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ABOUT THE NATIONAL COLLABORATING CENTRE FOR HEALTHY PUBLIC POLICY

The National Collaborating Centre for Healthy Public Policy (NCCHPP) seeks to increase the expertise of public health actors across Canada in healthy public policy through the development, sharing and use of knowledge. The NCCHPP is one of six Centres financed by the Public Health Agency of Canada. The six Centres form a network across Canada, each hosted by a different institution and each focusing on a specific topic linked to public health. In addition to the Centres' individual contributions, the network of Collaborating Centres provides focal points for the exchange and common production of knowledge relating to these topics.

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INTRODUCTION

Healthy public policy is by nature intersectoral because those in the health sector are seeking to affect policy in other sectors. Intersectoral work is required, in particular, to address the determinants of health and to reduce health inequalities. There is a growing body of study on multi-sectoral approaches, or integrated governance approaches, as we have named them. To contribute to this body of study, and within this context, we present two examples of initiatives with healthy public policy goals recently implemented in Canada. The initiatives are designed to better coordinate public policies in multiple sectors of government activity so as to improve health outcomes. In this paper, we explore the initiatives as examples of integrated governance, describing their conceptual frameworks and implementation strategies, and noting their potential and limitations as identified in our review of the literature on integrated governance initiatives.

The two examples referred to are the strategies surrounding section 54 of Québec's *Public Health Act* and ActNow BC. We have chosen to focus on these examples for two reasons. First, they have received a certain amount of coverage in the public health world and are therefore relatively well known. This makes them useful reference points for discussion. Second, the two examples differ in their contexts, their conceptual frameworks and their implementation strategies. These differences provide an interesting set of factors to consider.

We emphasize that our paper does not seek to evaluate the effectiveness of the initiatives, nor to identify the "better" initiative. It intends rather to present a reflection that can further inform the conceptualization and implementation of these types of initiatives.

The paper is divided into four sections. First, we situate the concept of healthy public policies within the wider field of related integrated governance approaches (horizontal or vertical management, intersectoral action, intersectoral or interministerial cooperation, whole-of-government, network government, etc.). Second, we provide a description of the two example initiatives. Third, we present some proposals from the scientific and grey literature about success factors for integrated governance initiatives and use our initatives to exemplify these factors where present. Finally, in conclusion, we propose a few avenues for reflection about such initiatives.

1 INTEGRATED GOVERNANCE AND HEALTHY PUBLIC POLICY

As discussed above, the healthy public policy initiatives examined here are explicitly aimed at influencing the public policies of government sectors other than the health sector so as to produce a (more) effective, coherent and integrated response to the various problems and issues of concern to public health actors. Such initiatives emerge from a critique that public policies are less effective due to poor coordination resulting from the division of government activity into sectors (the term silo effect is often used) and/or jurisdictions.

In general terms, the critique states that a lack of coordination results in (1) the limited or sub-optimal efficiency of government activities related to the concerns of public health authorities and/or; (2) public policies with negative impact on health outcomes. Therefore, it can be said that healthy public policy initiatives are a response to situations in which it is believed that the public policies of other sectors and/or jurisdictions (or lack thereof) have a negative effect on health, in particular outcomes of concern to public health actors.

1.1 INTEGRATED GOVERNANCE: A WORKING DEFINITION

Several concepts designating many initiatives, in addition to those stemming from the health sector and aimed at producing healthy public policy, serve to delineate the types of approaches aimed at countering one and/or another of the problems identified in the preceding paragraph: “horizontal management” or “vertical management” (Bourgault, 2002); “intersectoral action” (White, Jobin, McCann, & Morin, 2002); “interministerial or intersectoral cooperation” (Rondeau, Sirois, Cantin, & Roy, 2001); “joined-up government” (Ling, 2002, pp.615–642), “network government” (Atkinson, 2003) or “multi-level government” (Van Gramberg, Teicher, & Rusailh, 2005).[1] These concepts are used (sometimes interchangeably, rightly or wrongly) to designate a fairly diverse series of strategies aimed at correcting one or several of the problems associated with the sectoral and/or jurisdictional division of government activities and with the greater or lesser quality of the coordination said to result from this.

Although there is a noticeable lack of uniformity and consistency in the use of this multitude of concepts in both government and university research documents, all of the concepts refer to various forms of closely related strategic practices. We use the concept of integrated governance here to designate any initiative that *is an action initiated and developed by a public agency striving to integrate the actions of other actors around the same problems. Thus, any action to coordinate public policy that has been initiated and developed by a public authority and that is made current by multiple public and/or private actors may be called “integrated governance,” regardless of whether the parties involved belong to one or several other governmental levels and or/sectors and/or act on one or several different scales.*

[1] Annexed to this document is a glossary listing these terms and the definitions given to them by various authors.

1.2 LINES OF COORDINATION AND STATUS OF ACTORS COORDINATED

Reviewing them together, it is possible to immediately identify two key variations found among the strategies used in the context of the healthy public policy movement, and these will be pertinent to our examination of the two examples under analysis.

First, strategies to promote healthy public policy vary in terms of **the lines or chains of coordination they establish**. They can, in fact, seek to integrate the actions of several sectors at the same level of government, in which case the terms horizontal management or interministerial cooperation are often used, but they can also seek to coordinate the same sector at different levels of government (vertical management, multi-level government) or, yet again, various sectors and levels of government at the same time (intersectoral cooperation or action, whole-of-government, network government, joined-up government).

Second, they can also vary according to **status of the actors** whose public policies they seek to coordinate. These may belong exclusively to the public administration sector or may include actors that are not traditionally associated with the "government".[2] Strategies corresponding to the latter case are frequently described using the terms "joined-up government," "whole-of-government" or "network government."

1.3 SECTION 54: AN EXAMPLE OF HORIZONTAL MANAGEMENT

Because its objective is to coordinate the public policies of various sectors of Québec's provincial public administration, the strategy surrounding section 54 of Québec's *Public Health Act* can best be described using the concept of "horizontal management." Horizontal management is defined here, based on Bourgault's definition, as a practice that is initiated by one or several organizations within the public administration belonging to the same level of government (whether this be federal, provincial or municipal) and that consists in addressing an issue not exclusively in terms of the concerns and responsibilities of this or that organization, but rather with reference also to the interests, resources and constraints of

[2] It is important to note that certain conceptions of public administration in political science and in governance theory do not view this commonplace division in the same way. For example, for Rose (1993, p.286): "The force field with which we are confronted in our present is made up of a multiplicity of interlocking apparatuses for the programming of this or that dimension of life, apparatuses that cannot be understood according to a polarization of public and private or state and civil society." Researchers in the science of public administration also note frequently that the usual distinctions upholding this traditional division between "governmental" and "non-governmental," such as public-private, are becoming increasingly fluid and unreliable, with the government providing more and more of its services through "private" sub-contractors. (See for example, Van Gramberg et al., 2005, p.2.). We will return to this question during our analysis of the potential and limitations of the two initiatives.

other organizations that impinge in one way or another on the intentions of the first (Bourgault & Lapierre, 2000, p.46).[3] It is thus distinguished from vertical management, a concept that generally designates, for its part, a practice that is specifically aimed at better coordinating the public policies of different levels of government.

