

CAPLA – SANTÉ

Framework analysis of local health-enhancing physical activity policies

CAPLA-Santé tool (Framework analysis of local health-enhancing physical activity policies)

Produced by the Société Française de Santé Publique (SFSP) using version 2 from WHO Europe, the French translation produced for the national level by the SFSP in August 2016 and from the work of a group of Physical Activity and Health academic experts, representatives of ministries, representatives of national institutions, and networks of local authorities. It was finalized after testing in 7 local government areas in the Sud-PACA and Grand Est regions.



CAPLA-Santé

The framework analysis of local health-enhancing physical activity policies (CAPLA-Santé) has several associated documents (*not translated in English yet, except this one*):

- An accompanying guide to read (01.guide_accompagnement)
- **The tool CAPLA-Santé, template to be filled (02.outil_analyse)**
- An interview grid to help the user asking the questions (03.grille_entretien)
- An inventory of sub-national policies for HEPA promotion (04.documents_cadrage)
- An inventory of sub-national sources of funding for HEPA promotion (05.financements)
- An inventory of data sources, surveys, studies related to physical activity at the sub-national level (06.sources_donnees)
- A synthesis template, to be filled (07.synthese)
- An example of synthesis (08.synthese_fictive)

NB: The list of acronyms is included in the accompanying guide.

CAPLA – SANTÉ

Framework analysis of local health-enhancing physical activity policies

<Insert the name of the local authority area studied>

Version number: <X>

Date: <Insert the date>

Completed by:

<Insert the name(s)>

<Organisation>

<Job title>

Author responsible: <Insert name>

<Job title>

Contact: <Phone> <Email>



CHAPTER 1

Overview of HEPA stakeholders in the local government area: Who does what?

Overview of HEPA stakeholders

The objectives of this chapter are to:

- *Provide an overview of all the actors involved in the field of physical activity in the local government area studied, whether or not they have implemented policies in all the sectors active in the promotion of physical activity.*
- *Identify the organizations who will act as leader, facilitator, coordinator, etc., for the HEPA promotion policies.*
- *List the networks providing support for actors (professionals, volunteers, etc.) in implementing the policies.*

These represent the forces mobilised to develop and implement the physical activity policies in order to improve health.

QUESTION 1

Briefly describe the **public bodies** responsible for physical activity policies in the local government area studied.

These may include other local authorities, decentralized State departments, agencies, public institutions, etc.

For example, please specify where the main responsibilities lie in the field of health, sport, education, transport, environment and urbanism, and what departments are responsible for these.

Complete the table only with institutions and public authorities that have physical activity policies that target the area studied.

You can add or delete as many lines as necessary.

CHAPTER 1

Regional level

Sector	Public bodies	Responsible department(s) and/or contact person
Health	ARS ¹	Health (Prevention, Health Promotion): Mr/Mrs/Ms X
		Sport-health:
Sport	DRJSCS ²	Health-environment:
		Medico-social:
Education	Local Education Authority	Health care supply:
		Sport:
Transport	Transport organising authorities	Sport-health:
	
Environment	DREAL ³	Health educational path:
	
Multi-sectoral	Regional Council	Transport:
		Education (training):
Other	.....	Health-environment:
	

¹ Regional Health Agency

² Regional Directorate for Youth, Sports and Social Cohesion

³ Regional Directorate for the Environment, Planning and Housing

Departmental [County] Level

Sector	Public bodies	Responsible department(s) and/or contact person
Health	DD ARS ⁴	.....

Sport	DDCSPP ⁵	Youth and sports inspector:
		County council representative for women’s rights and equality:
Education	.....	.....

Transport	.....	.....

Environment	.....	.....

Multi-sectoral	County Concil	Sport (and Commission Départementale des Espaces Sites et Itinéraires ⁶):
		Social work:
Other	.....	.....

⁴ County Health Agency

⁵ County Directorate for Social Cohesion

⁶ County Commission for Sports, Spaces, Sites and Itineraries

Local level (cross-municipality / municipality)

Sector	Public bodies	Responsible department(s) and/or contact person
Health	Coordination of local health contract and/or municipal health workshop	.....

