

Pathways to policy: Lessons learned in multisectoral collaboration for physical activity and built environment policy development from the Coalitions Linking Action and Science for Prevention (CLASP) initiative

Christopher E. Politis, MPH,¹ David L. Mowat, MBChB, MPH, FRCPC,² Deb Keen, MPA³

ABSTRACT

OBJECTIVES: The Canadian Partnership Against Cancer funded 12 large-scale knowledge to action cancer and chronic disease prevention projects between 2009 and 2016 through the Coalitions Linking Action and Science for Prevention (CLASP) initiative. Two projects, Healthy Canada by Design (HCBD) and Children’s Mobility, Health and Happiness (CMHH), developed policies to address physical activity and the built environment through a multisectoral approach. A qualitative analysis involving a review of 183 knowledge products and 8 key informant interviews was conducted to understand what policy changes occurred, and the underlying critical success factors, through these projects.

SETTING: Both projects worked at the local level to change physical activity and built environment policy in 203 sites, including municipalities and schools. Both projects brought multisectoral expertise (e.g., public health, land use planning, transportation engineering, education, etc.) together to inform the development of local healthy public policy in the areas of land use, transportation and school travel planning.

INTERVENTION: Through the qualitative analysis of the knowledge products and key informant interviews, 163 policies were attributed to HCBD and CMHH work.

OUTCOMES: Fourteen “pathways to policy” were identified as critical success factors facilitating and accelerating the development and implementation of physical activity and built environment policy. Of the 14 pathways to policy, 8 had a focus on multisectoral collaboration.

IMPLICATIONS: The lessons learned from the CLASP experience could support enhanced multisectoral collaborations to accelerate the development and implementation of physical activity and built environment policy in new jurisdictions across Canada and internationally.

KEY WORDS: Public health; policy; physical activity; environment design; city planning; collaboration

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Coalitions Linking Action and Science for Prevention (CLASP) was an initiative of the Canadian Partnership Against Cancer (the Partnership) that aimed to reduce the risk of cancer and chronic disease in Canadians through the implementation of evidence-based program and policy interventions. Twelve projects were funded through CLASP in two phases: seven CLASP1 projects from 2009 to 2012, of which three were renewed for an additional two years, and five CLASP2 projects from 2013 to 2016. The projects addressed the spectrum of cancer and chronic disease risk factors in a variety of settings (e.g., municipalities, Indigenous communities, schools, workplaces, health care, etc.). CLASP brought together project coalitions that were multijurisdictional (partners from two or more provinces/territories) to scale up what had been demonstrated to work in one jurisdiction to others.¹ The coalitions were also multidisciplinary (research, practice and policy partners) to facilitate the uptake of evidence into practice and policy.¹

The development of new policies and policy change was pursued as a key outcome across the CLASP projects as a crucial mechanism for sustaining a population-level impact beyond the funding

period. Both laws and regulations enacted by governments (i.e., “big P policies”) and organizational rules, practices and decisions (i.e., “little p policies”),² either newly developed or changed through CLASP, were considered policies impacted by CLASP. At the conclusion of the seven CLASP1 projects, 239 policies were tallied through the initiative’s evaluation as

Author Affiliations

1. Program Manager, Prevention, Canadian Partnership Against Cancer, Toronto, ON
2. Senior Scientific Lead, Population Health, Canadian Partnership Against Cancer, Toronto, ON
3. Director, Prevention and Research, Canadian Partnership Against Cancer, Toronto, ON

Correspondence: Christopher E. Politis, Canadian Partnership Against Cancer, 1 University Avenue, Suite 300, Toronto, ON M5J 2P1, Tel: 416-619-5567, E-mail: christopher.politis@partnershipagaincancer.ca

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newly created or changed through CLASP efforts (policies impacted by CLASP2 projects will be available at the conclusion of the CLASP initiative evaluation in December 2016). Of these, 163 pertained specifically to policies focused on creating healthier built environments and increasing physical activity and were the result of efforts from two CLASP1 projects: Children's Mobility, Health and Happiness (CMHH), led by Green Communities Canada, and Healthy Canada by Design (HCBD), led by the Heart and Stroke Foundation of Canada.