1.4 ACTNOW BC: A WHOLE-OF-GOVERNMENT APPROACH

ActNow BC, for its part, is aimed at coordinating all the provincial ministries, as well as various municipal public agencies and private partners—that is, non-governmental organizations and corporations. This initiative can thus best be described in terms of the concept of "whole-of-government." According to Hunt:

> Whole-of-government strategies generally entail deliberate action (…) on the part of government, to facilitate cross-departmental and inter-organisational cooperation in the development and implementation of a particular public policy and/or the delivery of services (Hunt, 2005, p.5).

We note that such multi-sectoral initiatives are not new. Although the terms above are appearing with greater frequency, as noted by Divay (2005) referring to the concept of integrated government and Hunt (2005) referring to *whole-of-government*, such initiatives aimed at coordinating and integrating the public policies of multiple sectors and levels of government activity are probably as old as modern public administrations themselves. The state structure of ministries headed by ministers is said by Flinders (2002, p.55) to date from the middle of the 19th century in the United Kingdom. He observes, moreover, that:

> Under every government since the turn of the century ministers have called for more cross-departmental working and have announced plans to realize that ambition (Chester & Wilson, 1957; Hennessy, 1989, in Flinders, 2002, p.57).

With reference to healthy public policy, research into the history of public health practices shows that, as early as the middle of the 19th century, explicit cross-sectoral relationships existed between public health actors and those from other sectors of activity. For example, Gagnon (2005, pp.151–211) clearly shows how Montréal "health officers" repeatedly put pressure on the roadworks committee, which was then responsible for sewers, to transform these through changes in their construction materials, reconfiguration of their routes and/or

[3] The authors offer the following definition of horizontal management: "Horizontality essentially exists when one or several managers of one or several organizations address a question no longer based exclusively on preoccupations for which they are responsible, but on a wider approach aiming at including interests, resources and constraints of other stakeholders of this field." (p.1) We have modified this definition because, as is, it appears to us to be too abstract, which poses two types of problems if we wish to closely define what is at issue. For one thing, the above definition does not specify that the organizations involved must belong to the same level of government; therefore, it could also be used to designate "vertical management" practices, namely those practices involving various organizations and levels of government. For another thing, it does not specify that the organizations involved must formally belong to the public administration, which implies that the door is open to considering management practices involving "private" organizations. This seems a bit strange given that the organizations in question are not part of the government apparatus properly speaking and that it would thus be quite strange to position them on any cartography of public administration. It would, in our view, be preferable to use the concepts of joined-up, whole-of-government or even network government to designate the type of integrated governance initiatives that involve private organizations.

slopes, or relocation of their discharge sites. McDougall (1988, pp.69 and subsequent) describes similar power dynamics in Toronto.

While such actions were decidedly less structured and organized than the healthy public policy initiatives discussed in this paper, they nevertheless indicate that this type of initiative, which originates from the public health sector and aims to influence the public policies of activity sectors other than that of health, has a long tradition.

2 SECTION 54 OF QUÉBEC'S *PUBLIC HEALTH ACT* AND ACTNOW BC: COMPARATIVE DESCRIPTION

In this section we describe the two initiatives, comparing their conceptual frameworks and implementation strategies. We follow this description in the next section with a discussion of how specific features of the initiatives correlate with those of integrated governance initiatives in general.

2.1 SECTION 54 OF QUÉBEC'S *PUBLIC HEALTH ACT*

2.1.1 Conceptual Framework

In December 2001, the National Assembly of Québec approved the *Public Health Act* tabled by the Ministère de la Santé et des Services sociaux (MSSS) (ministry of health and social services), thus modifying the legislative framework of public health practices in Québec. With section 54 of this Act, which took effect in June 2002, the government affirmed its desire to take into account, in its legislative process, the effects of all its public policies on the population's health and welfare. The initiative is conceived of in horizontal terms. Section 54, in fact, provides a legal basis for the task of promoting healthy public policy, and its purpose is to prompt interministerial action and responsibility for the purpose of establishing healthy public policies. The following provisions are included in this section of the law:

> The Minister is by virtue of his or her office the advisor of the Government on any public health issue. The Minister shall give the other ministers any advice he or she considers advisable for health promotion and the adoption of policies capable of fostering the enhancement of the health and welfare of the population.
>
> In the Minister's capacity as government advisor, the Minister shall be consulted in relation to the development of the measures provided for in an Act or regulation that could have significant impact on the health of the population (Québec, 2005).

Paragraph 1 of section 54 thus affirms the health minister's role as advisor to the government by investing him or her with the power of initiative. The minister can exercise this power by proactively issuing advisories to his or her colleagues in all sectors of government activity.

Paragraph 2 creates an obligation on the part of all governmental ministries and organizations (M/Os) to consult the minister when developing acts or regulations that could have a significant impact on the health and welfare of the population. Section 54 thus rests on the idea that the legislative and regulatory activities of the various government sectors can influence, directly or indirectly, the health and welfare of the population. Moreover, it implies that the M/Os are now responsible for analyzing the potential effects on health and welfare of their proposed acts and regulations by means of a health impact assessment process.

2.1.2 Implementation Strategy and Methods of Application

In order to implement section 54, the Direction générale de la santé publique (public health department) of the MSSS has developed and implemented, since 2002, its *Stratégie pour soutenir le développement de politiques publiques favorables à la santé* (strategy for

supporting the development of healthy public policies). The implementation of this strategy includes two aspects, each characterized by its own activities, but which, it is hoped, reinforce each other: (1) the development and transfer of knowledge about healthy public policy; and (2) the development and establishment of an intragovernmental health impact assessment mechanism.

The Development and Transfer of Knowledge about Healthy Public Policy

The purpose of these activities is to allow the MSSS to fully exercise its role as an advisor on all public health issues, in compliance with paragraph 1 of section 54. More specifically, this focus aims to elucidate governmental decision-making processes so as to foster the development of healthy public policies. This knowledge production seeks to foster an increase in interdisciplinary research capabilities, the development of new knowledge and the transfer of this knowledge to public policy decision makers and authorities. In concrete terms, this focus involves a) the establishment and realization of a joint research program (involving the Ministère de la Santé et des Services sociaux, the Fonds de la recherche en santé du Québec (Québec health research fund) and the Fonds Québécois de recherche sur la société et la culture (Québec fund for research on society and culture)) devoted to healthy public policy and b) enhancement of the information-producing and expert-support role of the Institut national de santé publique du Québec (INSPQ) (Québec national public health institute)[4] in relation to the impact of public policies on health and welfare, through monitoring, knowledge and expertise transfer, and support activities.