Sport

Education

Transport

Environment

Multi-sectoral	Municipality and cross-municipality	Sport: Health: Social cohesion: Social action: Transport: Environment:

Other

QUESTION 2

Draw up a list of **non-governmental stakeholders working at the level studied** which are **actively engaged** in HEPA promotion.

These may be other sports organizations, associations (social centers, etc.), top-up health insurance providers, hospitals, health centers, scientific and academic communities, organizations offering mobility services (charities, public sector employment and integration organizations, integration organizations through economic activity, mobility platforms, cycling schools, etc.).

Briefly describe the role these organizations play in HEPA. The roles of organizations in policies can be defined using these categories to facilitate analysis:

- Operator role : the organization implements HEPA actions in conjunction with the target audience.
- Expert role : the organization provides expertise, advice and recommendations.
- Decision-making role : the organization defines HEPA policies.
- Funding role : the organization directly or indirectly funds HEPA policies.
- Coordinating role : the organisation plays a coordinating role, leading the stakeholders involved in HEPA policies and their implementation.
- Support role : the organization provides logistical and technical support.

Organisation	Brief description of their role in HEPA	
Name:	Status:	.....
Organisation	Brief description of their role in HEPA	
Name:	Status:	.....

QUESTION 3



In your view, are there one or more organizations or key people acting as a driving force, to **push forward the HEPA policies** in the local government area studied?

QUESTION 4



Are there organizations or bodies which ensure cross-sectoral collaboration or coordination in **implementing HEPA policies and action plans** across the local government area studied?

Please state who is involved, who is managing the implementation, and how such collaboration works in practice. Please also mention (as precisely as possible) any positive or negative experiences. You may also state if the private or charity sectors are involved in the implementation.

QUESTION 5

Within the local government area studied, are those organizations interested in or working on physical activity or in related fields **rely on networks** (please include any examples, including professional/voluntary, structured/unstructured or local/national) to implement HEPA policies?

CHAPTER 2

Scoping papers

The purpose of this chapter is to list all the scoping documents (policy documents, strategies, action plans, guidelines, deliberations, etc.), currently used in the local government area studied and to assess consistency between the different sectors.

QUESTION 6

Tick and fill in the table below with the current **scoping papers (policy documents, strategies, action plans, guidelines, deliberations, local authority articles of association, memos, meeting reports, electoral programmes, etc.)**, applicable to the **local government area studied**, which show the local government authorities' intentions to increase the level of physical activity in the local government area. When organizations other than public bodies (i.e., top-up insurance providers, CROS⁷, etc.), are responsible for physical activity policies, please include them in the table.

For each paper, please state if the policy objectives are explicitly aimed at reducing and/or not worsening Social and Territorial Health inequalities.

You can use the inventory of sub-national policies for HEPA promotion "04.documents_cadrage".

⁷ Regional Sports and Olympic Committee

Sector	Scoping papers	Health, HEPA and Social and Territorial Health Inequalities contents	Evaluation and consultation process
Transport	<p>Document title:</p> <p>Publication date:</p> <p>Where to find it? (If it is a website, specify the link)</p> <p>Planning:</p> <p>Issuing body:</p>	<p>Is a health objective(s) included in the scoping paper?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Brief description of the items related to the HEPA or PA:</p> <p>Is this policy major for the HEPA development on the territory?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain briefly:</p> <p>Specify whether the policy objectives explicitly target the reduction and/or non-aggravation of social and territorial health inequalities:</p> <p><input type="checkbox"/></p>	<p>Has this policy been assessed?</p> <p><input type="checkbox"/> Yes, done If yes: please specify the link to the evaluation</p> <p><input type="checkbox"/> Yes, scheduled or envisaged <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>Has this policy been subject to a consultation process?</p> <p><input type="checkbox"/> Yes If yes, please specify: - Who was consulted: - When:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't know</p>
Environment	.....	.....	.....
.....
Multi-sectoral	.....	.....	.....

