VISION

*Healthy People, Healthy Saskatchewan*

## MISSION

We work together to improve health and well-being. Every day. For everyone.

## VALUES

**SAFETY:** *Be aware.* Commit to physical, psychological, social, cultural and environmental safety. Every day. For everyone.

**ACCOUNTABILITY:** *Be responsible.* Own each action and decision. Be transparent and have courage to speak up.

**RESPECT:** *Be kind.* Honour diversity with dignity and empathy. Value each person as an individual.

**COLLABORATION:** *Be better together.* Include and acknowledge the contributions of employees, physicians, patients, families and partners.

**COMPASSION:** *Be caring.* Practice empathy. Listen actively to understand each other's experiences.

**PHILOSOPHY OF CARE:** Our commitment to a philosophy of Patient and Family Centred Care is at the heart of everything we do and provides the foundation of our values.



# SHA Treaty Land Acknowledgement

## Honouring Relationships with Indigenous People

We acknowledge that we are gathering on **Treaties 2, 4, 5, 6, 8 and 10** (Cree, Dené, Assiniboine/Nakota and Saulteaux) territories and the **Homeland of the Dakota, Lakota and Métis**.

Recognizing this history is important to our future and our efforts to close the gap in health outcomes between Indigenous and non-Indigenous peoples by knowing what the land and the traditional people of the land offer us.

[www.saskhealthauthority.ca/trc](http://www.saskhealthauthority.ca/trc)

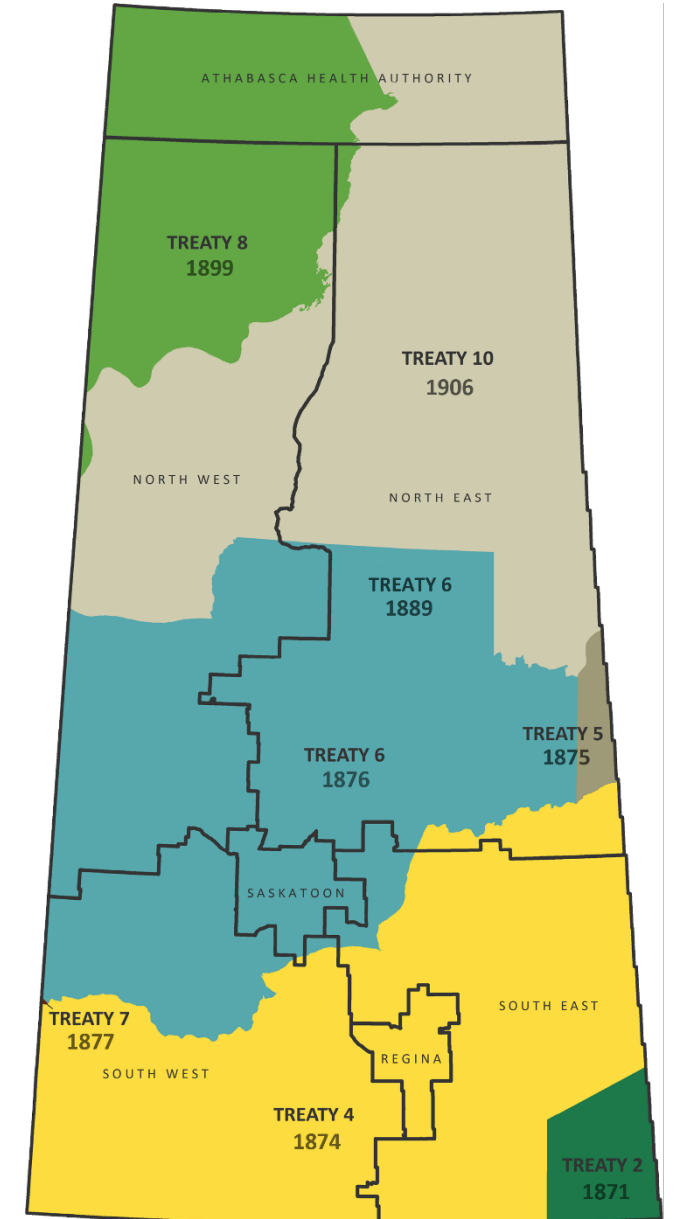


Saskatchewan  
Health Authority

## Treaty Territories and Saskatchewan Health Authority Areas

Depictions of Treaty boundaries are subject to variation. These boundaries are usually not surveyed and are estimated based on written descriptions.