The Development and Establishment of an Intragovernmental Health Impact Assessment (HIA) Mechanism

In order to apply the *Public Health Act* and to support the M/Os in their new responsibilities related to paragraph 2 of section 54, the MSSS has developed and put in place an intragovernmental health impact assessment mechanism. In support of the implementation of this mechanism, the following measures have been taken: a) the creation and active facilitation of a network of interministerial respondents; b) the development of an internal procedure for processing requests; c) the development and use of a series of analysis instruments and tools inspired by certain guides developed in Europe; and d) the distribution of informative documents about health determinants.

2.2 ACTNOW BC

2.2.1 Conceptual Framework

ActNow BC is an initiative that was publicly launched in 2006 by the office of the Premier of British Columbia. The intention was to take advantage of the renown and the nature of the Olympic Games (which, in 2003, the City of Vancouver was chosen to host), using them as a

[4] The Institut national de santé publique du Québec was created in 1998 “to improve the coordination, development and use of expertise in public health.” Its objective is to advance knowledge and to propose intersectoral strategies and actions aimed at improving the population’s health and well-being. Site consulted on May 9, 2007: http//:www.inspq.qc.ca.

jumping off point and a catalyzer for efforts to meet certain public health objectives.[5] As indicated in the ActNow BC *Business Plan*, the Premier and provincial government seized this opportunity to establish an "integrated, coordinated partnership-based government platform to support healthy lifestyle choices and reduce the burden of disease in British Columbia" (ActNow BC, 2006a, p.1). The intention was "not to re-invent or replace existing programs, but rather to provide a strategic direction and a unifying 'platform' for the vast array of programs and activities that strive to achieve an active and healthy lifestyle for all British Columbians" (ActNow BC, 2006b, p.2).

This initiative was thus conceived of as a government platform; that is, a grouping of principles and proposals defining the framework of a public policy initiative, with targets having a limited time frame, in this case, the 2010 horizon. The platform was structured around three objectives. First, the overall goal was, through the platform, "to make BC the healthiest jurisdiction to host the Winter Olympic and Paralympic Games" (ActNow BC, 2006b, p.4). Second, the initiative aimed more specifically "to inspire commitment to create a BC that makes the healthy lifestyle choice the easy choice for everyone" (ActNow BC, 2006b, p.4). Finally, ActNow BC aimed to improve the health of British Columbians by encouraging, specifically, "healthier eating, increased physical activity, a healthy body weight, the reduction, cessation or avoidance of tobacco use, [and] healthy choices in pregnancy" (ActNow BC, 2006b, p.4).

As implied above, the initiative targeted up front five "modifiable risk factors."[6] The initiative's objectives were quantified and, with 2003 as a reference year, it is hoped that increases or decreases in some of these factors will be observed by 2010. The intent is: "To increase by 20% the proportion of the population (aged 12+) who are physically active or moderately active during their leisure time from the current level (2003) (…); To increase by 20% the proportion of the population (aged 12+) who eat the daily recommended level of fruits and vegetables from the current level (2003) (…); To reduce by 10%, the proportion of the population (aged 15+) that use tobacco from the current prevalence rate (2003) (…); To reduce by 20% the proportion of the population (aged 18+) currently classified as overweight or obese from the current prevalence rate (2003) (…); To increase by 50% the number of women counselled regarding alcohol use during pregnancy and, by September 2006, for all health authority areas to have focused strategies for FASD prevention" (ActNow BC, 2006c, pp.6-7).

[5] *ActNow BC* is, in fact, the result of the transformation of *Legacies Now*. This was a program used to promote Vancouver's candidacy as the host city for the Games by highlighting the long-term advantages (in this case, health benefits) of holding the Games in the city, so as to win over both the organizing committee and the Vancouver and British Columbian public.

[6] The reasons for qualifying "healthy choices in pregnancy" as a risk factor are unclear. However, it is referred to as such in the *ActNow BC* documentation, a reading of which leads to the conclusion that what is being referred to is exclusively the consumption of alcohol during pregnancy and the possibility of causing foetal alcohol syndrome.

2.2.2 Implementation Strategy and Methods of Application

The overall strategy for implementing the platform consists of forming partnerships aimed at increasing concern for, and actions related to, population health among actors outside the health care system. More specifically, ActNow BC aims to involve an increased number of governmental and nongovernmental actors in the production of healthy public policies (ActNow BC, 2006c, p.12).

To carry out this strategy, a team was formed and located in the Ministry of Tourism, Sport and the Arts (MTSA).[7] The MTSA was in fact responsible for the implementation of ActNow BC and for giving an account of its activities to a minister of state. The MTSA was chosen as the host ministry for the team because of its expertise in marketing and business development and due to its existing involvement with physical activity, fitness and recreation (ActNow BC, 2006a, p.12). Two other key actors supported the team. The Ministry of Health made available its expertise in relation to health promotion, management of relationships between the team and external partners, and assessment of the population's health. For its part, the Public Affairs Bureau provided expertise in branding strategy, media relations and communications in general (ActNow BC, 2006a, p.12).

The team implemented the partnership strategy by carrying out two main types of activities: (1) identification and support of partners; and (2) evaluation of the actions undertaken by partners on the basis of established objectives.

Identification and Support of Partners

All of the province's other ministries are, as a matter of course, involved in the initiative. They were formally required in 2007–2008 to include in their respective annual service plans their efforts toward contributing to the attainment of the objectives pursued by ActNow BC (ActNow BC, 2006a, p.12). In support of this, the team collaborates with the ministries in their efforts to integrate the objectives of ActNow BC *into their plans and to implement policies, programs and practices as part of their operational/business plans.* This collaboration takes two forms: support for the development of organizational policies and policies linked to the primary mission of ministries,[8] and regular meetings held by the team with a representative from each of the ministries to ensure that all the actions undertaken across ministries are coordinated and in line with the targeted objectives (ActNow BC, 2006a, p.12).

[7] Although *ActNow BC* provides a certain amount of funding to some of these actors, the strategy relies mainly on the financial and human resources of these actors, according to what we were told by Ron Duffel, the executive director of *ActNow BC*.

[8] Based on an interview granted us by Ron Duffel, executive director of *Act Now BC*.

The choice of other partners was, for a time, made on an *ad hoc* basis, influenced by already-established service partnerships and/or opportunities arising over the course of time, in pursuit of various objectives.[9] A communication strategy launched more recently (based on a brand signature—ActNow BC–*Easy Ways to Better Health*) should, however, allow for systemization of the partner selection process and attract new partners, some in the capacity of platform sponsors—the goal in this case being to increase the funds available for achieving the platform's goals.[10] Support for these partners takes two forms: financial support enabling them to intensify their practical efforts; and support for integrating the platform's established targets into the framework of their programs.