QUESTION 7



Do the identified policies seem complementary or articulated? Or, rather, would you say that these policies are set and implemented in a compartmentalized way?

Please explain why.

QUESTION 8

Are the scoping papers listed in question 6 based on the **latest scientific evidence** on HEPA and/or national policy documents (PNNS⁸, PAMA⁹, etc.)?

If yes, what is the process that guarantees this?

For example: there may be a formal link between a health authority and the policy manager or internally formalized processes.

⁸ National Nutrition and Health Program

⁹ Action Plan for Active Mobility

CHAPTER 3

Contents of the policies

By considering all the scoping papers, the purpose of this chapter is to

- List the objectives for physical activity and sedentary behaviour
- Provide an overall vision of target audience and settings by the policies deployed in the local government area studied.
- Illustrate the policies by implementing concrete actions.
- Analyse the overall consistency and complementary nature for the local government area studied

QUESTION 9

What are the **objectives** for increasing physical activity and reducing sedentary behaviour for the local government area studied (quantified or unquantified)?

Sedentary (or sedentary behaviour) is an awakening situation characterized by a low energy expenditure in a sitting or lying position. Several indicators can characterize sedentary behaviours: for example, the time spent using a computer during leisure time, the time spent in front of a screen or the total time spent sitting during a day at work, at home or in transport. It is considered that a person can be physically active during the day while accumulating sedentary behaviours.

Specify the source and schedule for the desired changes, if they exist.

Objectives aimed at increasing physical activity		Objectives aimed at reducing sedentary behaviour	
Quantified objectives	Unquantified objectives	Quantified objectives	Unquantified objectives
.....
.....

QUESTION 10

Based on all the scoping papers for the local government area studied, list all the **settings concerned by the development of HEPA actions.**

Only tick the settings in which programmes or specific interventions are planned or ongoing.

Urban environment		At home	
Rural environment		Sports and Leisure	
Work environment		Transport	
Prison environment		Tourism	
Nurseries and infant schools		Environment	
Primary school		Urbanism	
Secondary school		City	
University		Neighbourhoods (other than priority areas)	
Health centres, nursing homes		Priority neighbourhoods for urban policy	
Health and social care centers		Other (please specify) :	

QUESTION 11

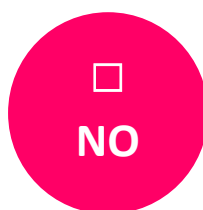
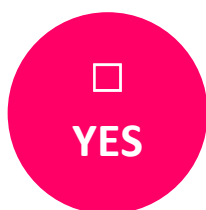
Based on all the scoping papers, what are all the **target audiences for the HEPA actions?**

Please only tick the target audiences for which programmes or specific work are planned or ongoing.

Pre-school		Sedentary people	
Children/Adolescents		Inactive people	
Students		Vulnerable people	
Women		People in care facilities/patients suffering from chronic diseases.	
Adults		Working/employees	
Families		Migrants	
Disabled		Residents in priority urban policy areas	
Seniors		Other (please specify) :	
General population			

QUESTION 12

Are **recommendations on physical activity and/or sedentary behaviour** used in the local government area studied?



If yes, please specify which ones and in what context they are:

Recommendations on physical activity	Context
Recommendation:	<input type="checkbox"/> In defining the target objectives
Source:	<input type="checkbox"/> To send communication messages
.....	<input type="checkbox"/> For assessment
.....	<input type="checkbox"/> Other (specify)
.....
.....
Recommendations on physical activity	Context
Recommendation:	<input type="checkbox"/> In defining the target objectives
Source:	<input type="checkbox"/> To send communication messages
.....	<input type="checkbox"/> For assessment
.....	<input type="checkbox"/> Other (specify)
.....
.....

If not, why not ?

QUESTION 13

In the local government area studied, are there currently **communication strategies or actions** (using national media or media specifically created for the local government area), which aims to raise awareness of and promote physical activity?

If yes, please give a detailed description of these (type of communication, duration, target audience, occasional or recurring) and state if these projects have a common logo or slogan.

