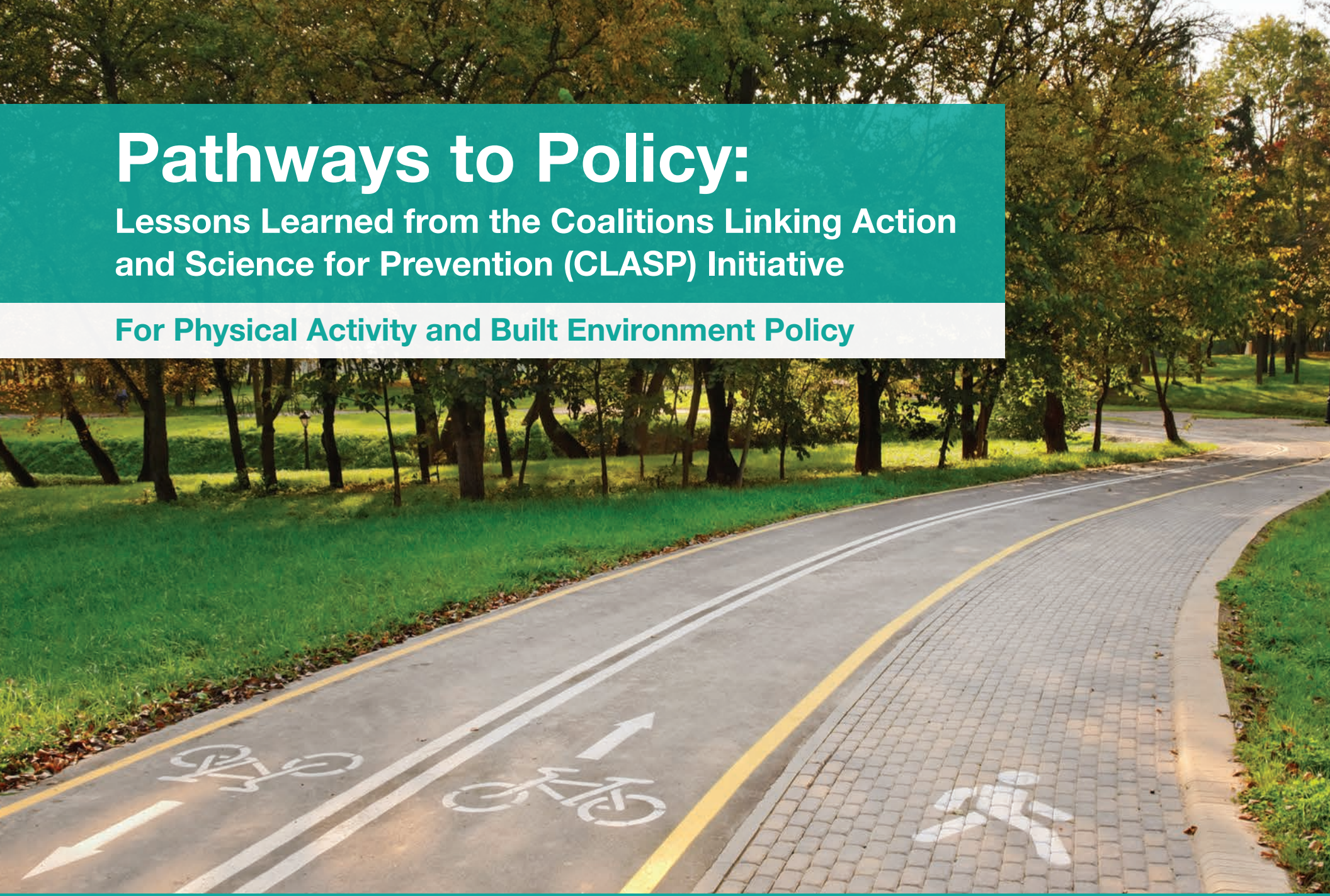
Pathways to Policy:

Lessons Learned from the Coalitions Linking Action and Science for Prevention (CLASP) Initiative

For Physical Activity and Built Environment Policy



Updated: March 20, 2017

CANADIAN **PARTNERSHIP** AGAINST **CANCER**

PARTENARIAT CANADIEN CONTRE LE **CANCER**

Acknowledgements

Production of this report has been made possible through financial support from Health Canada.The views expressed herein represent the views of the Canadian Partnership Against Cancer.

This report was prepared by Susan Snelling (Social Research Consulting Inc).

Table of Contents

2.....Acknowledgements

3.....Table of Contents

4.....Executive Summary

5.....Pathways to Policy: Lessons Learned from the Coalitions Linking Action and Science for Prevention (CLASP) Initiative

- 5.....Background
- 5.....Objective
- 6.....Methodology
- 6.....Findings
  - 7.....Policy Actors
  - 8.....Policy Outcomes
  - 13.....Pathways to Policy
- 19.....Limitations

20...REFERENCES

21...APPENDIX I: Key Informant Interview Questions

Executive Summary

Coalitions Linking Action and Science for Prevention (CLASP) was an initiative of the Canadian Partnership Against Cancer (CPAC) that aimed to improve the health of communities and of Canadians. CLASP did this by bringing together organizations from two or more provinces and territories, with research, practice, and policy experts forming coalitions to integrate cancer prevention with strategies to prevent other chronic diseases. All twelve CLASP projects have completed their funding as of September 2016. Through CLASP, numerous policy changes have been documented as evidence of the far-reaching impact of the initiative. In the context of CLASP, policy refers to any of a system of laws, regulatory measures, courses of action, and funding priorities that guide decision-making at an organizational or government level. In addition to policy changes, over 700 knowledge products (i.e., peer-reviewed literature, grey literature, presentations, educational resources, tools, etc.) were developed. This knowledge base presents an opportunity to leverage learnings from the evidence-based interventions implemented through CLASP to the broader prevention community through knowledge mobilization efforts of the Partnership.