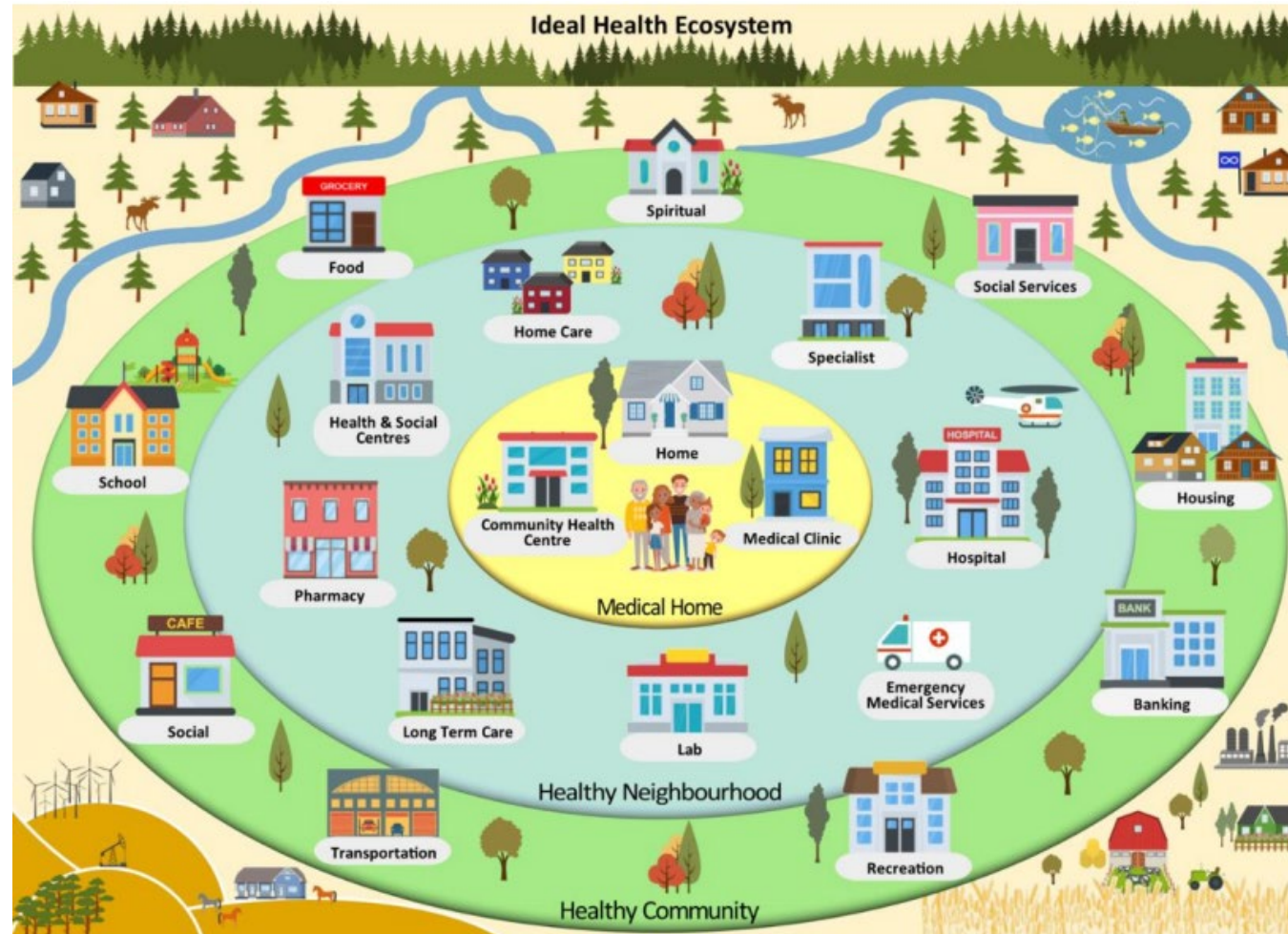
This map displays the Pre-1975 Treaties (Historic Treaties) in colour, as provided by Crown-Indigenous Relations and Northern Affairs Canada.



# Context in Saskatchewan

- In 2017, the decision was announced to amalgamate the 12 RHAs into one provincial health authority → Saskatchewan Health Authority (SHA)
- Within that new structure, the Population Health Department is a strategic ‘support-to-our-system’ portfolio
  - Two core functions of public health (population health promotion, surveillance, assessment and reporting) fall under Population Health
- Health Networks are an operational construct which allows the SHA to better organize services and resources to deliver more reliable and consistent integrated team-based care as close to home as possible