Evaluation of Actions

In order to plan strategically, that is, in a manner that will ensure the established targets are reached by the 2010 horizon, actions undertaken under the framework of ActNow BC are subjected to an evaluation process.[11] The evaluation process has three parallel objectives and subjects of focus: to verify whether the implementation of programs has been carried out according to plan (evaluation of the process), to provide an assessment of the changes brought about by the programs (evaluation of effects), and to assess the adequacy of resource allocation and use (evaluation of administrative accountability). The mechanism through which the evaluation will be carried out as well as the more specific aspects of the evaluation are still being defined. ActNow BC leads and/or coordinates many of the evaluation activities, but there are also external evaluations.[12] For example, the BC Healthy Living Alliance, one of the major funded partners implementing 15 ActNow BC initiatives in communities across BC, is using the Michael Smith Foundation for Health Research to lead and oversee the evaluation. In addition, the evaluation of ActNow BC actions carried out in the province's Aboriginal communities will be planned and performed by the National Collaborating Centre for Aboriginal Health (NCCAH) located in Prince George as part of a partnership.

[9] Thus, partnerships were formed with the BC Healthy Living Alliance (BCHLA), the 2010 Legacies Now organization, the Union of British Columbia Municipalities, and the British Columbia Recreation and Parks Association to support their activities because these organizations carry out activities that are aligned with the objectives of ActNow BC. The British Columbia Chamber of Commerce, for its part, was invited to form a partnership to introduce the "Health Check" program in the province's restaurants (the restaurants' menus propose healthy choices). And, to provide one more example, the National Collaborating Centre for Aboriginal Health (NCCAH) was invited to form a partnership to carry out the evaluation of ActNow BC activities in native communities.

[10] The development of this brand signature is not aimed solely at organizing or reorganizing the partnership strategy. It is also seen as a way to market ActNow BC in a consistent manner and falls into the well-known category of "social marketing" initiatives.

[11] We are discussing evaluations here because they are an important aspect of the partnership strategy in the sense that they can direct the choice of partners (based on the effectiveness of the programs they implement, for example) and they can potentially lead to the revision of existing partnerships.

[12] According to information from ActNow BC representatives.

2.3 CHARACTERISTICS OF THE INITIATIVES COMPARED

The two initiatives present many differences, both in terms of their conceptual frameworks and their implementation. The most notable characteristics of the initiatives are summarized in Table 1 below. In the next section, we examine how some of these characteristics may lead to variation in the potential and limitations of the initiatives.

Table 1 Selected characteristics of the conceptual frameworks and implementation strategies of the two initiatives

Characteristics	Section 54	ActNow BC
General concept	System for producing knowledge to elucidate decision making AND mechanism for evaluating the Acts and Regulations developed by M/Os	Partnership-based platform integrating a series of existing programs and activities and targeting five modifiable risk factors
Implementation strategy activities	(1) The development and transfer of knowledge about healthy public policy (2) The development and establishment of an intragovernmental health impact assessment mechanism	(1) Identification and support of partners (2) Evaluation of the actions undertaken by partners on the basis of established objectives
Leadership of elected officials	Initiated by the Parti Québécois and pursued by the Liberal Party	Initiative driven by Premier Campbell and the provincial government
Sectors/levels of government and types of actors targeted	Provincial	Provincial, regional, municipal, local and private
Evaluation	HIA of Acts and Regulations by M/Os promoting them (support from MSSS) and production of knowledge about the impact of public policies on public health (MSSS–INSPQ)	Internal and external evaluation of process of implementing programs, of effects of programs and of allocation and use of resources within the framework of the ActNow BC initiative
Participation of public health actors in the programming of ministries and/or partners	No formal participation in ministries' programming process	Formal support for and coordination of partners' programming
Role of knowledge in the initiative	Production of scientific and expert knowledge about links between public policies and public health	Based on knowledge implicitly supporting existing practices that tend in the direction of the platform's objectives

3 SUCCESS FACTORS IN INTEGRATED GOVERNANCE INITIATIVES

While there exist a certain number of guides indicating "how to proceed," no extensive and systematic analysis has, to our knowledge, been produced specifically on the capacity of intersectoral and integrated governance initiatives to produce healthy public policies in non-health sectors of government.

We recognize that any strategy would be designed according to its objectives and its historical, legal, and institutional context. Nevertheless, there is much to be gained from seeking to identify success factors for integrated governance initiatives and considering these within the practice of current Canadian initiatives to inform the design and implementation of initiatives.

We explored the literature with this purpose in mind, and we discuss the potential of integrated governance initiatives to affect healthy public policies in three categories, consistent with this literature:

- Understanding of governmental power;
- Control mechanisms and procedures; and
- Knowledge production systems.

3.1 UNDERSTANDING OF GOVERNMENTAL POWER

In the theory of governance literature, we can distinguish, as many theorists do, two broad understandings about the nature of governmental or state power into two groups: (1) those seeing this power as essentially legal and constitutional (one could coin this conception of power as a substance possessed exclusively by the state in light of a constitution delegating this substance to it) and (2) those that see this power as the ability to coordinate public and private resources.[13]

The second view maintains that the networks through which public policies are developed today are no longer composed solely of members of the "central" public administration, that is, exclusively of state agencies and organizations (Stoker, 1998, pp.19-30; Salamon, 2002; Minnery, 2007, pp.325-345; Sabatier & Jenkins-Smith, 1999, pp.117-166). Thererefore, the efficiency of integrated governance initiatives launched by central state agencies can be said to depend on their ability to coordinate complex networks that do not only include state

[13] Flinders maintains (along with many others, such as Stoker (1998), Sabatier (1999), Salamon (2002) and Minnery (2006)), that the networks through which public policies are developed today are no longer composed solely of members of the "central" public administration, that is, exclusively of state agencies and organizations. In fact, according to him, it is becoming increasingly clear to researchers contributing to the development of the "theory of governance" that the power of states to develop and implement public policies is increasingly dependent of forces working on them not only from "above" (think of transnational organizations such as the International Monetary Fund, for example), but also "from the side" (quasi-autonomous agencies—take, for example, the Société des Alcools du Québec (Québec liquor commission) or the organizations managing gambling in all Canadian provinces) and "from below" (such as regional public authorities—the Greater Vancouver Transportation Authority, for example).

agencies, traditionally referred to as “the government” (provincial and federal ministries, in Canada).

Of our two initiatives, section 54 exemplifies the first view. The section 54 strategy aims to coordinate public policy development in sectors of government activity, and involves exclusively the participation of state agencies, namely ministries and public organizations of the Québec state apparatus. Power is primarily conceived of as legal and constraining, even though it can also be said to be providing incentives.