The objective of this project was to identify and analyze key lessons learned from the 165 CLASP products and cross-CLASP evaluation data related to the development, implementation, and evaluation of policy interventions and policy changes in the areas of physical activity and supportive environments (built environment). An additional objective was to gather the perspectives of key informants from CLASP projects with respect to lessons learned from their experiences and, through their input, to validate the lessons learned from CLASP project documents. This process was initially carried out for the first seven CLASP projects that had finished by September 2014. The first draft of the Pathways to Policy report reflected these initial lessons learned. Following the completion of the final five CLASP projects in September 2016, this process was conducted again and the Pathways to Policy was revised to this current and updated version that reflects the additional learnings.

Through the Pathways to Policy methodology, 165 policy change examples in the areas of physical activity and supportive environments (built environment) were found from three CLASP projects – many of which occurred at the municipal level – that mapped to five policy outcome categories derived from the US Community Preventive Services Task Force's Guide to Community Preventive Services.

A central interest in this investigation was the learning that could be gathered from understanding the processes that led to policy changes through the CLASP initiative. By looking across all examples and identifying the mechanisms, processes, enabling factors and approaches that led to policy outcomes, 14 ***'Pathways to Policy'*** were identified and grouped into three broad categories: People, Tools, and Approaches and Ways of Working. The ***Pathways to Policy*** represent critical success factors for policy development and implementation that are applicable beyond the CLASP initiative and can inform physical activity and built environment policy work in jurisdictions across Canada.

Pathways to Policy: Lessons Learned from the Coalitions Linking Action and Science for Prevention (CLASP) Initiative

Background

Coalitions Linking Action and Science for Prevention (CLASP) was an initiative of the Canadian Partnership Against Cancer (CPAC) that aimed to improve the health of communities and of Canadians. CLASP did this by bringing together organizations from two or more provinces and territories, with research, practice, and policy experts forming coalitions to integrate cancer prevention with strategies to prevent other chronic diseases.

CLASP responded to the fact that many aspects of healthy living and a healthy environment can reduce the risk not only of cancers but also of chronic diseases such as diabetes, lung disease and heart disease. These common factors include maintaining a healthy body weight, quitting smoking, and reducing environmental and occupational exposure to toxic substances. Seven CLASP projects completed their funding by September 2014, while five projects completed two years later in September 2016. Through CLASP, numerous policy changes have been documented as evidence of the far-reaching impact of the initiative. In the context of CLASP, policy refers to any of a system of laws, regulatory measures, courses of action, and funding priorities that guide decision-making at an organizational or government level.

In addition to policy changes, over 700 knowledge products (i.e., peer-reviewed literature, grey literature, presentations, educational resources, tools, etc.) were developed by the CLASP projects. This knowledge base presents an opportunity to leverage learnings from the evidence-based interventions implemented through CLASP to the broader prevention community through knowledge mobilization efforts of the Partnership. The learnings from CLASP will also help to inform future cancer prevention initiatives of the Partnership.

Objective

The objective of this project was to identify and analyze key lessons learned from the 165 CLASP products and CLASP final reports related to the development, implementation, and evaluation of policy interventions and policy changes in the areas of physical activity and supportive environments (built environment). An additional objective was to gather the perspectives of key informants from CLASP projects with respect to lessons learned from their experiences and, through their input, to validate the lessons learned from CLASP project documents.

Specifically, the following questions were explored:

- What physical activity and supportive environments policy interventions and policy changes were developed, implemented, or evaluated through CLASP?
    - What lessons can be learned from the CLASP experience in developing, implementing, or evaluating these policy interventions and changes (i.e., Who were the key stakeholders? How were the key stakeholders engaged? What was unique about the context where this occurred?)
    - Where a CLASP project engaged municipal decision-makers to develop, implement, or evaluate a policy intervention or policy change, what were the engagement strategies?

- What evidence exists, if any, to support these policy interventions or changes?

- Cross-cutting themes across all the policy interventions and policy changes

Methodology

1. The following definition of 'policy change' was used to guide decisions about inclusion/exclusion:

   Policy change: An organizational or governmental change that results in a shift in operations or decision-making. The change has impact at a population-level on those within the regulating jurisdiction, organization, or groups targeted by the change. A policy change can be legally binding, voluntary, or a signal a shift in prioritization of efforts.

2. The CLASP product database and existing list of CLASP Practice and Policy Impacts from the evaluation of the initiative was the basis for identifying CLASP products for review. Each included item was reviewed to screen for policy relevance. Items that referred to a CLASP policy outcome were further reviewed to capture the specific nature of the policy outcome and the processes that contributed to the policy outcome. The relevant information for each item was listed in an Excel spreadsheet.

