Workshop - Public Policy Competencies for Implementing Health in All Policies (HiAP)

February 6, 2025
From 12:00 p.m. – 2:30 p.m. EST

Summary of key discussion points

This document provides a summary of the key discussion points covered during the workshop, highlighting the main insights, reflections, and potential next steps identified by participants.

1. Why and how are policy competencies important for HiAP implementation?

1.1 Why - what public policy competencies help achieve

- Competencies make HiAP more tangible.
- Competencies help identify ways of addressing complex and wicked problems.
- Competencies demystify the policy process.
- Competencies can help with navigating structural and leadership barriers.
- Competency categories can become a capacity self-assessment tool.
- Competencies can support teams in clarifying roles, responsibilities, and needs for policy work.
- Competencies can help teams to look at the bigger picture and not only on the issue at hand.

1.2 How - what using public policy competencies looks like in practice

- Building and sustaining relationships and partnerships.
- Giving communities a voice in policy development.
- Securing formal and informal leadership and buy-in across sectors and at multiple levels for policy work.
- Building capacity in partner organizations.
- Integrating technical and relational competencies (e.g., technical skills + relational skills = successful HiAP work).
- Mobilizing advocacy and communication: engaging policy makers, framing narratives, and mobilizing public support.
- Practising humility in policy work.

1.3. Where more support is needed to strengthen the public policy competencies of public health actors

- Public communications and engagement (i.e., overcoming the perception barrier, such as community organizations viewing us as a government entity, not a partner).
- Although most of the technical competencies such as policy analysis are well covered by formal education, we should provide more detail on areas like policy context, understanding legal frameworks, and identifying conflicts of interest.

- Policy theory - often, teams do not have the time to reflect on the theory behind their work but helping to build some understanding of conceptual frameworks, from public health or those of other sectors, may make a significant contribution to the discussion.

2. Reflections on practice

2.1. How competencies are used/viewed within public health teams

- **Policy competencies should be viewed as collective team skills,** rather than individual capacities. No single person needs to master everything—policy work is a team effort.
- **Leadership exists at all levels.** Competency development should reflect positional, informal, and community-based leadership.
- **"Soft" skills are essential, not optional.** Public health needs stronger capacities in engagement, framing, and relationship-building, not just technical analysis.
- **Competencies look different depending on the level**—provincial, frontline, etc.—and the specific roles within teams (e.g., supporting advocacy for other teams versus a team focused on a particular topic).
- **Teams can sometimes struggle to integrate competencies effectively**—many people prefer to focus on technical roles (for which they are trained) rather than taking on "softer" roles like communications (for which they may not be trained).
- **Competencies are "practices" rather than a destination** (or rather than merely the result of formal learning at university).
- **This is an iterative process**—learning, refining, and evolving. As we apply the competencies to our work and understand how they fit into our individual roles, we gain more insights from both our successes and challenges.

2.2. How competencies are used/viewed in interaction with other relevant actors (outside of public health teams)

- **Public health's role in HiAP is not about "having the answer" but about enabling solutions through collaboration.** We are facilitators, not just knowledge providers.
- **Capacity building extends beyond public health.** Public health can help other sectors build policy capacity, ensuring a unified approach to health equity.
- **Sustainability of relationships and partnerships is critical.** High turnover means efforts should focus on systemic relationship building, not just individual ties.
- **Community/community organizer partnerships** are essential to policy change. They are key to understanding how policies contribute to inequities and finding structural solutions in areas like healthy and decent work.
- **Advocacy is necessary at all levels** and should not just be aimed at decision makers.
- **Recognize partners' perspectives and practices.** First Nations, Inuit, and Métis partners bring a holistic perspective to health, considering the entire life cycle of individuals when shaping policy—an approach that should guide policy design. This perspective is deeply rooted in their visions of health and wellness and has long been integral to their practices, even if not framed in the same terms as public health.
- **Applying a system lens** supports teams and provides advocacy assistance to teams across the board.

3. Core competencies for Health in All Policies (HiAP): possible next steps and opportunities

After evaluating our current position and progress in public policy competencies for HiAP implementation, participants identified key insights on how to advance and strengthen these capacities. These insights will help shape future network activities.

3.1. Reflect on how competencies translate in practice at different levels of organizations/government

- **Skill sets differ depending on roles and the various types of public health organizations**. It is important to think about how these competencies apply at different levels of government.

3.2. Unpack skills through examples/accounts of different practices

- The framework is broad enough to encompass everything that is important, so the goal should be to **dig deeper into specific areas like communication**. We could go into more detail on the narratives and framing around these competencies and coalition building.
- **Strengthening leadership and engagement skills** across public health.
- **Developing resources** that help teams apply HiAP competencies in practice.

3.3. Explore competencies as tools in a strategy to achieve policy change

- **Exploring governance-level accountability for HiAP integration in institutions.** Soft skills, though essential, are often undervalued in institutional settings. We could add this governance reflection to the discussion of competencies. From a political determinants of health perspective, reflect on how institutions recognize and create accountability for this work.
- **Exploring related themes such as redistributing power for health equity**, which connects closely with many of the topics discussed in the workshop, such as shaping narratives, building relationships, and driving change.