Physical inactivity is an important risk factor for chronic disease and cancer in particular. It is estimated that one third of cancers worldwide can be attributed to physical inactivity, diet and weight, and physical activity has been shown to reduce the risk of over a dozen cancers by 20% or more.^{3,4} The built environment has been directly implicated in levels of leisure-time and utilitarian physical activity. Communities where built environments have elements such as greater density and transportation network connectivity have higher levels of physical activity.^{5,6} The built environment has also been shown to impact health through effects on air quality,⁷⁻⁹ injury prevention,^{10,11} social connectivity,^{12,13} and exposure to the natural environment.^{14,15}

Population-based health interventions aimed at changing environments, such as land use and transportation policies, must be implemented in non-health sectors.¹⁶ The successful development and implementation of policies outside of health therefore necessitates effective partnerships and collaboration across sectors.¹⁶ These same policies also provide benefits beyond health – for environmental sustainability, climate change¹⁷ costs of municipal infrastructure,¹⁸ and economic development. These are issues which have involved urban planners and their allies in the

“Smart Growth” movement for many years. New York City's many innovative healthy public policies under Mayor Bloomberg's term (2002–2013), including a trans-fat ban, point-of-sale calorie labelling, complete streets and cycle lane expansion, and supermarket construction incentives, among others, are all attributed in part to a commitment to collaboration across sectors.¹⁹ While multisectoral collaboration to address health issues and catalyze policy development is increasingly understood, what makes a multisectoral partnership successful is less well defined.²⁰ To this end, it was important to understand the lessons learned – or “pathways to policy” – underlying the success of CMHH and HCBD's multisectoral efforts in developing and revising 163 policies to create supportive built environments for health and opportunities for physical activity.

SETTING

Two CLASP1 projects, CMHH (Box 1) and HCBD (Box 2), focused on increasing the number of Canadians who are physically active wholly, or in large part, through the creation of supportive built environments. CMHH was implemented in 128 schools and 48 municipalities/communities across all 10 provinces and 3 territories. HCBD was implemented in 32 municipalities across 8 provinces.

While all CLASP projects were multidisciplinary, CMHH and HCBD were distinct in their multisectoral approaches (Box 3).

A wide variety of other cross-sector groups, such as school administrators, law enforcement, community advocates, academics and others, were also engaged to facilitate the development, adoption and implementation of policies for supportive built environments and physical activity.

Box 1. Children's Mobility, Health and Happiness CLASP description

Children's Mobility, Health and Happiness focused on increasing the number of children doing daily physical activity and on promoting healthy lifestyles by changing the way elementary schoolchildren travel to school through School Travel Planning (STP). STP is an established model that promotes the use of active transportation. CMHH encouraged the creation of policies and practices that went beyond using school buses as transportation by engaging local practice and policy partners to develop and implement travel plans that created conditions that make it safe for families to use active transportation to and from school.

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.

Box 2. Healthy Canada by Design CLASP description

Healthy Canada by Design aimed to accelerate the integration of health considerations into community planning policy and practice. Through a “practice collaborative” approach and national framework, health regions engaged with local planners to put a health lens on community planning and ensure that the physical layout of Canadian communities encouraged 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 community designs.

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.²¹

Box 3. Making the case for multisectoral collaboration as integral to policy change for healthier built environments

At their core, both CLASPs brought local public health together with municipal planners and transportation engineers to bring physical activity-promoting elements into community design. In documenting HCBD'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.”²²

INTERVENTION

Definitions were established for “policy change” and “practice change”. The CLASP knowledge product database was reviewed for policy relevance and supplemented by the Partnership’s Prevention Policies Directory, and from these, 163 CLASP-impacted physical activity and built environment policies were identified, categorized according to five dimensions and further grouped as policy instruments (Table 1). Each dimension, adapted from the US Task Force on Community Preventive Services’ *Guide to Community Preventive Services*,²³ describes specific areas where policy can change environments to be more supportive of physical activity – from large geographical, community-scale changes to smaller individual street, block or building-scale changes to policies focused specifically on enhancing transportation networks or providing places to be physically active.²⁴ Within each dimension,

policy instrument refers to the types of policies that influence the built environment and physical activity opportunities.^{25,26}

The majority of the policies influenced by the projects occurred at the school level as School Travel Plans (STP) under the Transportation and Travel category. Six examples of provincial policies, all higher-level strategy and framework documents designed to influence lower-tier municipal policy in the area of regional/city design or larger-scale transportation network design, were implemented by the CLASPs. The remaining policy instruments were developed and implemented at the municipal level. These municipal policy instruments spanned all five dimensions.