3. The CPAC Prevention Policies Directory (www.partnershipagainstcancer.ca/preventionpolicies) was consulted to locate actual bylaws referenced in CLASP products.

4. The findings were categorized into broad groupings of policy outcome types, locales, and relevant processes. Policy outcomes were also categorized in terms of the US Community Preventive Services Task Force policy areas related to built environments and physical activity, and in terms of the healthy community success factors identified by Sasseville (developed as part of an additional CLASP project – Healthy Communities).

5. Overall learnings and cross-cutting themes were identified by reviewing the findings.

6. Eight key informants from four CLASP projects (two from Healthy Canada by Design and two School Travel Planning projects related to Children's Mobility, Health and Happiness) were interviewed about their experiences working on policy-relevant initiatives. A draft report listing the identified Pathways to Policy was shared with key informants in advance. Interview questions can be found in Appendix I.

7. Key findings from interviews were added to the Pathways to Policy draft to amplify or modify the content.

8. The policy outcomes and lessons learned from POWER Up!, which completed in October 2016, were extracted and analyzed using the same process as with the previous CLASPs. The project knowledge products were reviewed and two key informant interviews were conducted to identify any additional learnings or relevant examples that could be drawn from this project.

Findings

Through the examination of CLASP products, 165 policy-relevant examples in the areas of physical activity and supportive environments (built environment) were found in three CLASP projects:

Children's Mobility, Health and Happiness (CMHH) (106). This project focused on increasing the number of children doing daily physical activity and on promoting healthy lifestyles. School Travel Planning (STP) is an established, community-based model that contributes to chronic disease prevention through activities that promote the use of active transportation. This project encouraged the creation of policies and practices that go beyond using school buses as transportation by engaging local practice and policy partners (public health, police, municipal planners, traffic engineers, school boards, parents and school

administrators) to develop and implement travel plans that create conditions that make it safe for families to use active transportation to and from school.

CMHH Implementation Partners: municipalities (planning, transportation, and enforcement departments); schools (principals, teachers, parents and students); regional health authorities/ public health units; national/provincial/ territorial NGOs (focused on health and environmental issues); and academic institutions

Healthy Canada by Design (HCBD) (68). Recognizing the link between the built environment and health, this initiative accelerated the integration of health considerations into community planning policy and practice. Through a "Practice Collaborative" approach and national framework, health regions across the urban and rural spectrum engaged with local planners to put a health lens on community planning and ensure that the physical layout of our communities encourages activity and healthy living. An array of strategies, from team-based activities to peer exchange and technical assistance, supported the uptake of best practices and tools as health regions, planners and other stakeholders focused on community engagement, the enhancement of data translation systems, and the application of innovative, health promoting road designs.

HCBD Implementation Partners: municipalities (planning, transportation, and health departments); regional health authorities/public health units; national professional associations (planners and transportation engineers); national NGOs (focused on health issues); and academic institutions

Policy Opportunity Windows: Enhancing Research Uptake in Practice (POWER UP!) (2). POWER UP! endeavoured to fill an evidence-to-action gap by drawing upon parallel evidence and experience from tobacco control to strengthen current efforts for cancer and chronic disease prevention in the realm of obesity. The overall goal of POWER UP! was to provide leadership and support for the development, implementation, and evaluation of obesity-related policy activities (including healthy eating and physical activity) for cancer and chronic disease prevention. Model policy resolutions, based on evidence, were developed and shared with municipalities. This work resulted in over 90 policy changes largely related to creating healthier food environments, but included two policies enacted to increase access to physical activity opportunities that were included in the scope of this report.

POWER Up! Implementation Partners: municipalities and municipal associations; provincial/territorial government (health and social services department); public health associations; provincial/territorial NGOs (focused on chronic disease prevention and obesity prevention); and academic institutions

Policy Actors

A defining feature of the physical activity and built environment policy work done as part of CLASP initiatives had to do with the sectors involved in the implementation. The policy changes largely occurred within local/regional government and local schools/school boards, with public health and public health NGOs playing a supportive and catalyzing role. Partners in these CLASPs included education, urban planning, transportation engineering, municipal associations, provincial/territorial government departments; local/regional public health, and academic institutions.

[1]Guide to Community Preventive Services. Increasing physical activity: environmental and policy approaches. https://www.thecommunityguide.org/resources/one-pager-built-environment-approaches-increase-physical-activity. Last Updated: 02/04/2016.

[2]World Cancer Research Fund. NOURISHING Framework. http://www.wcrf.org/int/policy/nourishing-framework. Last Updated: 07/03/2016.

Within these different sectors, senior level leadership was engaged to support and champion this work (see 'Engaging high-level or influential decision-makers' in the Pathways to Policy below); however, much of the work was implemented by municipal civil servants within the departments with authority over the relevant policy levers (e.g., urban planning and transportation). This work was in turn supported by cross-sectoral partners within public health, education, academia, and other areas.

