



*Produced by the Société Française de Santé Publique (SFSP) (The French Society of Public Health) and the Université Côte d’Azur using the HEPA PAT version 2 from WHO Europe.*

*The French translation was made for the national level by the SFSP in August 2016 in conjunction with Physical Activity and Health academic experts, representatives from ministries and national institutions, and networks of local authorities. It was finalized after testing in 7 local governmental areas in the Sud-PACA and Grand Est regions of France.*

**CAPLA-Santé (Analysis tool for local health-enhancing physical activity policies)**

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

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**CAPLA-Santé**

The analysis tool for local health-enhancing physical activity policies (CAPLA-Santé) has several other associated documents (*not yet translated into English*):

* An accompanying guide (01.guide\_accompagnement)
* **The tool CAPLA-Santé, template to be completed (02.outil\_analyse)**
* An interview grid to aid the user (03.grille\_entretien)
* An inventory of sub-national policies for HEPA promotion (04.documents\_cadrage)
* An inventory of sub-national funding sources 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 completed (07.synthese)
* A synthesis example (08.synthese\_fictive)



Completed by:

<Insert the name(s)>

<Organization>

<Job title>

<Insert the name of the local authority area studied>

Author responsible: <Insert name>

<Job title>

Contact: <Phone> <Email>

Version number: <X>

Date: <Insert the date>

**CHAPTER 1**

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

*Chapter objectives include:*

* *Provide an overview of all the actors involved in the field of physical activity within the local governmental 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 leaders, facilitators, coordinators, etc., for the HEPA promotion policies.*
* *List the networks providing support for actors (professionals, volunteers, etc.) who implement the policies.*

*These represent the mobilized partners to develop and implement the physical activity policies in order to improve health.*

**QUESTION 1**

**1**

Briefly describe the **public structures** responsible for physical activity policies in the local governmental area studied.

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

*For example: What governmental level is responsible for services in the fields of health, sport, education, transportation, environment and urban planning.*

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

*You can add or delete as many lines as necessary.*

**Regional level**

|  |  |  |
| --- | --- | --- |
| **Sector** | **Public structures** | **Responsible department(s) and/or contact person** |
| Health | ARS[[1]](#footnote-1) | Health (Prevention, Health Promotion): Mr/Mrs/Ms X  Sport-health: ……………………  Environmental health: ……………………  Social care: ……………………  Health care supply: …………………… |
| Sport | DRJSCS[[2]](#footnote-2) | Sport: ……………………  Sport-health: …………………… |
| …………………… | …………………… |
| Education | Local Education Authority | Health educational path: …………………… |
| …………………… | …………………… |
| Transportation | Transportation authorities | …………………… |
| …………………… | …………………… |
| Environment | DREAL[[3]](#footnote-3) | Environment: |
| …………………… | …………………… |
| Multi-sectoral | Regional Council | Transportation: ……………………  Education (training): ……………………  Health-environment: …………………… |
| …………………… | …………………… |
| Other | …………………… | …………………… |

**Departmental [County] Level**

|  |  |  |
| --- | --- | --- |
| **Sector** | **Public bodies** | **Responsible department(s) and/or contact person** |
| Health | DD ARS[[4]](#footnote-4) | …………………… |
| …………………… | …………………… |
| Sport | DDCSPP[[5]](#footnote-5) | Youth and sports inspector: ……………………  County council representative for women’s rights and  equality: …………………… |
| …………………… | …………………… |
| Education | …………………… | …………………… |
| …………………… | …………………… |
| Transportation | …………………… | …………………… |
| …………………… | …………………… |
| Environment | …………………… | …………………… |
| …………………… | …………………… |
| Multi-sectoral | County Council | Sport (and county commission for sport, spaces, sites and itineries[[6]](#footnote-6)): ……………………  Social work: …………………… |
| …………………… | …………………… |
| Other | …………………… | …………………… |

