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PROTOCOL

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Mapping health promotion practices across key sectors and its intersectoral approach at the local level: Study protocol

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Abstract

Aims: This study outlines a protocol aimed at identifying and mapping health promotion practices in need of development from the perspectives of key sectors responsible for it at the local level and from an intersectoral perspective across four Spanish regions.

Design: A complementary multi-method study combining survey methods and qualitative interviews will be adopted.

Methods: Purposive snowball sampling will be employed to select potentially rich informants from city councils, primary care centres, primary and secondary schools, and public health and civil society organizations in 12 municipalities sensitive to local health. Data on the degree of execution of health promotion activities, the level of intersectorality in their implementation, and their origins will be collected using PromoACTIVA questionnaires, an intersectoral typology model and an interview protocol. A parallel mixed analysis encompassing descriptive statistics and a 'framework analysis' will be performed.

Discussion: This study is expected to yield thorough and reliable insights into health promotion practices and omissions at the local level by focusing on key stakeholders, both individually and collaboratively. This information can enhance health promotion planning and improve its effectiveness, efficiency and contextual relevance. The development and testing of a methodology for the integration and interpretation of these data will ensure sustainable capacity building.

Impact: Managers and practitioners interested in health promotion planning in the researched settings can benefit from a comprehensive map of the current state of their practices and insights into the starting points of collaboration. In addition, planners from other local settings will gain access to tools and methodologies to replicate and expand these maps to their own contexts.

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Stakeholder Engagement: Engaging key stakeholders with experience working in or with primary care centres, public health organizations, primary and secondary schools, civil society organizations, and city councils was vital to ensure the study's relevance and feasibility.

KEYWORDS
capacity building, health promotion, intersectoral collaboration, multi-method study, omissions, planning, practice, research protocol

1 | INTRODUCTION

Individual health is intricately linked to its social determinants. Factors such as neighbourhood characteristics, air pollution, working conditions, housing, access to healthy food and physical activity facilities play a crucial role in shaping overall health and well-being. These and other social, political, economic and environmental conditions significantly influence people's opportunities to attain their desired levels of health and well-being, as well as their vulnerability to health problems (Dahlgren & Whitehead, 1991). Additionally, the unequal distribution of these determinants causes health inequities (Dean et al., 2013).

To foster population health and address some of the most significant causes of modern morbimortality, including cardiovascular disease, cancer and diabetes, efforts must be directed towards tackling multiple structural causes, such as the environment, education and unemployment policies, poverty and social exclusion. Health promotion (HP) encompasses addressing the social determinants of health and is thus an efficient strategy to help people achieve an optimal health status (World Health Organization [WHO], 1986). Since expecting a singular sector of society to address every determinant of health is unrealistic, HP should be pursued as an intersectoral endeavour. Thus, multiple societal sectors should collaborate to design and implement public health policies and comprehensive HP interventions to ensure their effectiveness (Baum et al., 2010).

However, optimizing HP's effectiveness should extend beyond fostering intersectoral collaboration and emphasize its implementation at the local level. In fact, intersectoral action at the local level is especially relevant because it is where the previously mentioned factors become tangible manifestations: people's socioeconomic status conditions their educational attainment, the job they secure, the housing they can access, the neighbourhood where they will live, etc., which influences their lifestyle habits and eventually either contributes to or threatens their health. Thus, it is precisely in this context that actions are the most effective. Indeed, local intersectoral collaborations that improve health entail actions that can holistically address the complexity of health needs (Nagorcka-Smith et al., 2022).

The local intersectoral HP process faces hurdles owing to a limited awareness of its comprehensive nature and complexity, which hinders collaboration to address challenges. Fragmented responsibilities among sectors, resource constraints, the lack of a normative framework and divergent interests exacerbate these difficulties (Corbin et al., 2018; de Leeuw, 2017). Perhaps the most fundamental factor is the absence of proper HP planning, a precondition hindered by a lack of valid, reliable, comprehensive and up-to-date information on practices in key sectors, both individually and collaboratively. Only by using comprehensive and valid data can occur the prioritization of areas of action, the sensible allocation of resources and the identification and capitalization of opportunities for joint HP (Davies et al., 2004; Fazal et al., 2017).