Overall, CLASP projects that addressed supportive environments brought local public health and other health agencies together with municipal planners and transportation engineers to bring physical activity-promoting elements into community design. In documenting their project's successes, one public health CLASP member reported: "We have been told by municipal staff that there are many built environment policies that [public health] was instrumental in supporting: if [we] had not been a strong supporter of policies for connected neighbourhood centres and active transportation, it is quite possible that these policies would have been diluted in the Plan" (Miro, Kishchuk, Perrotta & Swinkels, 2015, p. 7).

Policy Outcomes

Types of policy outcome were grouped based on the US Community Preventive Services Task Force recommendations[1] where possible. The Task Force assessed the evidence for several approaches to promoting physical activity through environmental and policy approaches. Four of these categories were found among the CLASP examples; "Point-of-Decision Prompts to Encourage Use of Stairs" were not implemented as part of CLASP projects. Appendix I presents a list of CLASP policy outcomes for each policy category.

Some CLASP policy examples demonstrated more than one policy outcome, such as policies that were relevant for both urban design and active transportation. The number and specific nature of the policies that came out of CLASP initiatives are shown in ***Table 1***.

I. Community-Scale Urban Design and Land Use Policies (US Community Preventive Services Task Force category)

According to the US Community Preventive Services Task Force, "community-scale urban design land use policies and practices involve the efforts of urban planners, architects, engineers, developers, and public health professionals to change the physical environment of large geographic areas in ways that support physical activity. They include the following:

Design elements that address:

- Proximity of residential areas to stores, jobs, schools, and recreation areas
- Continuity and connectivity of sidewalks and streets
- Aesthetic and safety aspects of the physical environment

Policy instruments such as zoning regulations, building codes, other governmental policies, and builders' practices"[2]

In many CLASP examples, these policies were influenced by review of official plans at the municipal level by public health staff.

II. Street Scale Urban Design/Land Use Policies (US Community Preventive Services Task Force category)

[1] http://www.thecommunityguide.org/pa/environmental-policy/index.html
[2] http://www.thecommunityguide.org/pa/environmental-policy/communitypolicies.html

According to the US Community Preventive Services Task Force, "street-scale urban design and land use policies involve the efforts of urban planners, architects, engineers, developers, and public health professionals to change the physical environment of small geographic areas, generally limited to a few blocks, in ways that support physical activity.

Design components include:
- Improved street lighting
- Infrastructure projects to increase safety of street crossing
- Use of traffic calming approaches (e.g., speed humps, traffic circles)
- Enhancing street landscaping"[3]

III. Building and Public Facilities Design Policies

For this report, a new category has been created to describe ways that buildings and public facilities are planned and designed.

Policies in this category aim to encourage physical activity in the environment immediately surrounding, or within, a building and include promoting:
- Improved access to stairwells
- Secure, on-site bicycle parking facilities
- On-site showers and change rooms
- Enhanced connectivity of buildings to public transit and green space

IV. Transportation and Travel Policies (US Community Preventive Services Task Force category)

According to the US Community Preventive Services Task Force finding, there was insufficient evidence to recommend this approach on the basis of evidence. Nonetheless, in some cases, municipalities have explored whether "transportation and travel policies and practices can encourage walking and bicycling as a means of transportation by:

- Facilitating walking, bicycling, and public transportation use
- Increasing the safety of walking and bicycling
- Reducing car use
- Improving air quality

These interventions can encourage environmental changes that support these goals by changing roadway design standards, creating or enhancing bike lanes, expanding or subsidizing public transportation, providing bicycle racks on buses, and increasing parking costs."[4]

This category also includes 'school travel plans' – a policy lever to improve active transportation to and from school amongst children.

V. Enhanced Access to Places for Physical Activity (US Community Preventive Services Task Force category)

According to the US Community Preventive Services Task Force, "creation of or enhancing access to places for physical activity involves the efforts of worksites, coalitions, agencies, and communities as they attempt to change the local environment to create opportunities for physical activity. Such changes include creating walking trails, building exercise facilities, or providing access to existing nearby facilities."[5]

[3] http://www.thecommunityguide.org/pa/environmental-policy/streetscale.html
[4] http://www.thecommunityguide.org/pa/environmental-policy/travelpolicies.html
[5] http://www.thecommunityguide.org/pa/environmental-policy/improvingaccess.html

Table 1. CLASP-impacted physical activity and built environment policies categorized according to five dimensions.

Policy Dimension	Policy Instrument	Number of CLASP-impacted policies
I. Community-Scale Urban Design and Land Use Policies Change the physical environment of large geographic areas in ways that support physical activity and include design elements that address: • Proximity of residential areas to stores, jobs, schools, and recreation areas • Continuity and connectivity of sidewalks and streets • Aesthetic and safety aspects of the physical environment	Official Community Plan	15
	Budget and Resource Allocations	5
	Regional Growth Strategy/Regional Plan	4
	Policy Statement/Framework[6]	3
	Zoning Bylaw	2
	Design Guidelines for Drive-Through Facilities	2
	Sustainability Strategy	2
	City Centre Plan	1
	Community Design Standards for Suburban Developments	1