The identification of the pathways to policy was a two-step analysis. The first step was a review and qualitative analysis of 183 knowledge products produced by CMHH and HCBD, including peer-reviewed publications, grey literature and evaluation

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>I. Community-scale urban design and land use policies</i>		
Change the physical environment of large geographic areas in ways that support physical activity and include design elements that address:	Official community plan	15
	Budget and resource allocations	5
	Regional growth strategy/regional plan	4
	Policy statement/framework*	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
<ul style="list-style-type: none"> • 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 		
<i>II. Street-scale urban design and land use policies</i>		
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:	Block plan	2
	Secondary plan	1
	Road site plan	1
	Street urban design plan	1
<ul style="list-style-type: none"> • 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 		
<i>III. Building and public facility design policies</i>		
Change the physical environment around and within buildings and public facilities in ways that support physical activity and include design elements that address:	Public facility design guidelines	1
	Municipal RFP evaluation criteria	1
<ul style="list-style-type: none"> • 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 		
<i>IV. Transportation and travel policies</i>		
Encourage walking and bicycling as a means of transportation by:	School travel plans [†]	98
	Transportation plan	7
	Budget and resource allocations	4
	Provincial strategy/framework*	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
<ul style="list-style-type: none"> • facilitating walking, bicycling, and public transportation use • increasing the safety of walking and bicycling • reducing car use • improving air quality 		
<i>V. Enhanced access to places for recreational physical activity policies</i>		
Change the local environment to create opportunities for leisure-time physical activity through design elements and policies that address:	Parks plan	1
	Playground design guidelines	1
<ul style="list-style-type: none"> • access to green space • access to existing recreational facilities through shared use agreements 		
Total CLASP-impacted policies		163

* Provincial/territorial policies.

† School policies.

documents, to identify new or changed policies (where there was evidence that they were at least in part influenced by CLASP) and the related key lessons learned. Due to the lengthy policy process, some policies influenced by CMHH and HCBD were not adopted by the end of the projects. The findings were reviewed to find common themes in terms of processes and enabling factors.

In the second step, eight key informant interviews were conducted with former members of both projects, including health department staff (HCBD and CMHH), municipal planners (HCBD), and municipal transportation demand management staff (CMHH) who were closely involved with the project implementation and evaluation. The key informants were asked to verify and provide additional context to the preliminary lessons learned and expand on areas that were lacking depth. The feedback from the key informants was used to finalize the lessons learned into the pathways to policy – a list of critical success factors fundamental to the successful development and implementation of the CLASP-impacted physical activity and built environment policies.

Following the identification of the 163 CLASP-impacted policies, a thorough review and qualitative analysis of the CLASP knowledge products was conducted to understand the lessons learned underlying policy development and implementation from the CLASP experience. A total of 14 pathways to policy – critical success factors for physical activity and built environment policy development and implementation – were identified.

OUTCOMES

The pathways to policy were grouped into three broad themes: 1) People, 2) Tools, and 3) Approaches and Ways of Working (Table 2). Four pathways within the “People” theme highlight the importance of the knowledge, skill sets and experiences that individuals bring to the policy process and how best to create opportunities for sharing the expertise of individuals across sectors. Two pathways under the “Tools” theme describe the role of evidence and resources in influencing policy work. The third theme “Approaches and Ways of Working” captures the final eight pathways that collectively describe strategies for research, practice and policy specialists to accelerate policy development and implementation.

From the CLASP experience, it was observed that many of the pathways blended together in practice, even across themes, and often several were observed working in tandem. It was also noted in the literature and key informant interviews that not all pathways were in play on every policy newly developed or changed. This accurately reflects the complexity and nonlinear nature of the policy process.²⁷

Furthermore, through analysis of the lessons learned, the importance of multisectoral collaboration to successful policy development and implementation was reinforced by its prominence in 8 of the 14 pathways. The 8 pathways highlight civil servants in municipal planning and transportation departments, local and regional health units, and schools as key policy actors. They describe how relationships among staff members form the foundation of effective collaboration that facilitates policy development and implementation and the ways in which those relationships are best supported. The findings are described here.