# Context in Saskatchewan



# Context in Saskatchewan

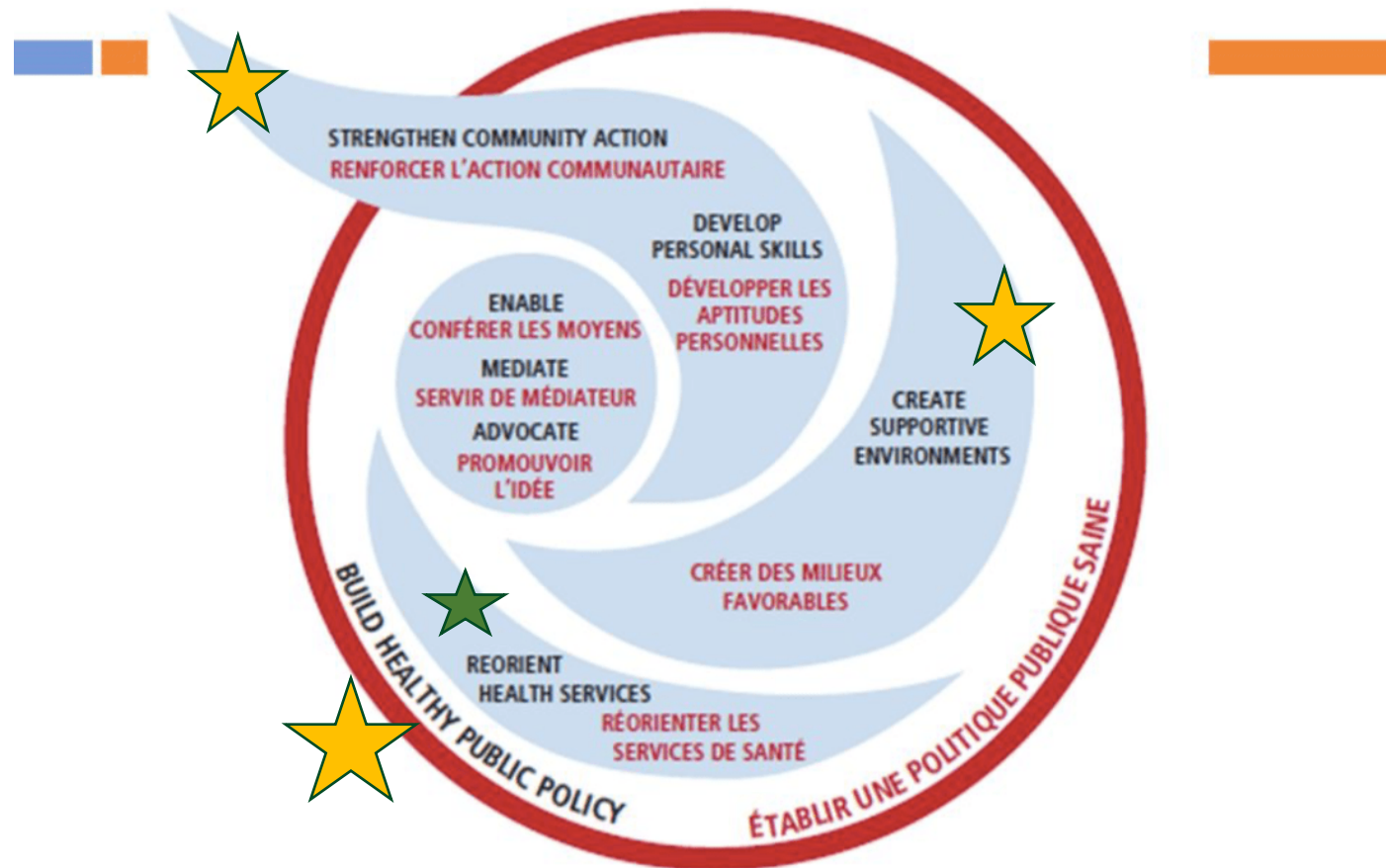
## SHA Population Health

The Population Health department exists to improve health equity by assessing and promoting the health and wellbeing of the people of Saskatchewan.

-The Population Health Team

# Context in Saskatchewan

The Ottawa Charter's emblem.



# A Few Examples of Our HPP Work



Population Health Assessments and the resulting *Opportunities for Action* have a strong HPP focus



The evaluation of Mental Health Capacity Building for youth in schools led to policy to roll this out to all Sask school divisions



Policy analysis of a municipal policy option to provide the MHO's recommendation



Food costing report for Saskatchewan "*Cost of Healthy Eating in Saskatchewan*"



Toolkit to improve policies on feeding environments in public spaces to support Baby-Friendly Spaces