[6] provincial/territorial policies

II. Street-Scale Urban Design and Land Use Policies Change the physical environment of small geographic areas, generally limited to a few blocks, in ways that support physical activity and include design elements that address: • Improved street lighting • Infrastructure projects to increase safety of street crossing • Use of traffic calming approaches (e.g., speed humps, traffic circles) • Enhanced street landscaping	Block Plan	2
	Secondary Plan	1
	Road Site Plan	1
	Street Urban Design Plan	1
III. Building and Public Facility Design Policies Change the physical environment around and within buildings and public facilities in ways that support physical activity and include design elements that address: • Improved access to stairwells • Secure, on-site bicycle parking facilities • On-site showers and change rooms • Enhanced connectivity of buildings to public transit and green space	Public Facility Design Guidelines	1
	Municipal RFP evaluation criteria	1

IV. Transportation and Travel Policies Encourage walking and bicycling as a means of transportation by: • Facilitating walking, bicycling, and public transportation use • Increasing the safety of walking and bicycling • Reducing car use • Improving air quality	School Travel Plans[7]	98
	Transportation Plan	7
	Budget and Resource Allocations	4
	Provincial Strategy/Framework[8]	3
	Walking and/or Cycling Plan	2
	Sustainability Strategy	1
	Zoning Bylaw	1
	Complete Streets Policy	1
	Public Transit Plan	1
	Official Community Plan	1
V. Enhanced Access to Places for Recreational Physical Activity Policies Change the local environment to create opportunities for leisure-time physical activity through design elements and policies that address: • Access to green space • Access to existing recreational facilities through shared use agreements	Free Play in Residential Streets	2
	Playground Design Guidelines	1
	Parks Plan	1
	Total CLASP-impacted policies	*165*

[7] school policies

[8] provincial/territorial policies

Pathways to Policy

A central interest in the current investigation was the learning that could be gathered from understanding the processes that led to policy change. By looking across all examples and identifying the mechanisms, processes, enabling factors and approaches that led to policy outcomes, the following Pathways to Policy were identified. For many of the policy examples in CLASP projects, multiple pathways to policy were evident.

Key informants generally agreed with the Pathways to Policy that had been identified from the documents. One change that was made based on their input was to add a pathway of Relationships under the People grouping. Previously, relationship aspects were addressed in other pathways, such as Technical Assistance or Collaboration, but key informants often mentioned relationships between health and municipal staff as fundamental to the success of their projects. In many cases, the relationships pre-dated the CLASP project, or developed through other initiatives, and the projects were able to build from existing relationships to accelerate their work together.

I. People

Relationships: The majority of the policy outcomes were supported by a strong foundation of interpersonal relationship between key actors, such as public health and municipal staff. Key informants all spoke about the importance of relationship when working intersectorally – for example, they said that 'knowing who to call' allows work to progress effectively. Relationships were sometimes created or fostered by having a mandated working group or joint project, particularly when leadership from all organizations
emphasized an expectation of working together. Interviewees from health suggested that it was important to be able to fully commit to supporting planning work, within established boundaries, so that if they were asked to provide input or participate, they followed through and demonstrated their reliability over the long term.

As described in one project report, relationship building was an intangible process supported by an investment of time, but with a valuable return on that investment (Policy Opportunity Windows: Enhancing Research Uptake in Practice: Evaluation Report, 2016).

In some cases, interviewees talked about providing 'carrots' as a start to a relationship: being clear on what a partner has that the other partner may need, and making an offer to share. Part of the initial work, then, is to understand from the partner's perspective what would be seen as valuable or useful. Interviewees gave examples that showed that what the health sector may think of as valuable, such as general evidence and research, may not be the most valuable asset from the municipal side, where the interest is in more practical and local applications.

Key informants also spoke about the challenges created when there was turnover or change in work assignments, emphasizing that relationships are personal and depend on trust being built over time. When roles transition to different individuals, it is important to give time for the people involved to get to know each other and establish shared understanding.

Staffing: Creating new staff roles or staff allocations can be a way of working toward policy implementation. For example, this might involve creating a staff position with responsibilities related to healthy built

Sasseville, Simard, and Mucha (2010, 2012), as part of a CLASP project (Healthy Communities) conducted a literature review to identify conditions that support a "healthy community" approach in local initiatives. Several of these conditions align with the pathways identified in this report, although their intent was not specific to policy initiatives. These factors may be relevant for consideration as possible avenues to local policy implementation related to healthy communities. They identify nine local factors:

- Determination and engagement on the part of political players
- Capacity to establish structures and coordination mechanisms needed for local initiatives
- Development of a broad definition of the concept of health
- Development of a shared vision of the project
- Intersectoral collaboration
- Community participation
- Cross-sectoral capacity-development
- Capacity to influence health promotion policy
- Ongoing evaluation of local initiatives

Sasseville and colleagues also identify two national factors that may be relevant for overarching bodies as they seek to support policy

environments, or assigning a role to coordinate the work of multiple sectors involved in planning. Many key informants identified staffing capacity as important to their projects, partly because it meant additional human resources to further the work.

When working with partners on municipal policy, it was important to resource that work, and not assume that the partner would have time to allocate to the policy work in an already full schedule. Projects had success with allocating funds that allowed additional capacity to be brought on to focus on this work.

Expertise and technical assistance: This pathway may involve placing health staff expertise in new venues, such as in planning departments or on planning committees, or making health-related planning expertise available. This might also involve making technical expertise available to use tools and resources to facilitate planning and policy from a health perspective. Interviewees commented that in some cases, they were able to access valued skill sets through new relationships or new allocations of staff time. Several examples were shared of municipal staff accessing knowledge and skills from health when it would be beneficial to present a health case for an initiative, or to have a source perceived as objective and credible to present to Council.