Relationships

Key informants described interpersonal relationships as the most important factor in working across sectors, and in fact, the majority of the CLASP-impacted policies have some attribution – either in the literature or in key informant feedback – to a strong foundational relationship playing a key role. In the case of HCBD, informal and personal relationships were formed between local/regional public health staff and municipal planners and engineers and were recognized as more effective for collaborating across sectors than the previous practice of health staff providing written comments on documents for their planning counterparts. Personal relationships between staff in different sectors working on the same policy issues built trust and a sense of reliability between partners, and fostered a greater commitment to continuing to work together. When working with individuals from other sectors to advance policy work, “knowing who to call” allowed for easier access to expertise from different sectors and for work to progress more effectively. The mechanisms for building

Table 2. Physical activity and built environment pathways to policy identified as critical success factors from the CLASP experience

Theme	Pathway to policy	Description	Multisectoral collaboration
I. People	Relationships	Developing interpersonal relationships across sectors	X
	Staffing	Creating new staff positions or new allocations of staff roles	X
	Expertise and technical assistance	Placing expertise from one sector within another	X
	Engaging influential decision-makers	Engaging and supporting decision-makers as champions	–
II. Tools	Tools and resources	Creating, enhancing and/or sharing tools and resources	X
	Evidence and/or data	Sharing evidence and data for evidence-based policy decisions	X
III. Approaches and ways of working	Positive, open engagement strategies	Engaging with other sectors from an open, honest, flexible and supportive position	X
	Collaborative approaches and partnerships	Supporting multisectoral collaboration through formalized partnerships and collaborative structures	X
	Issue framing	Framing policy issues differently depending on target audience	X
	Learning from other jurisdictions	Observing the experience of other jurisdictions to understand local impact	–
	Implementing regulatory approaches	Changing professional and organizational practices to institutionalize new ways of approaching policy development	–
	Adaptation to local context	Understanding local context through community engagement	–
	Demonstration projects	Implementing a pilot project to demonstrate feasibility and impact	–
	Working with early adopters	Assessing readiness and engaging where there is capacity and enthusiasm	–

strong interpersonal relationships are outlined through the *Positive, Open Engagement Strategies* and *Collaborative Approaches and Partnerships* pathways.

Staffing

Creating new staff positions or reallocating existing staff was a pathway used to support cross-sectoral policy work across both CMHH and HCBBD. This often took the form of creating a coordinator role to manage the multisectoral partnerships and coordinate work between partners and assigning it to a new or existing staff resource – full or part time. Staffing was considered important, not just for the additional human resources to get the work done, but also because it signaled an organizational commitment to the work and partnerships: “... if anyone asks me what makes STP successful, I say the facilitator. Without the facilitator, it's volunteer led, and we know that it usually falters and fizzles out. The facilitator is key to success.”²⁸ Other staffing mechanisms included a department exchange of local/regional public health staff with the municipal urban planners for a period of time. This was important symbolically as a signal of collaboration, and also helped to bridge the culture gap that existed between the two sectors.

Expertise and technical assistance

One benefit of working in partnership across sectors is access to diverse perspectives and skill sets that can be brought to bear on developing solutions through policy. Access to multisectoral 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 HCBBD 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 from HCBBD included three regional health authorities accessing an experienced urban planner over the course of 1500 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.²⁹

Tools and resources

The creation, enhancement and sharing of tools or resources was another mechanism employed by the CLASPs to support the sharing of knowledge between sectors for the development and implementation of physical activity and built environment policies. The tools and resources were predictable, consistent, objective, transparent and defensible in contrast to “professional opinion”. Some examples of tools and resources that bridged the

sector gap included: model policies/templates, health impact assessments, and modeling software. In the latter case, land use and transportation system characteristics were linked with health and travel behaviour data from the Canadian Community Health Survey and the Transportation Tomorrow Survey, which allowed the software to predict how proposed changes to a community could increase physical activity.³⁰ This tool integrated a health and physical activity lens directly into the municipal planning process. The development and acceptance of such tools required cross-sectoral technical assistance to reach their full impact and represented an opportunity to sustain cross-sector knowledge sharing.

Evidence and data

Evidence and data, as one would expect, emerged as playing a role in influencing policy decisions. Key informants noted that evidence can take many forms, such as briefs, literature reviews, case examples, pilot project evaluations, summaries of best and emerging practices, etc., and different groups preferred and were influenced to greater degrees by some forms over others. For example, public health partners may value systematic reviews and peer-reviewed evidence more than a transportation engineer who favoured traffic count data, or a city councillor who saw public opinion in a neighbouring jurisdiction with a similar policy as significant “data”.

Positive, open engagement strategies

Approaching multisectoral partnerships with respect, openness and flexibility were seen as the key to productive relationships and ultimately policy success. 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.

Participation by health staff was felt to be more effective in situations where they supported their urban planner counterparts, rather than bringing their own agenda (Box 4). Likewise, where planning and engineering partners were being supported in policy development and implementation, it was important for public health staff to feel accepted in the planning processes and to have a clear understanding of how their input was being valued and utilized.