If not, please mention the tools used to communicate about HEPA actions carried out in the local government area (website, poster campaign, etc.).

QUESTION 14

Please give at least **one or two examples of concrete actions in the form of programmes, interventions or structuring initiatives.**

Give a brief description of each programme or intervention (e.g.: name, leader, approaches used, participants, results, fundings, etc.) and a source for any additional information.

Suggestion: you may provide a more detailed description of these examples in addition to the CAPLA-Santé.

CHAPTER 4

Funding and political engagement

This chapter aims to objectify the political engagement with respect to PA promotion with a list of funding specifically (or not) allocated to physical activity (in whatever form).

QUESTION 15

Complete the following table with **funding specifically allocated** or dedicated to the implementation of policies or action plans related to physical activity in the territory studied.

Specify for each funding organization:

- *which type(s) of funding (in-kind support, grants, investment / purchase of equipment, dedicated staff) (several types of funding are possible);*
- *the amount, if known;*
- *if this funding is recurring; i.e. allocated on a regular basis (e. g. annually).*

Funding source	No	Don't know	Yes		
			Type of financing	Amount	Recurring
Example:					
“Grand SANA” metropolis			Grants	15 000€ / an	Yes
			In kind – dedicated staff	35 000€ /an	No
European fund					
Regional Council					
ARS					
DRJSCS					
Carsat ¹⁰					
Other decentralised State departments (please specify):					
County Council					
Conférence des Financeurs ¹¹					
CDOS ¹²					
Intercommunalities – intermunicipal structures					
City					
Foundation					
Top-up health insurance company					
Other (agencies, private companies, etc). Please specify:					

¹⁰ Retirement and Occupational Health Fund

¹¹ Conference of Funding Agencies to prevent the loss of autonomy

¹² County Sport and Olympics Committee

CHAPTER 5

Studies and measures relating to physical activity in the local government area

This chapter aims to list the specific studies in the local government area which are available (including to support setting objectives and assessments) and list any economic assessments carried out in the local government area studied. These are all arguments to develop HEPA policies.

Studies and measures

QUESTION 16

Does the local government area studied have **surveys, studies or measures which provide HEPA metrics** (level of physical activity, sedentary behaviour, active transport studies, household surveys, etc.)?

Title of study 1:	
Issuing body:	
Link to results:	
Target audience for the study:	
Study objectives	<input type="checkbox"/> Measure the practices of the target audience <input type="checkbox"/> Expectations/needs <input type="checkbox"/> Environments <input type="checkbox"/> Other (specify)
Frequency	Study repeated? <input type="checkbox"/> Yes, every <input type="checkbox"/> No

Title of study 2:	
Issuing body:	
Link to the results:	
Target audience for the study:	
Study objectives	<input type="checkbox"/> Measure the practices of the target audience <input type="checkbox"/> Expectations/needs <input type="checkbox"/> Environments <input type="checkbox"/> Other (specify)
Frequency	Study repeated? <input type="checkbox"/> Yes, every <input type="checkbox"/> No

QUESTION 17



In general, have **the results of these studies** on physical activity and sedentary behaviour (or other associated factors) **influenced policy development** in the local government area studied?

If not, please briefly explain why this is not the case.

QUESTION 18

Have cost-benefit studies been carried out for physical activity and/or sedentary behaviour (e.g., an economic assessment) in the local government area studied?

If yes, please state the title of the report, the publisher and the year of publication. Provide the internet link, if possible. Briefly describe the results of the assessment.

Title:

Publisher and date:

Internet link:

Description of the results:

CHAPTER 6

Progress achieved and future challenges

*This chapter concerns all the people, documents and past events which you consider as key for developing and promoting HEPA, in other words, which have had a major influence on driving the political agenda for HEPA in the **local government area studied**. It aims to understand how important physical activity has become and its relationship with health in the local government area studied, which may have resulted in certain specific policies being developed (or not) in the local government area studied. This chapter also aims to collectively analyze the success factors and challenges which need to be addressed together in the local government area studied.*

QUESTION 19



Briefly describe the people, documents, events or **key moments** which have played a key role or which you think were the **source of the current policies** in the local government area studied.