Through CLASP, access to multi-sectoral expertise was facilitated by inserting experts from outside fields into new venues where they could share their knowledge, build capacity of those they were working with and strengthen the approach to integrating health into built environment policies. For instance, in some municipalities, local public health staff were invited to participate on the planning departments' technical advisory committees in reviewing land use policies and provide expert commentary and evidence to ensure policy decisions included health considerations. Another example included three regional health authorities accessing an experienced urban planner over the course of 1,500 hours in a two-year period to directly work with staff. The result was an increase in expertise in working with local government on land use and transportation planning and a greater understanding of their municipal partners' needs (Miro, Perrotta, Evans, Kishchuk, Gram, Stanwick & Swinkels, 2015).

Engaging high-level or influential decision-makers: Once decision-makers and champions are engaged in a persuasive way, policies that take health into account may be more likely to be brought to decision-making tables, advocated for, and implemented. Key informants also strongly felt that the support of high-level decision-makers was critical because it paved the way for resource allocations (such as people to do the necessary work) and signalled an organizational commitment. The policy work was then less likely to be seen as a passing fancy and more as a longer-term organizational direction. High-level decision-makers had the authority to direct organizational attention and resources to health-related policy issues, which was a significant asset. It was also felt that the involvement of top level leaders, especially medical health officers, was influential for municipal council members, and brought greater attention from Councils to the health policy issues.

People in influential positions, whether politicians, municipal staff or others, valued the opinions and examples brought from people they already felt had credibility, built over years of working together. Thus, the Key Decision-makers pathway and the Relationships pathway worked together in many cases to move the policy initiatives forward.

II. Tools

Tools and resources: Creating, enhancing, and/or sharing tools or resources can be a pathway to supporting policy decisions that take health into account. Tools and resources might be a policy example or template, a scenario-planning software program, or a database of local health data. This pathway may also involve adding new features or content to existing tools and resources to incorporate built environment and healthy policy concepts. Often tools require technical assistance in order to be accepted and reach their full impact. Key informants reported successful use of tools, but generally in the context of established relationships. Tools, used in combination with the right people and the right timing, were valuable, particularly if they had, or could be adapted to have, local relevance. There were numerous examples of tools, such as sample policies, that were felt to have been well received by end users because they were locally relevant and clearly oriented to the context in which they were being shared. This included the design and artwork that reflected local culture, and photos that were recognizable as local or similar to local settings.

Evidence and data: By sharing evidence and data related to supportive environments for active living, evidence-informed policy decisions may be more likely to be implemented. The evidence and data may take the form of an evidence brief, a literature review, a case example, a pilot project evaluation report, a report on local data, a summary of effective and emerging practices, a webinar or presentation on evidence, a community of practice related to policy, or another form of evidence sharing. As with other tools, the timing of the evidence was important. Key informants noted that evidence is not the only, or even the most important factor, in decision-making at the municipal council level. Municipal staff can provide good advice on what type of evidence would be useful and persuasive, and when to present it. Again, as with other tools, local content is important. The carrier of the evidence is also influential – having a respected and credible presenter makes a difference.

Another aspect of evidence was the importance of evaluation data: key informants had several examples of ways that they were able to use evaluation data from a project to reinforce to municipal councils and others that the initiative had been effective or that good results were being obtained.

Politicians in particular were very interested to hear about 'success stories' and evidence of valuable changes as a result of their decisions. Even small-scale anecdotal evidence was useful to maintain engagement and reinforce the choices made by councils.

III. Approaches and Ways of Working

Using positive, open engagement strategies: When working to shift practices and influence policy, engagement across sectors, organizations, and departments appears to be critical. Some CLASP projects specifically noted that when they did not work from an open, encouraging position, their messages and ideas were not accepted and their efforts to influence policy and planning were not successful. Thus, a positive, open engagement strategy can be a key element for success. Interviewees strongly reflected this approach as a key pathway: when working across sectors, such as between health and municipal staff, the tone of the interactions needed to be respectful and flexible.

This was best characterized in practice by partners engaging to understand the goals and needs of each party, and identifying what each partner can bring to the table. For instance, public health staff in one jurisdiction learned early on that what they thought they would bring to partnership was not what their planning counterparts needed:

"We were surprised by the very clear message that came from the planners that day: They all understood the benefits of healthy built environments … and didn't need more education on it. What they needed was support from health authorities in developing and implementing policy" (Miro, Kishchuk, Perrotta & Swinkels, 2015, p. 7).

Key informants who had worked in less densely populated settings made the point that the strategies in smaller or rural locations may need to be different from those in urban locations, particularly given the varying scope and number of municipal staff with planning roles in smaller municipalities and rural or contexts. It was important to approach each community with openness, to understand the history, roles and priorities in the local context, not assuming that one community is like another. The process of deciding on a project to undertake together was an important step in all interactions, but was certainly critical for small communities where time and capacity are limited. Getting the choice of project 'right' was therefore a critical element of work with small communities.