**Local level (cross-municipality / municipality)**

|  |  |  |
| --- | --- | --- |
| **Sector** | **Public structures** | **Responsible department(s) and/or contact person** |
| Health | Coordination of local health contract and/or municipal health workshop | …………………… |
| …………………… | …………………… |
| Sport | …………………… | …………………… |
| …………………… | …………………… |
| Education | …………………… | …………………… |
| …………………… | …………………… |
| Transportation | …………………… | …………………… |
| …………………… | …………………… |
| Environment | …………………… | …………………… |
| …………………… | …………………… |
| Multi-sectoral | Municipality and cross-municipality | Sport: ……………………  Health: ……………………  Social cohesion: ……………………  Social action: ……………………  Transportation: ……………………  Environment: …………………… |
| …………………… | …………………… |
| Other | …………………… | …………………… |

**QUESTION 2**

**1**

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

*These may be other sports organizations,* associations (social centers, etc.), health insurance providers, hospitals, health centers, scientific and academic communities, organizations offering mobility services (charities, public sector employment organizations, mobility platforms, cycling etc.).

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

* Director 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 organization plays a coordinating role, leading the stakeholders involved in HEPA policies and their implementation.
* Support role: the organization provides logistical and technical support.

|  |  |
| --- | --- |
| Organization  Name: Status: | Brief description of their role in HEPA  …………………… |
| Organization  Name: Status: | Brief description of their role in HEPA  …………………… |

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**QUESTION 3**

**1**

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



**QUESTION 4**

**1**

Are there organizations or bodies which ensure cross-sectoral collaboration or coordination while **implementing HEPA policies and action plans across the local governmental 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**

**1**

Within the local governmental area, can stakeholders who are interested in or working on physical activity or related fields rely on networks … (please include any examples, including professional/voluntary, structured/unstructured or local/national) to implement HEPA policies?

**CHAPTER 2**

**Policy documents**

*This chapter allows the user to make an inventory of all HEPA associated documents (policies, strategies, action plans, guidelines deliberations, etc.), currently in use by the studied territory and allows for an assessment of consistency between different sectors.*

Policy documents

**QUESTION 6**

**1**

Complete the table below with the current policy documents **(strategies, action plans, guidelines, deliberations, local authority articles of association, memos, meeting reports, electoral programs, etc.)**, **applicable to the studied area** which show the local government authorities’ intentions to increase the level of physical activity in their territory. When organizations other than public bodies (i.e., private insurance providers, CROS[[7]](#footnote-7), etc.), are responsible for physical activity policies, please include them in the table.

*For each document, 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”.*

Policy documents

|  |  |  |  |
| --- | --- | --- | --- |
| **Sector** | **Policy documents** | **Health, HEPA and Social and Territorial Health Inequalities** | **Evaluation and consultation process** |
| Transportation | **Document title**: ……………………  **Publication date**: ……………………  **Located at ?** …………………… (If it is a website, Specify website links)  **Planning**: ……………………  **Issuing body:** …………………… | **Is a health objective(s) included in the document?**  Yes  No  **Brief description of the items related to HEPA or PA:** ……………………  **Is this a major policy for HEPA development in the territory?**  Yes  No  **If yes, briefly explain**: ……………………  **Specify whether the policy objectives explicitly target the reduction and/or non-aggravation of social and health inequalities:** | **Has this policy been assessed?**  Yes  evaluation link  ……………………  Scheduled or planned  No  Don’t know  **Has this policy been subject to a consultation process?**  Yes  Please specify:   * - Person consulted: …………………… * - Date: ……………………   No  Don’t know |
| …………………… | …………………… | …………………… |
| Environment | …………………… | …………………… | …………………… |
| …………………… | …………………… | …………………… | …………………… |
| Multi-sectoral | …………………… | …………………… | …………………… |



**QUESTION 7**

**1**

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

policy documents

*Please explain why.*

**QUESTION 8**

**1**

Are the policy documents listed in question 6 based on the **latest scientific evidence** on HEPA and/or national policy documents (PNNS[[8]](#footnote-8), PAMA[[9]](#footnote-9), 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.*