The strategy neither aims at nor allows for the coordination of other actors involved in the formulation and implementation of public policies, such as regional authorities, “private” organizations or supra-national authorities. Its potential field of influence is focused on a category of actors consistent with an understanding of power as legal and constitutional, i.e., a matter of State.

ActNow BC exemplifies the second view. It is an initiative based on the coordination of various state and non-state organizations. It seeks to influence numerous actors who, although outside the state apparatus, are involved in public policy processes.[14]

In this view, power is understood as the ability to facilitate, motivate and coordinate practices rather than a legal requirement to conform to certain criteria or concerns, and therefore ActNow BC is designed to tie into the existing practices and programs of partners and does not call into question any public policies developed by other ministries and partners even when these potentially or actually have a significant negative impact on many determinants of the five “modifiable risk factors” explicitly targeted by the initiative.

3.2 CONTROL MECHANISMS AND PROCEDURES

To effectively coordinate the public policies of various activity sectors, integrated governance initiatives must make use of innovative control mechanisms and procedures that will rise above the established boundaries between ministries or organizations.

Depending on the author, effective control is generally thought to involve one or all of the seven following factors:

1. The exercise of strong leadership by the elected officials responsible for the initiative (Ritsatakis & Järvisalo, 2006, pp.145-167);
2. The involvement of senior administrators from other ministries in the initiative (Flinders, 2002, pp.51-75);

[14] However, it should be noted that the aim of ActNow BC is not to coordinate organizations involved in public policy formation that are positioned “above” it, such as federal ministries and agencies (for example, those forming Canadian agricultural policies) or supra-national institutions.

3. The establishment of procedures and mechanisms of accountability adapted to this type of initiative (Flinders, 2002; Hunt, 2005, p.34; Sullivan, 2003, pp.353-369; Wilkins, 2002, pp.114-119; Mulgan, 2000, pp.555-573);[15]
4. The establishment of incentives for other ministries and organizations to incorporate public health concerns and criteria in their policies (Flinders, 2002);
5. The adaptation of these incentives to the "organizational cultures" of these ministries and organizations (Flinders, 2002);
6. The exploitation of windows of opportunity allowing the particular concerns and criteria of these ministries and organizations to be subsumed beneath those advanced by the initiative (Flinders, 2002); and
7. Effective conflict management practices (Flinders, 2002).

Section 54 is institutionalized in Québec's public health law and is under the authority and accountability of the Ministère de la Santé. In reference to point (1) above, we note that section 54 is supported by elected officials, having been initiated when the Parti Québecois was in power and pursued by the subsequent Québec Liberal government.

The main mechanism of accountability of section 54 is health impact assessment (HIA).[16] If ministries do not perform an HIA, they may see their projects blocked by Québec's council of ministers. There are, however, no specific incentives or disincentives to prompt ministries to integrate public health concerns and criteria.

In section 54, windows of opportunity for engaging other ministries come in two ways: (1) the tabling of an act or regulation by a ministry, which activates the HIA mechanism and/or (2) a process involving consultation and dialogue between health ministry authorities and INSPQ experts, which may result in relevant public health research and recommendations.

ActNow BC strongly exemplifies the exploitation of a window of opportunity. This initiative has been entirely structured around the window of opportunity created by Vancouver's hosting of the Olympic Games in 2010. The objectives are lined up with this horizon and the visibility and prestige of the Olympic Games are also used to advantage in a "social marketing" campaign that has been launched in relation to ActNow BC.

[15] If fact, almost all of the texts reviewed make the point that traditional mechanisms and procedures (according to which ministry officials are responsible to a minister, who is, in turn, accountable to a Council of Ministers and/or parliament) are poorly adapted to this type of governmental practice. In their conventional form, these are said to inhibit intersectoral cooperation by reinforcing organizational borders and preventing the innovation essential to integrated governance initiatives. It seems reasonable to assume that this applies fully to the integrated governance initiatives for health promotion that we are examining.

[16] Although the case of the right turn on red light demonstrates that this mechanism, while technically binding, has not always been applied by the ministries (which are responsible for its application), it nevertheless seems reasonable to conclude that this mechanism has legitimized the consideration of certain public health criteria and concerns by some M/Os in the context of their activities. In fact, as evidenced by the case of the *Act Respecting Commercial Aquaculture*, the mechanism seems at least to have prompted some ministries to collaborate with the MSSS on their public policy development process. The question of whether it will eventually lead to the legitimization of public health criteria and concerns in all M/Os and to the collaboration of all M/Os with the MSSS remains open.

ActNow BC also exemplifies the use of incentives. This strategy includes incentives for all partners, varying according to the type of partner being considered. For ministries, there is a financial incentive as well as a prescriptive obligation. The obligation is prescriptive because, to begin with, ministries are formally obliged, by order of the Premier, to adopt strategies aimed at producing healthier workplaces (*workplace strategy*). They must, in addition, indicate in their annual plans, starting in 2007–2008, how they have integrated the ActNow BC objectives into the framework of their plan for accomplishing their primary mission.[17] There are also financial incentives: funding has been made available to the ActNow BC team to offset the cost of actions undertaken by ministries as part of the initiative (ActNow BC, 2006a, p.6). In addition, some "private" partners receive financial support. The general idea, in the case of those who do benefit, seems to be to allocate funds to these partners so they can intensify existing activities and programs that target the five "modifiable risk factors."

It seems, moreover, that the incentives take into account the "organizational culture" of partners. It can be argued, for example, that the allocation of funds to certain private partners so they can intensify existing activities and programs shows respect for these partners' current "way of doing things." With respect to ministries, the ActNow BC team collaborates individually with each of them (including those whose programs may seem *a priori* opposed to the established objectives), using their current programs as a point of departure.[18] This demonstrates a desire to adapt to the varying programmatic, normative, and pragmatic contexts of these organizations, that is, to their organizational cultures.

However, resolving the apparent paradox of how to work within (that is, while respecting) the existing organizational cultures while provoking changes significant enough to meet established objectives may remain a challenge. It may be a challenge, for example, for indicators of physical activity to change significantly without significant changes to policies that affect the determinants of related risk factors; for example, land use policy, transportation planning, wealth redistribution, and so on.

The ActNow BC initiative has been championed by the Premier and, at its inception, was placed under the authority and responsibility of a new minister of state with the management of ActNow BC placed under the administrative structure of the Ministry of Tourism, Sport and the Arts (MTSA). In June 2008, ActNow BC became part of a newly created ministry, the Ministry of Healthy Living and Sport, under a new minister. An ActNow BC Assistant Deputy Ministers' (ADMs) Committee is now accountable for whole-of-government action to achieve ActNow BC's targets.