2 | BACKGROUND

Much of the literature describing local intersectoral HP practices consists of case reports, such as those authored by Beaudoin et al. (2023) and Christensen et al. (2019). Although valuable owing to their practical insights into implementation, they may not contribute to a comprehensive understanding of the overall state of local HP practices. The European Health Promotion Indicator Development Project (Davies et al., 2004), which was identified as the research initiative with the greatest potential to contribute to the latter objective, has prioritized the establishment of a standardized HP monitoring system that incorporates sets of indicators and methods for data collection. Pending its full activation or the availability of the global HP information it could yield, this monitoring system, given its board focus, first needs to demonstrate its utility for planning at the local level. According to Eldredge et al. (2011), effective HP planning requires detailed information gathered through health, intervention, policy and media monitoring.

HP is a process (WHO, 1986); thus, its planning should consider information derived from all its relevant steps. For practical operationalization and evaluation, Pumar-Méndez et al. (2022) characterized the HP process as encompassing eight steps (Figure 1). Despite the numerical order assigned, the initial three steps of the process may unfold into varying sequences or iterations. In this flexible framework, *Planning* is designed to formalize, structure and systematize the practices and capacity-building initiatives for HP within organizations; *Situational Analysis* involves exploring and comprehending the circumstances at the individual, community and organizational levels to facilitate the formulation and planning of HP strategies and the development of healthy public policies; while *Organizational Capacity Building* focuses on enhancing and optimizing the allocation and coordination of human, relational, material, structural and financial resources within organizations, which are essential for the successful implementation of HP.

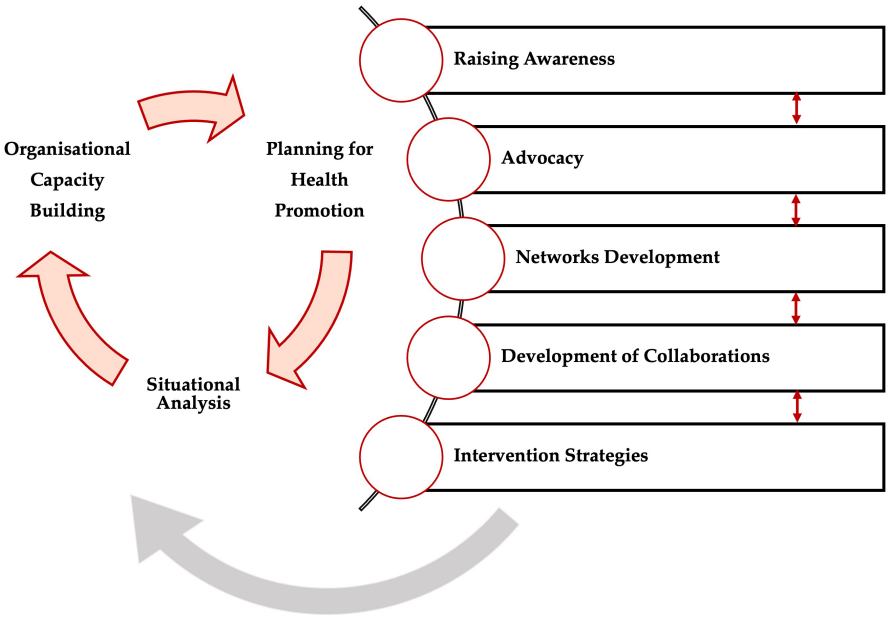

FIGURE 1 Graphic representation of the HP process as described by Pumar-Méndez et al. (2022).

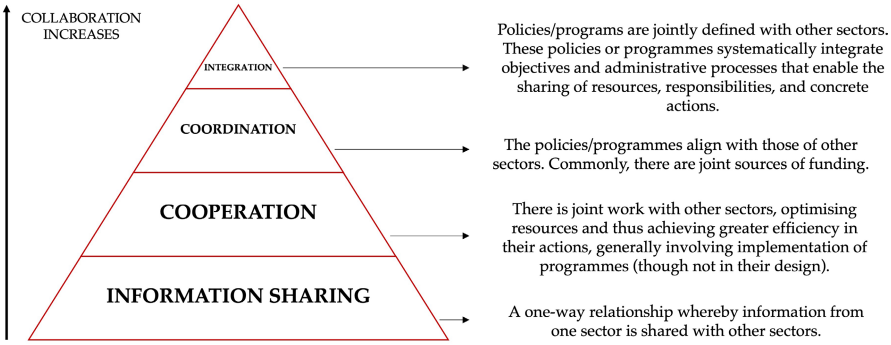

FIGURE 2 Intersectorality levels, as described by Solar et al. (2009).