**CHAPTER 3**

**Policy contents**

*By considering all policy related document, the purpose of this chapter is to*

* *List the objectives for physical activity and sedentary behavior*
* *Provide an overall vision of target audiences and settings by the policies deployed in the local territory.*
* *Illustrate the policies by implementing concrete actions.*
* *Analyze the overall consistency and complementary nature for the area studied*

Policy Contents

**QUESTION 9**

**1**

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Objectives aimed at increasing physical activity** | | **Objectives aimed at reducing sedentary behavior** | |
| Quantified objectives | Unquantified objectives | Quantified objectives | Unquantified objectives |
| …………………… | …………………… | …………………… | …………………… |
| …………………… | …………………… | …………………… | …………………… |

**QUESTION 10**

**1**

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

*Only check the settings in which programs or specific interventions are planned or ongoing.*

Policy contents

|  |  |  |  |
| --- | --- | --- | --- |
| Urban environment |  | At home |  |
| Rural environment |  | Sports and Leisure |  |
| Work environment |  | Transportation |  |
| Prison environment |  | Tourism |  |
| Nurseries and infant schools |  | Environment |  |
| Primary school |  | Urban planning |  |
| Secondary school |  | City |  |
| University |  | Neighborhoods (other than priority areas) |  |
| Health centers, nursing homes |  | Priority neighborhoods for urban policy |  |
| Health and social care centers |  | Other (please specify) : |  |

**QUESTION 11**

**1**

Based on all the policy documents, what are all the **target audiences for HEPA actions?**

*Please only check the target audiences for which programs or specific works are planned or ongoing.*

Policy contents

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

**QUESTION 12**

**1**

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

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

Policy contents

|  |  |
| --- | --- |
| **Recommendations on physical activity** | **Context** |
| Recommendation: ……………………  Source: …………………… | In defining the target objectives  To send communication messages  For assessment  Other (specify) |
| …………………… | …………………… |
| …………………… | …………………… |
| **Recommendations on sedentary behavior** | **Context** |
| Recommendation: ……………………  Source: …………………… | In defining the target objectives  To send communication messages  For assessment  Other (specify) |
| …………………… | …………………… |
| …………………… | …………………… |

*If not, why?*

**QUESTION 13**

**1**

In the 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 HEPA actions carried out in the local governmental area (website, poster campaign, etc.).*

**QUESTION 14**

**1**

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

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

Policy contents

***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 assess the political engagement with respect to PA promotion with funding specifically (or not) allocated to physical activity (in whatever form).*

**QUESTION 15**

**1**

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

*Specify for each funding source:*

* *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 funding** | **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]](#footnote-10) |  |  |  |  |  |
| Other decentralized State departments (please specify):  …………………… |  |  |  |  |  |
| County Council |  |  |  |  |  |
| Funding conferences[[11]](#footnote-11) |  |  |  |  |  |
| CDOS[[12]](#footnote-12) |  |  |  |  |  |
| Metropolitan – intermunicipal structures ………………… |  |  |  |  |  |
| City |  |  |  |  |  |
| Foundation .……………… |  |  |  |  |  |
| Private health insurance …………………… |  |  |  |  |  |
| Other (agencies, private companies, etc). Please specify: …………………… |  |  |  |  |  |

**CHAPTER 5**

**Studies and measures relating to physical activity in the local territory**

*This chapter aims to list the specific studies in the local area which are available (including support for 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.*

**QUESTION 16**

**1**

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

|  |  |
| --- | --- |
| **Title of study 1:**  Issuing body:  Link to results: | |
| Target audience: |  |
| Study objectives | Measure the practices of the target audience  Expectations/needs  Environments  Other (specify) |
| Frequency | Study repeated?  Yes, every ……………………  No |

|  |  |
| --- | --- |
| **Title of study 2:**  Issuing body:  Link to the results: | |
| Target audience: |  |
| Study objectives | Measure the practices of the target audience  Expectations/needs  Environments  Other (specify) |
| Frequency | Study repeated?  Yes, every ……………………  No |