3.3 KNOWLEDGE PRODUCTION SYSTEMS

Analyses of modern forms of the exercise of governmental power argue that this power is exerted by and through systems for producing and managing knowledge (Dean, 1999; Rose, 1993, pp.283-299). Most state ministries and agencies produce, in one way or another,

[17] Verification of several annual plans, available on ministry Web sites, indicates that this seems to have been done by the ministries—although whether the actions taken will suffice to meet the established objectives remains an open question.

[18] According to our interview with Ron Duffel.

information about target populations and more or less formally establish the etiology of the problems they seek to solve. Our example initiatives also depend, for their effectiveness in producing healthy public policies, on knowledge about the effects of public policies and on disseminating knowledge to help form the basis for public policies.

Based on our literature review, the effectiveness of knowledge production systems depends on five main abilities:

1. To discern the availability of relevant, reliable and valid knowledge and to document both the extent of the problem and the likelihood of links between public policies and the population's health (Van Herten, Reijneveld, & Gunning-Scheppers, 2001, pp.342-347; Bowen & Zwi, 2005).
2. To lead to an understanding of the specificity of the social and cultural circumstances or contexts of these perceived relationships between public policy and population health (Tranfield, Denyer, & Smart, 2003, pp.207-222; Bowen & Zwi 2005, pp.601-605; Chalmers, 2005, pp.227-242; Lomas, 1990, pp.525-542; Nutley, Walter, & Davies, 2007). In Davies' terms (2007), they must demonstrate both internal and external validity.
3. To provide an assessment of the political and social consensus (or social acceptability) surrounding the relationship between population health and the public policies being proposed (Van Herten et al., 2001).
4. To lead to an appraisal of the availability, within the organizations concerned, of resources (human, intellectual, instrumental) allowing the knowledge produced to be used within the context of the development and implementation of the public policies concerned (Van Herten et al., 2001; Bowen & Zwi, 2005a).
5. To set up procedures so that the knowledge produced can be used by actors within the organizations involved in the development and implementation of the public policies (Bowen & Zwi, 2005b).

Section 54 strongly exemplifies a knowledge production ability. The processes developed for this initiative seem overall to be among the most developed and systematized in the world.

First, the human and financial resources devoted to the system have few equivalents. The advisories produced by the INSPQ within the context of section 54 demonstrate the ability to credibly document the links between health problems and certain health determinants, including some that are not bio-medical in nature (Michaud, Gagnon, & Turcotte, 2006).[19] The broad research program allows for the identification of knowledge gaps and the production of knowledge to fill these. The advisories have even allowed for documentation of the financial cost associated with current policies or with government inaction in relation to certain phenomena—which is far from being a negligible accomplishment in a context where questions of public finance are increasingly inescapable elements of public policy debates (Michaud & Turgeon, 2006). Nevertheless, although the advisories reveal solid scientific

[19] Given that the healthy public policy movement is concerned with many other determinants, it is, however, notable that concerns and/or proposals originating from public health actors that are not concerned with biophysical health determinants are given much less consideration in the public policy processes of other ministries.

evidence of the links between phenomena, such as between cellphone use while driving and accident rates, their analysis of the policy context, of potential policy instruments and of social and political considerations relevant to policy options could be expanded. Further, one advisory, on the *Difficulty of Balancing Work and Family Life*, does not provide any specific recommendations or proposals for public policies. The authors point out that there is, to their knowledge, no scientific evaluation of measures taken to support work-family balance (INSPQ, 2007).

With reference to point (5) above, the section 54 strategy provides for the establishment of mechanisms to ensure that knowledge is used. This includes the practice of health impact assessment (HIA)—which includes a network of respondents in each of the ministries—and the distribution/diffusion of the published advisories to public policy developers. Retrospective public policy case studies have hinted at weaknesses of this mechanism, but they also showed that the dissemination of the advisories had a significant effect. It is important to note here that these studies did not have the application of section 54 as their focus and were not evaluating the strategy.[20]

ActNow BC appears to be based on well-established scientific knowledge about the five targeted "modifiable risk factors." These risk factors are among those that have probably been subjected to the most scientific research. The scope of the health problems to which they are linked and the system of cause and effect to which they belong have been widely documented.

However, certain determinants of these risk factors ("the causes of the causes") are not explicitly targeted or prioritized in the strategy development documents, and are largely unaddressed by the partnerships established so far.[21] For example, while the five risk factors identified are distinctly more likely to apply to individuals or populations experiencing poverty, few of the initiatives seek to address socio-economic inequalities. This despite the fact that the quite extensive and systematic scientific and grey literature review that was produced in order to base the choice of interventions on the best available evidence clearly identified these "causes of the causes" as important to address (Krueger and Associates Inc., 2005, pp.13-15).

[20] Indeed, there seems to be contradictory evidence in this regard. On the one hand, one can suspect a relative weakness upon reading Michaud et al's (2006) case study. Indeed, the human resources and skill sets needed for the use of complex knowledge appear to be currently unavailable or at least insufficient in other ministries, despite the establishment of a network of interministerial respondents under the HIA framework. (Michaud et al., 2006). On the other hand, some positive signs of its effectiveness appear. Indeed, one can see through some of the case studies that the precautionary principle invoked by the INSPQ in one case was wholly adopted as the justification for developing a policy instrument in line with the recommendations contained in the advisory in question—which leads one to believe that the distribution and use of this advisory in particular was effective. (Turgeon & Talbot, 2006). In the same vein, another case analysis performed by GÉPPS reveals that the same advisory was used to support and strengthen concerns already awakened within the ministry that formulated the regulation (Michaud & Turgeon, 2006).

[21] Out of more than one hundred and ten programs stemming from partnerships under the initiative, only three appear to be specifically directed toward persons living in poverty (See ActNow BC, 2007, p.5).

On the other hand, as discussed earlier, the central knowledge production mechanism of the ActNow BC initiative is the production of evaluations of the processes involved (Did implementation go according to plan?), of the effects of actions (Were the desired effects produced?) and of the adequacy of resource allocation and use (Was administrative responsibility properly exercised?). These evaluations are carried out within the context of the initiative itself. In other words, while actions do not seem to be based *a priori* on scientific and/or expert knowledge about the probable links between public policies and health, systematic knowledge about the effects of the policies implemented will be produced and will presumably be used for the (re)orientation of the platform.

4 ISSUES ARISING

Effective integrated governance initiatives are vital to producing healthy public policy. Our purpose for this paper was to encourage reflection on approaches to integrated governance by discussing two contemporary Canadian examples. There are other Canadian initiatives we could have chosen. The existence of such initiatives is testimony to the value that current governments place on integrated governance approaches to accomplish public policy goals. But the conceptualization and implementation can vary—and so they should. Regardless, the very existence of these other initiatives sheds light on the importance actually accorded by public authorities to integrated governance approaches in order to achieve public health objectives.