Collaborative approaches and partnerships

This pathway names multisectoral collaboration between key civil servants as a critical success factor. Effective collaborative partnerships arose when multisectoral partners had taken the time to find common ground and identify shared objectives. Key informants suggested that formal structures could be created to facilitate multisectoral collaboration (e.g., committees, working groups, etc.) and that the structures should be broad and inclusive

Box 4. Public health playing a support role to municipal planning colleagues to move policy forward

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.”²²

to promote buy-in spreading through the constituent partner organizations and not have the work centred on a small number of individuals.

Creative collaborative approaches also included leveraging the status of partners from other sectors to influence stakeholders and decision-makers. For instance, planners in one jurisdiction felt that the Medical Officer of Health was respected by city council and better positioned to bring forward a proposed policy. In another jurisdiction, planners asked their public health partners to facilitate a public consultation because residents perceived them as unbiased.

Issue framing

Drawing on multisector expertise and perspectives was described as a way to position policy issues in a more attractive way to gather support from decision-makers and stakeholders. In HCBD, this often meant public health staff supporting built environment policy from an environmental sustainability perspective, or bringing forward data demonstrating the economic benefits of a policy to the municipality.

CMHH utilized student physical activity data to build the STP 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.³¹ How an issue was framed was viewed as secondary when the outcome was the same: increased physical activity through the development of policies creating supportive built environments.

IMPLICATIONS

The 14 CLASP pathways to policy represent demonstrated critical success factors for the development and implementation of policies for a healthy built environment through cross-sectoral action. Beyond illustrating the role of people, tools, and ways of working in policy, the pathways to policy describe the successful elements of multisectoral partnerships. The pathways to policy are intended to be practical and actionable. The context of this paper is mainly land-use and transportation policy, for the most part in large urban and suburban areas. Although further work involving a broader range of issues and smaller town and rural settings would be valuable, it is likely that the pathways to policy are similar. It is hoped that the lessons learned from the CLASP experience will inform and accelerate future healthy public policy work in Canada and internationally. The learnings from the diverse projects funded through the CLASP initiative will continue to be analyzed so that proven approaches to cancer and chronic disease prevention in other risk factor areas and settings, such as food environment policy and Indigenous health and wellness, can be synthesized and mobilized with the broader prevention community.

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RÉSUMÉ

OBJECTIFS : Entre 2009 et 2016, le Partenariat canadien contre le cancer a financé 12 vastes projets de mise des connaissances en action pour la prévention du cancer et des maladies chroniques par l'entremise de l'initiative COALITION – Connaissances et action liées pour une meilleure prévention. Deux de ces projets, Bâtir un Canada en santé (BUCS) et Children's Mobility, Health and Happiness (CMHH), ont élaboré des politiques pour aborder l'activité physique et l'environnement bâti selon une approche multisectorielle. Nous avons mené une analyse qualitative impliquant l'examen de 183 produits du savoir et la tenue de 8 entretiens

avec des informateurs pour comprendre quels changements d'orientation se sont produits grâce à ces projets, et quels ont été les facteurs de réussite déterminants sous-jacents.

LIEU : Les deux projets ont été réalisés pour modifier à l'échelle locale les politiques sur l'activité physique et l'environnement bâti à 203 endroits, dont des municipalités et des écoles. Les deux projets ont réuni des experts de divers secteurs (santé publique, aménagement du territoire, ingénierie des transports, éducation, etc.) pour éclairer l'élaboration de politiques pour la santé locales dans les domaines de l'aménagement du territoire et de la planification des transports et du transport scolaire.

INTERVENTION : Au moyen de l'analyse qualitative des produits du savoir et des entretiens avec des informateurs, 163 politiques ont été imputées au travail de BUCS et de CMHH.

RÉSULTATS : Quatorze « sentiers stratégiques » ont été définis comme étant des facteurs de réussite déterminants pour faciliter et accélérer l'élaboration et la mise en œuvre de politiques sur l'activité physique et l'environnement bâti. De ces 14 sentiers stratégiques, 8 mettaient l'accent sur la collaboration multisectorielle.

CONSÉQUENCES : Les leçons de l'expérience de l'initiative COALITION pourraient appuyer des collaborations multisectorielles renforcées afin d'accélérer l'élaboration et la mise en œuvre de politiques sur l'activité physique et l'environnement bâti dans d'autres provinces ou territoires du Canada ainsi qu'à l'étranger.

MOTS CLÉS : santé publique; politique (principe); activité physique; conception de l'environnement; urbanisme; collaboration