**

**QUESTION 17**

**1**

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

*If not, please briefly explain.*

**QUESTION 18**

**1**

Have cost-benefit studies been carried out for physical activity and/or sedentary behavior (e.g., an economic assessment) in the 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 stakeholders, documents and past events which you consider key for developing and promoting HEPA. In other words major influencers 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 territory, which may have resulted in specific policies being developed (or not). This chapter also aims to collectively analyze the success factors and challenges which need to be addressed together in the studied area.*

**

**QUESTION 19**

**1**

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

*For example: a health officer who is very involved in the issue, results from a study on sedentary behavior in schools which made people 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**

**1**

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

**

**QUESTION 21**

**1**

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

…



**QUESTION 21.b**

**1**

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

…



**QUESTION 21.c**

**1**

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?

…

**QUESTION 22**

**1**

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

**Information about completing the aanalysis tool**

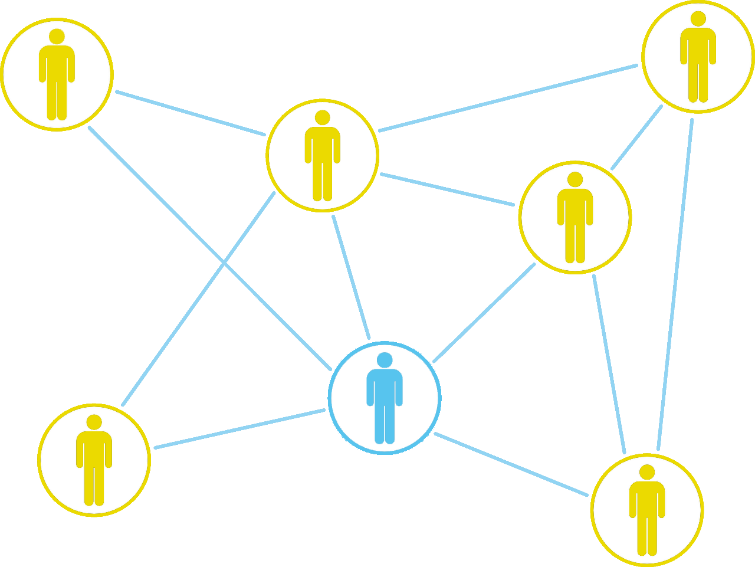
*Those reading this analysis of HEPA policies may wish to know how this survey was performed and who participated in it. Please briefly explain the process used, by providing the following details:*

* *Who initiated the project?*
* *Who led the project (name, institution, contact details)?*
* *Who was involved and in what stages (document research, semi-directed interviews, collective analysis, etc.)?*
* *How those involved were identified and selected?*
* *The main steps to use 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 Hoye and Amandine Baron - Université de Lorraine.





Graphic design by Amandine Baron (L’éprouvette)

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*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.*

1. Regional Health Agency [↑](#footnote-ref-1)
2. Regional Directorate for Youth, Sports and Social Cohesion [↑](#footnote-ref-2)
3. Regional Directorate for the Environment, Planning and Housing [↑](#footnote-ref-3)
4. County Health Agency [↑](#footnote-ref-4)
5. County Directorate for Social Cohesion [↑](#footnote-ref-5)
6. County Commission for Sports, Spaces, Sites and Itineries [↑](#footnote-ref-6)
7. Regional Sports and Olympic Committee [↑](#footnote-ref-7)
8. National Nutrition and Health Program [↑](#footnote-ref-8)
9. Action Plan for Active Mobility [↑](#footnote-ref-9)
10. Retirement and Occupational Health Fund [↑](#footnote-ref-10)
11. Conference of Funding Agencies to prevent the loss of autonomy [↑](#footnote-ref-11)
12. County Sport and Olympics Committee [↑](#footnote-ref-12)