In our view, the first question to be addressed in contemplating an integrated governance initiative is whether or not it is worthwhile to do so in any particular case. Will creating a form of integrated initiative accomplish a particular goal better than assigning the responsibility to a single department or agency? As noted early on in the paper, integrated governance initiatives are called for when a public policy problem is multifactorial and requires a combination of different sectors and levels of action. However, such initiatives have their costs in resources and attention. There should certainly be limits to the number of integrated governance initiatives in any one time or place. Accountability has to be redirected away from established forms. Going too far in this direction may undermine the effectiveness of the existing structures. Therefore, it is only after answering yes to the initial question that we should move on to the next one, which is how to proceed, recognizing that each type of integrated governance initiative has its own strengths and weaknesses and that the existing political and social context will constrain the choices.

Our paper discussed integrated governance approaches within three broad categories of factors. One category is the type of accountability and control mechanisms that allow or facilitate existing public administration structures to transcend their specific infrastructural limits in working on “extra-structural” projects. There were various mechanisms to foster multi-sectoral accountability in the examples we discussed. Certainly leadership is key. And a principal structural question is the relative merit of housing an initiative within an existing department, as in the section 54 example, or within a specific structure created for the purpose, as in the ActNow BC example.

We discussed how the underlying conception or understanding of governmental power plays a role in establishing the scale or type of multi-sectoral or integrated governance initiative. Given the growing importance of private (for- and not-for-profit) actors in the public policy development process, the effectiveness of initiatives also seems related to their approach to influencing actors other than those formally positioned within the public administration and their ability to move away from a legal conception of power (which functions essentially through prohibition and prescription) towards a conception of power as the coordination of diverse forces. Nevertheless, we should also be able, over time, to study to what extent and in what way the inclusion of a wide array of partners in an initiative increases its effectiveness, and whether being more inclusive is always the most desirable strategy, costs notwithstanding.

Relatedly, does the success of integrated governance initiatives depend on the quality of the supporting communities of for-profit and non-profit organizations? Does there have to be readiness in terms of their knowledge, their resources and their attitude? Does there have to be readiness in the communities of for-profit and non-profit organizations, in terms of their knowledge, their resources and their attitude? And to what extent does the choice of an integrated governance initiative further develop or constrain the future resources for public policy?

Finally, our review of the literature suggests that the relative effectiveness of initiatives in healthy public policy also depends on the ability of knowledge production systems to, on the one hand, process and organize knowledge about links between public policies and population health and, on the other hand, integrate this knowledge into the public policy processes of other activity sectors.

Accountability mechanisms may be the structural factor, but knowledge is the mobilizing one. When an initiative is relevant to a single sector, remaining within a specific knowledge domain may be effective. However, multi-sectoral and multi-level initiatives require knowledge and public policy explanations to be translated to a more diverse set of users who have different levels and forms of pre-existing knowledge and assumptions. Being effective in this context requires a particular capacity and attitude in order to develop shared knowledge and understanding across established domains.

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APPENDIX 1

ANNOTATED GLOSSARY

TERMS RELATING TO INTEGRATED GOVERNANCE

The usage of the concepts designating the different types of initiatives we have termed "integrated governance" is remarkably variable in the academic and grey literatures that concern them. To provide some situational clarity and to establish more consistency in usage, this glossary strives to define the terms pertaining to this family of concepts.

To this end, the National Collaborating Centre for Healthy Public Policy (NCCHPP) has identified or drawn inspiration from definitions proposed by researchers in public administration, political science, and in the social sciences and humanities more generally. Definitions were also taken from or inspired by documents produced by public administration agencies (e.g., ministries or departments, strategic units, the World Health Organization) that are mobilizing these terms by giving them an explicit or (more often) implicit definition. In these cases, we have provided some brief comments to specify which usage we endorse.

This exercise also provides an opportunity to indicate the contexts in which these terms tend to be used most often and to focus on some of their distinctive characteristics. Thus, this glossary is presented both as an exercise in conceptual clarification and as a cartography of the contexts in which these terms are utilized.

Integrated governance (*Gouvernance intégrée*)

PROPOSED DEFINITION

An initiative may be called an "integrated governance initiative" in so far as it is an action initiated and developed by a public agency striving to integrate the actions of other actors around the same problems. Thus, any action to coordinate public policy that has been initiated and developed by a public authority and that is made current by multiple public and/or private actors may be called "integrated governance," regardless of whether the parties involved belong to one or several other governmental levels and/or sectors and/or act on one or several different scales.

DISCUSSION

Our proposed definition of "integrated governance" is the most general concept we use, since it potentially embraces all the governance initiatives that belong to the family of initiatives discussed in this document.

Our definition is primarily inspired by a definition from the Institute of Public Administration Australia:

> Integrated governance describes the structure of formal and informal relations to manage affairs through collaborative (joined-up) approaches which may be between government agencies, or across levels of government (local, state and Commonwealth) and/or the non-government sector. (Institute of Public Administration Australia, 2002, p. 2).

REFERENCE POINT

The term "integrated governance" is most often used in the United Kingdom, but is also used by some Australian researchers.

Intersectoral action (*Concertation intersectorielle*)

PROPOSED DEFINITION

Our proposed definition of "intersectoral action" is in fact that of Lebeau et al. (1997, p. 73):

> [Intersectoral action] is a practice by actors in more than one sector of intervention who are mobilizing and engaging in a complementary fashion so that each person's expertise may be utilized to meet, of their common accord, the needs that are clearly identified in the community. [Translation]

DISCUSSION

The proposed definition emphasizes the coordination of interventions. As such, it describes a very specific dimension of public policy processes.

REFERENCE POINT

This usage is common in Québec, and frequently encountered in the sector of health care. For example, “intersectoral action” may be used to refer to or to organize the coordination of intervention practices in mental health with those in social housing or shelter resources. It could also potentially be used in other sectors of government activity.

Horizontal management (*Gestion horizontale*)

PROPOSED DEFINITION

Our definition of “horizontal management” is inspired by that of Bourgault and Lapierre.

Horizontal management is a practice initiated and implemented by one or several public administration organizations belonging to the same order of government (be it federal, provincial or municipal). It consists in no longer addressing a problem based exclusively on the respective/common concerns and responsibilities of the parties involved, but based on the interests, resources and constraints of all of the public administration actors taking action in one way or another regarding the problem at hand.

DISCUSSION

This definition emphasizes two principal elements. First, it specifies that the actors who initiate, implement and participate (in one way or another) in these initiatives are officially part of the administrative state apparatus, to the exclusion of all private-sector (for-profit or not-for-profit) actors. Second, the definition specifies that these actors all belong to the same order of government (be it Canadian federal, provincial, regional or municipal government). Defining the concept in this way has the advantage of restricting its application exclusively to a set of initiatives that share relatively common issues, since these organizations are all part of public administrations. This category of initiative may be understood in *contradistinction* to an entire set of other types of initiatives that also involve private-sector (for-profit or not-for-profit) actors and types of initiatives that are informed by issues specific to them.