Using collaborative approaches and partnerships: CLASP projects by their nature are built on partnerships, and these partnerships have been important pathways for policy initiatives in many cases. In some cases, new partnerships were formed as a way of advancing the proposed work; in other cases, existing partnerships and collaborations were engaged to support shared objectives. Collaboration and partnership inevitably intersects with the "People" pathways, as the collaborations grow and thrive due in part to the contributions and attitudes of the people involved. Key informants working at regional levels spoke about the importance of having local connections, and coming to local interactions with the intent to listen and be collaborative. They also emphasized that if an intersectoral table or committee is established to work on policy issues, the groups should be broad and inclusive – to allow the shared information to spread across the organizations and not be centered in one or two people, to make the group more resilient to staffing changes, and to ensure that multiple perspectives are heard. When partners were asked to bring their local knowledge and relationships to the table, it was also important to provide financial resources to support their time on the project.

In some cases, when the relationship was not entirely collaborative and parties were at odds over objectives, the policy work became difficult and unsatisfactory. This seemed to be particularly true when the question of who would pay for a change or new approach was at issue. Finding common ground is part of the solution to these challenges, but interviewees acknowledged that financial pressures were sometimes hard to overcome.

Civic and community engagement is a form of collaboration that can be helpful for framing policy and demonstrating the need and acceptability of a policy approach. In several cases, municipal staff asked health staff to convene community consultations on Official Plans or other strategies, allowing health perspectives to come not only from health staff, but from the public. The municipal staff were drawing strategically on their relationships with health staff, using the relationships with health staff to bring forward health perspectives that ended up being valuable for planning objectives.

Issue framing:
Depending on the target audience, the framing of the issue to align or complement important considerations for that audience was valuable. Sometimes the framing involved bringing a health lens to existing issues. By bringing a health or supportive environment lens to what may have been seen as non-health issues, public health practitioners can have a broad influence on policy. Some key informants found that projects could be strategic about drawing in health perspectives: for example, when municipal staff wanted to raise the health and social issues associated with a decision before council, they could call on their health colleagues to present the case or to build community engagement in support of an issue.

The most widespread example of this 'health framing' approach in CLASP projects is the review of municipal official plans by bringing a health perspective to bear. Review and reframing do not appear to be sufficient in themselves; providing technical assistance, sharing relevant evidence and working collaboratively also seem to be important factors that contribute to having influence on official plans through the review process. In some cases, commenting on official plans was seen as a very important and influential role for public health; in other cases, informants wondered whether the input made a meaningful difference to the end result. In cases in which the input from public health was specifically sought out, as opposed to simply invited by rote, the health staff had greater confidence that their input was influential. The relationships between health and municipal staff seemed to play a role in whether health input was valued and incorporated. When municipal staff believed that health staff had solid knowledge, relevant experience, credibility and interests that aligned with municipal objectives, the input to official plans was believed (by health staff) to be taken more seriously. It was also noted that the effect of commenting on official plans can sometimes take years to filter through to ways of working and acting – official plans can be a mechanism by which health perspectives are brought forward, but it is other related work, and relationship, that allows the effect to be substantial and long-term.

In other cases, framing in a health context was less important. For some politicians and other decision-makers, the driving force was not to do with health, or they felt they already understood the health impact of certain decisions and were not interested in a health argument. In these cases, the ability of the proponents to provide concrete examples of what could be done, along with cases of what had been done elsewhere, was the more effective strategy. A knowledgeable person, who has an understanding of what drives a decision-maker, is able to navigate these changes and present the right angle on the proposals.

As an example of how data were used as part of the framing of an issue to bring forward the relevance to particular groups, CMHH utilized student physical activity data to build the School Travel Planning case. However, the project also leveraged greenhouse gas emission and traffic congestion reduction data to influence municipal decision-makers and safety concerns about the danger of busy school drop-off and pick-up zones to gather support from parent groups (Metrolinx, 2014).

Another aspect of framing an issue has to do with timing. Several CLASP projects took the approach of preparing tools and resources, working with partners to lay the groundwork for policy change, and then waiting for the right moment (the policy 'window') in the political cycle to bring forward changes. Recognizing the cycle in which policy makers work was another aspect of framing as a way of understanding the contextual nature of successful policy work.

Learning from other jurisdictions: Examples of policy initiatives that have been implemented in other jurisdictions can allay concerns about the feasibility of a policy approach. Learning from the experiences of others can simplify the planning and implementation process if the groundwork has already been done and can be shared. In a sense, what has happened in other jurisdictions is a form of evidence that can be brought to bear on local decision making. Some interviewees mentioned the value of their peer connections in networks and communities of practice (including CLASP COPs) as ways of learning what is possible. They acknowledge that the work they are doing does not have a roadmap; they need to learn by doing and by learning from the experiences of others.

Implementing regulatory approaches: By requiring certain health-informed practices, such as health impact assessment as part of developer applications, or setting performance targets for policy implementation, it may be possible to accelerate the effect of a policy by moving quickly to implementation, providing an incentive for compliance, or sustaining a policy through ongoing data and feedback systems. Key informants spoke of provincial legislation or initiatives that created the impetus for regional or local action. Particularly when existing relationships were in place, having a provincially legislated change with respect to healthy built environments was found to be a valuable catalyst.