# Strategies for Increasing Organizational Capacity to Act on HPP

## *Structure of the presentation today:*

*NCCHPP's  
dimension  
from their  
framework*



### PARTNERSHIPS

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

*The strategies  
listed under  
that dimension*



- ***Participate in or set up collaboration spaces***
- SHA Examples



# Strategies for Increasing Organizational Capacity to Act on HPP

## PARTNERSHIPS

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

- ***Participate in or set up collaboration spaces***
  - Ex: poverty reduction/elimination coalitions, Age-Friendly Communities, Mental Health Capacity Building, community safety & wellbeing, Maternal & Infant Health Interest Group, Saskatchewan School Board Association School Food Roundtable
  - Ex: internal system partnerships (integrated team-based care and co-leading initiatives from within the system); Population Health Assessments

# Strategies for Increasing Organizational Capacity to Act on HPP

## PARTNERSHIPS

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

- ***Maintain ongoing connections with actors outside of public health***
  - Ex: University/academia, school divisions, municipalities, ministries, CBOs; also, working with actors outside of public health (and Population Health) to build capacity within SHA
- ***Prioritize participatory approaches***
  - Ex: involvement of lived experience of health inequities, liaison role often between community and other sectors, practicum & preceptor relationships

# Strategies for Increasing Organizational Capacity to Act on HPP

## 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.

- ***Create teams or positions dedicated to HPPs***
  - Ex: PHPP job requirement to have knowledge, experience, and skills regarding HPP; interview guide questions
  - Ex: our organizational structure supports us to build organizational capacity for HPP and work across the organization; MHO structure and the tri-leadership for the PHC areas benefits and enables this as well
  - Ex: within our system, some content-specific teams work to create and influence HPP (e.g., Baby-Friendly Spaces); practicums and resident rotations have a strong focus around HPP

# Strategies for Increasing Organizational Capacity to Act on HPP

## WORKFORCE

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

- ***Provide training to improve individual capabilities***
  - Ex: collective and individual learning around HPP; student placements and practicums, PHPM resident rotations, Population Health and Health Equity orientation for health system partners
  - Ex: working with Ministry on developing and updating the Saskatchewan School Food and Nutrition Guidelines and aligning it with Canada's new national school food policy
- ***Support “boundary spanning” initiatives within organizations***
  - Ex: Trauma and COPD Pathways within Provincial Clinical Networks

# Strategies for Increasing Organizational Capacity to Act on HPP

## KNOWLEDGE DEVELOPMENT

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

- ***Gather local data to support the progress of HPPs*** (ish 😊)
  - Ex: Health Network Profiles which include engagement to inform, Population Health Assessments, epidemiologist specific (SHA and interjurisdictional) reporting; developing of SHA deprivation index/equity measure and analysis plan

# Strategies for Increasing Organizational Capacity to Act on HPP

## KNOWLEDGE DEVELOPMENT

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

- ***Make public health data and knowledge accessible and usable***
  - Ex: former Health Status Reporting, PHAs to inform system planning and shared via engagement with partners and community to inform the planning; Health Network Profile Summaries
- ***Develop customized tools for other actors***
  - Ex: not developing new tools but customizing existing ones while collaborating to support health system partners (e.g. health equity walk-through for space planning as one instance) and that include policy components and considerations

# Strategies for Increasing Organizational Capacity to Act on HPP

## KNOWLEDGE DEVELOPMENT

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

- ***Inform decision making and inform the political agenda***
  - Ex: poverty reduction or elimination strategies; policy analysis for municipal policy options, input around municipal policies/projects/plans regarding transportation networks, design, affordable housing; health equity impact assessments; community safety and wellbeing
  - Ex: evaluation of MHCB led to the decision for provincial roll out to all SK school divisions

# Strategies for Increasing Organizational Capacity to Act on HPP

## 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.

- ***Underscore the advocacy role of (for) public health***
  - External ex: longstanding involvement (and organizational support) within various advocacy activities around poverty reduction and income security, food (in)security, healthy built environments including transportation networks and affordable, safe, accessible housing, baby-friendly initiatives, mental health and wellbeing, community safety and wellbeing
  - We see advocacy as everyone's work, not only the work of one portfolio or department; building knowledge and capacity to do this within our system



# Strategies for Increasing Organizational Capacity to Act on HPP

## 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.

- ***Prioritize health equity in organizational governance, Clarify roles of public health in governance***
  - Ex: SHA Board Population Health and Health Equity focus to inform decision making and influencing the leadership of the organization for them to inform the political agenda, development of a Health Equity framework for SHA, SHA's 5-Year Roadmap  
**"Apply an equity policy lens to everything in SHA"**



# Thank You!



Cora Janzen

Senior Population Health Promotion Practitioner

Population Health

[cora.janzen@saskhealthauthority.ca](mailto:cora.janzen@saskhealthauthority.ca)

# Questions