Formulated in this way, this definition of “horizontal management” may, for example, be used to refer to the strategy to address section 54 of Québec’s *Public Health Act*. Instruments such as health impact assessment (HIA) mechanisms may be used to coordinate public policy between various ministries or departments.

OTHER DEFINITIONS

Here is the definition of “horizontal management” provided by Bourgault and Lapierre:

> Horizontality essentially exists when one or several managers of one or several organizations address a question no longer based exclusively on preoccupations for which they are responsible, but on a wider approach aiming at including [the] interests, resources and constraints of other stakeholders [in] this field. (Bourgault and Lapierre, 2000, p. 1) [Translation]

DISCUSSION

The level of abstraction in this definition appeared too high for us, leading us to modify its content. More specifically, Bourgault and Lapierre’s definition introduces two kinds of problems in providing a thorough definition for this term. The first problem is that it does not specify that the organizations involved must belong to the same order of government. As a result, their definition could also be used to designate “vertical management” practices—practices that involve organizations from different orders of government. We contend that the imprecise nature of this definition must be corrected since the qualifier (“horizontal”) evokes the idea that different “levels,” or “orders” of government are involved. Moreover, using the term “horizontal management” to denote a form of management that involves different orders of government would also amount to a useless specification. The second problem is that Bourgault and Lapierre’s definition does not specify that the organizations involved must officially belong to a public administration, thereby opening the door to including management practices that involve organizations from other sectors (e.g., businesses or community organizations). This aspect of their definition is somewhat confusing. Since the organizations involved are not officially

part of the state apparatus, it is rather perilous to attempt to locate them on any cartography of different orders of public administration. Doing so would imply, as specified earlier, a notion of horizontality (indeed, along with one of verticality). We therefore find it preferable to use the term "integrated governance" to refer to a type of management practice that involves private organizations and/or different orders of government.

REFERENCE POINT

The term "horizontal management" is often used by university researchers Bourgault and Lapierre, who work in Québec. It has also been used across Canada, often in English-language documents produced by the federal public administration (including some collaborative works by Bourgault and Lapierre).

Vertical management or governance (*Gestion ou gouvernance verticale*)

PROPOSED DEFINITION

While our proposed definition is inspired by the definition of horizontal management proposed by Bourgault and Lapierre, to distinguish it from that definition, we propose that the terms "vertical management" or "vertical governance" be defined as follows:

Vertical management or vertical governance is a practice that is initiated by one or several public administration organizations that belong to different orders of government (be they federal and/or provincial and/or regional and/or municipal) in the same field of activities and that consists in no longer addressing a problem based exclusively on concerns for the respective parties' responsibilities but based on the interests, resources and restrictions of others who take action in one way or another regarding the problem at hand.

DISCUSSION

For example, we could be referring to the collaborative efforts of Québec's transport ministry to work with the City of Montréal roadworks department to develop and implement a public transit funding policy.

Joined-up government or whole-of-government

PROPOSED DEFINITION

A "joined-up government" or "whole-of-government" initiative coordinates public services delivered collaboratively through partnerships between a multiplicity of public administration actors (ministries/departments or sub-departments of ministries/departments and/or regional bodies and/or governmental agencies) and private sector (for-profit or not-for-profit) organizations.

DISCUSSION

We contend, as Ling does, that the two terms "joined-up government" and "whole-of-government" are equivalent, for all intents and purposes. Our proposed definition is inspired by that of Ling, who writes that joined-up government initiatives are:

> based on the view that important goals of public policy cannot be delivered through the separate activities of existing organizations but neither could they be delivered by creating a new "super agency." It therefore seeks to align the activities of formally separate organizations towards particular goals of public policy. Therefore, joined-up working aims to coordinate activities across organizational boundaries without removing boundaries themselves. These boundaries are inter-departmental, central-local, and sectoral (corporate, public, voluntary/community). To join-up, initiatives must align organizations with different cultures, incentives, management systems and aims. Therefore, "joined-up government" is an umbrella term describing various ways of aligning formally distinct organizations in pursuit of the objectives of the government of the day. (Ling, 2002, p. 616).

Our definition, in accordance with that of Ling, endorses the use of the terms "joined-up government" and "whole-of-government" to specifically designate initiatives that are taken by one or more public bodies, but that aim to coordinate actions by other public actors (e.g.,

located in other ministries or other orders of government) with those of private (for-profit or not-for-profit) organizations.

REFERENCE POINT

The term "joined-up government" is most often used in the United Kingdom. It seems to have been popularized by Tony Blair's Labour Party administration. The term "whole-of-government" is most often used in Australia.

Network Government

PROPOSED DEFINITION

Our proposed definition of "network government" is inspired by Atkinson.

"Network government" refers to public policy coordinating initiatives that aim to include sections or agencies from all orders of government as well as private (for-profit or not-for-profit) organizations that involve a great deal of knowledge management transformation through new information and communications technologies.

DISCUSSION

By defining the chain of coordination as being characteristic of the term "network government," our definition focuses specifically on the concepts of joined-up government and whole-of-government. However, our proposed definition differs from Atkinson's definition in that it specifies the initiatives that involve strong concerns regarding the integration of new information and communications technologies.

Atkinson's influence on our definition may be seen in the excerpts below.

> Creating effective governance for the New Economy will require a fundamentally new approach, relying more on networks, information technology (IT) systems, and civic and private sector actors, and less on hierarchical, rule-based, bureaucratic programs. If bureaucratic government was about managing government agencies, albeit to achieve public aims, network government is about influencing the strategic actions of other actors. But let's be clear: Network government is not a conservative's paradise, for their vision of small government implies letting other actors make their own decisions free from collective influences (of regulation, funding, or incentives). Network government very much involves government promotion of collective action to advance the public good, but by engaging the creative efforts of all of society. (Atkinson, 2003, pp. 3-4).

> If networks are the core concept of a new form of government, then it is time to shift from thinking about government to thinking about governance. Public management is a narrow field, focusing on the deliberately taken actions of public agencies to address discrete problems. While public management is part of governance, not all governance involves public management. Governance is a broader concept and implies better aligning the actions of all actors — government, organizations, and individuals — to public ends. Therefore, a key task of governance is to help ensure that complex networks produce socially desirable results. This means that we need to replace the concept of hierarchical bureaucratic government with the concept of government as a manager of policy networks containing all relevant actors, including agencies at all levels of government, quasi-public and other non-profit organizations, private companies, and even citizens. (Atkinson, 2003, p. 4).

REFERENCE POINT

The term "network government" is most often used in the United States.

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