For example: a councillor with responsibility for health who is very involved in the issue, the results of a study on sedentary behaviour in schools which made people sit up and take notice, a local conference, the implementation of a national policy, etc.

NB: The current policy documents are described in question 6.

Please arrange these key moments on the time arrow below.



QUESTION 20



Based on modelling the key moments, identify **the strengths and weaknesses of the local government area** which explains the current HEPA situation.

QUESTION 21



In your view, which sectors have made **the most progress** in HEPA promotion in the local government area studied over the last years?

- 1.
- 2.
- 3.
- ...

QUESTION 21.b



In your view, what are the **biggest challenges** facing the local government area studied over the last years in launching or pursuing actions to promote HEPA?

- 1.
- 2.
- 3.
- ...

QUESTION 21.c



If you had to make proposals for the future or give advice to local governments in which HEPA policies are not well developed, what would they be?

- 1.
- 2.
- 3.
- ...

QUESTION 22

Additional date

Use this space to add any additional details or comments which you have not included in the other chapters.

Information about filling in the analysis tool

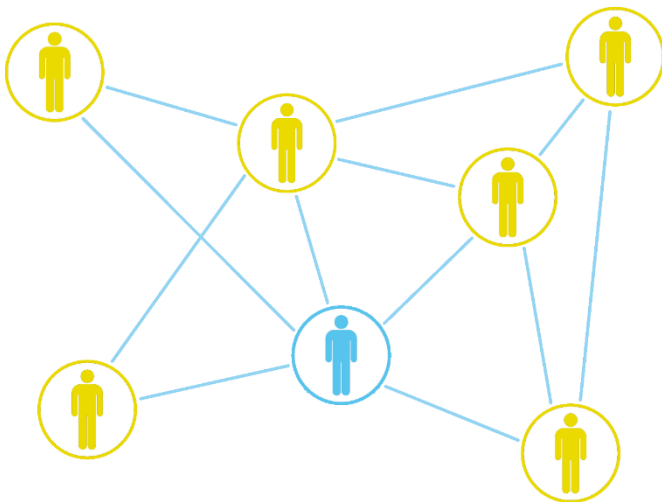
Those reading this analysis of HEPA policies may wish to know how this survey was performed and who participated in it. Please briefly explain the process used, by providing the following details:

- *Who initiated the project?*
- *Who led the project (name, institution, contact details)?*
- *Who was involved and in what stages (documentary research, semi-directive interviews, collective analysis, etc.)?*
- *How the people involved were identified and selected?*
- *The main steps in using the CAPLA-Santé tool (specifying the month and year for each step).*

The CAPLA-Santé tool was developed by a project team including Flore Lecomte and Anne Vuillemin - Société Française de Santé Publique; Antoine Noël Racine - Université Côte d'Azur; Marina Honta - Université de Bordeaux and Aurélie Van Hoya and Amandine Baron - Université de Lorraine.



It was developed with the support of an expert group composed of: Sylvie Banoun - Coordination Interministérielle pour le Développement de la marche et de l'Usage du Vélo ; Xavier Bigard - Société Française de Médecine de l'Exercice et du Sport ; Clémence Bré - Commissariat Général à l'Égalité des Territoires ; Alain Calmat et Benoît Chanal - Comité National Olympique et Sportif Français ; Isabelle Dalimier – Université de Liège ; Pascale Duché – Université de Clermont-Ferrand ; Martine Duclos - ministère des Sports ; Alain Ferrero – DRJSCS (Direction Régional de la Jeunesse, des Sports et de la Cohésion Sociale) de la région Provence Alpes Côte d'Azur ; Florence Rostan - Santé Publique France ; Daniel Rivière – Société Française de Médecine de l'Exercice et du Sport ; Sylvie Schwaller – Ville de Strasbourg représentant le réseau français des Villes-Santé de l'OMS ; Simona Tausan - Direction Générale de la Santé.



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