Local development or adaptation: By developing a policy-related initiative with local involvement, or by meaningfully adapting an existing initiative to be relevant and acceptable locally, the policy intervention gained greater traction amongst community members and decision-makers.

It is important to recognize that just because a policy is effective in one jurisdiction, does not mean it can dropped into a new jurisdiction to the same effect. Key informants at the municipal level felt that for municipalities to learn from each other's policy solutions, it was critical that local contexts and knowledge were understood so policies could be adapted from one jurisdiction to another.

With the large body of evidence supporting physical activity and built environment policy approaches coming from urban and suburban contexts, this approach was seen as particularly relevant for First Nation communities and for rural, remote and Northern communities. Understanding local customs and culture and working with local partners to, in turn, adapt – or develop from scratch – appropriate policy approaches for First Nations, rural, remote, or Northern settings was crucial for multi-jurisdictional projects to have success.

Mounting a demonstration project: By implementing a pilot or demonstration project, it may be possible to show the feasibility and local relevance of a policy approach or the need for a policy to support program activities. For example, such an approach might involve developing a health-informed curriculum, putting it into use as a pilot, and then implementing a policy to require the curriculum once it has been tested and found valuable. This approach may be particularly relevant for First Nation communities or for rural communities when an initiative would need to have demonstrated relevance before enjoying widespread implementation. Some key informants reflected on the potential for small grants and small pilots to become a focus project that allowed for a learning ground and also allowed relationships to be built and strengthened. These smaller projects sometimes formed the basis for other pieces of work if other opportunities came along. Having the opportunity to develop some examples, test them out, and then be ready for the right opportunity to bring a well-formed and tested package forward was a valuable strategy as well.

Working with early adopters: Some CLASP School Travel Planning projects specifically noted that when they the schools or boards were not enthusiastic about the initiative, they were less likely to fully engage in the process or to complete a plan. Thus, in some cases at least, working with early adopters was a critical element for success. Key informants also talked about readiness among partners as being an important early marker for success.

Limitations

The objective of the resources, publications and final reports from CLASP projects was not specifically to document their policy strategies. As a result, there are several CLASP policy outcomes for which there are few details on contributing factors or processes. As well, we do not have formal evaluations of most of the policy interventions to consult. Thus, this investigation, although able to identify many intriguing examples of policy development and implementation, may not have been able to identify all the relevant factors that contributed to the policy outcomes.

Although key informant interviews were conducted to delve more deeply into some experiences with policy initiatives, it was not possible to interview representatives from all CLASP projects. As well, key informants often pointed out that the work they were able to report on was not always specific to CLASP, but was linked to other projects and initiatives in addition to CLASP.

The Pathways to Policy identified in this report are largely drawn from the experiences of CLASP projects based in urban locales with moderate or high population density. The Pathways found in urban contexts cannot be assumed to generalize completely to rural or remote locales.

References

Metrolinx, Green Communities Canada, University of Toronto. The Costs and Benefits of School Travel Planning Projects in Ontario, Canada, 2014. Available at: http://www.metrolinx.com/en/projectsandprograms/schooltrav-el/Costs_and_Benefits_of_School_Travel_ Planning_Projects_EN.pdf (Accessed on September 18, 2016).

Miro A, Kishchuk NA, Perrotta K, Swinkels HM. Healthy Canada by Design CLASP: Lessons learned from the first phase of an intersectoral, cross-provincial, built environment initiative. Can J Public Health 2015; 106, eS50-eS58.

Miro A, Perrotta K, Evans H, Kishchuk NA, Gram C, Stanwick RS & Swinkels HM. Building capacity of health authorities to influence land use and transportation planning: Lessons learned from the Healthy Canada by Design CLASP project in British Columbia. Can J Public Health 2015; 106(Suppl 1), eS40-52.

Policy opportunity windows: Enhancing research uptake in practice. Evaluation Report, October 2016.

Appendix I: Key Informant Interview Questions

1. Please describe your role in the CLASP project.
2. Through CLASP document review, we identified 13 “Pathways to Policy”: processes that may have supported or contributed to policy interventions in CLASP projects. Not all of these pathways would be expected to be evident in every project. Which of the Pathways do you think were key for the CLASP policy interventions in your site? Were there other key factors?
3. Most CLASP policy interventions involved intersectoral work. In your case, what were key factors in making the intersectoral work successful?How could the intersectoral work have been improved?
4. the intersectoral work successful?How could the intersectoral work have been improved?
5. Most CLASP policy interventions involved working with politicians. In your case, what were key factors in working successfully with politicians? How could working with politicians have been improved?
6. Most CLASP policy interventions involved sharing or using products, such as evidence briefs, software tools, etc. In your case, what factors facilitated the uptake of products and tools? What factors prevented uptake?
7. Were there particular features of your context that enabled the success of he policy initiative?
8. From your experience, is timing important when using these processes successfully – are there some processes that are important at the beginning of policy work, or at certain junctures, and others that should be brought in later?
9. What advice would you give to some one aiming to undertake a policy implementation initiative, based on your experience with CLASP?
10. Do you have any other lessons learned about ways that public health and partners can work effectively toward policy development and implementation?

CANADIAN **PARTNERSHIP** AGAINST **CANCER**

PARTENARIAT CANADIEN CONTRE LE **CANCER**