The following four steps have a dual impact of (1) serving as both direct HP interventions and benefiting individuals and communities and (2) enhancing HP capacity. Specifically, *Raising Awareness and Shaping public opinion* involves activities aimed at developing and influencing the perspectives of individuals, communities and systems regarding the social determinants of health and their implications. Meanwhile, the *Advocacy* step encompasses efforts to champion the need for strategies that promote health by addressing multiple determinants and upholding the principles of equity, participation and health in all policies. Next, the steps of *Network Development* and *Collaboration Development* focus on establishing community and social networks for HP and identifying and establishing collaborations with key HP stakeholders, respectively. Finally, the last step in the HP process, *Intervention Strategies*, is the sole component exclusively dedicated to enhancing individuals' health-related skills and the environments in which they reside, thereby promoting favourable health behaviours.

The absence of the first step of the HP process (i.e. proper planning) can prevent intersectoral collaboration from occurring or make it anecdotal. Solar et al. (2009) described an intersectorality level proposal for the 7th Global Conference on Health Promotion, that offered an analytical approach to studying patterns of health relationships between sectors in subsequent studies (Pan American Health Organization [PAHO], 2015). This typology describes four levels of intersectoral action ranging from the most basic to the most advanced (Figure 2). Without adequate planning, progressing towards higher levels of intersectorality, such as achieving sector integration, would be challenging (Quilling et al., 2022).

For these reasons, a multimethod study was designed to address the information gap related to HP practices in key sectors, both individually and collaboratively. This study provides a detailed explanation of the protocol, which was developed after mindful dialogue with city council staff, primary care planners and front-line professionals, school health experts, public health representatives and health planning professional working with civil society. This collaboration enriched and validated the study protocol as both relevant and feasible, with five stakeholders joining the research team.

3 | THE STUDY

3.1 | Aim and objectives

This research project aims to identify and map HP practices in need of development: (1) by the key sectors responsible for it at the local level and (2) from an intersectoral perspective covering four

Northern Spanish regions. Specifically, the project pursues the following objectives:

- Identify, describe and map HP practices carried out in primary care centres (PC), public health organizations (PH), primary and secondary schools (S), civil society organizations (CS) and city councils (CC) in the participating regions.
- Identify, describe and understand the origins of complementary practices and duplications in HP that occur in PC, PH, S, CS and CC in the participating regions.
- Identify, describe and understand the origins of HP omissions in PC, PH, S, CS and CC in the participating regions.
- Identify and describe the best HP practices developed from an intersectoral perspective in the participating regions.
- Identify and describe areas of action for the development of HP from an intersectoral perspective in the participating regions.
- Provide tools and a systematic methodology for monitoring and planning the practice of HP from an intersectoral perspective.

4 | METHODS

4.1 | Design

A complementary multi-method design combining survey methods and qualitative interviews will be adopted to meet the first five aims of this investigation (Brewer & Hunter, 2006). Multi-method designs are preferred when studies have multiple specific objectives that can only be addressed through different methodologies.

The parallel replication of the research in four different regional contexts will allow for the evaluation and refinement of the methodology devised for monitoring and planning the practice of HP from an intersectoral perspective (Objective 6).

4.2 | Sample

Four regions were chosen for prioritizing HP as a cornerstone in their health plans. In each region, three municipalities will be selected using purposive sampling, considering two criteria: population size and sensitivity to local health work. Regarding population size, three types of municipalities will be considered: (1) densely populated areas with at least 50,000 inhabitants; (2) areas of intermediate density, with a population ranging from 1000 to 49,999; and (3) sparsely populated areas, where the population does not exceed 999 inhabitants. Regarding the criterion of sensitivity to local health work, indicators of greater sensitivity will include membership or adherence to strategies (e.g. the Spanish Network of Healthy Cities, local implementation of the Ministry of Health's strategy, or the existence of a Local Health Plan).

In each participating municipality, while acknowledging that these do not encompass the entire spectrum of organizations and sectors contributing to HP, the analysis of HP practices and intersectoral dynamics will focus only on those exhibited by PC, PH, S, CS and CC. The explicit recognition of the areas of action of these specific entities as being particularly relevant in the local implementation of the Strategy for Health Promotion and Prevention in the Spanish National Health System (Ministerio de Sanidad, Servicios Sociales e Igualdad, 2015) influenced the decision to prioritize them within the scope of this investigation.

Each municipality's CC, corresponding PH, and at least one PC from each health district will be included in the study sample. Representatives from these organizations will collaborate to identify S and CS with whom they typically work or other entities recognized for their significant involvement in HP in their municipalities. The triangulation of facilitated data will generate a prioritized list of potentially rich informant organizations. Having ensured their sensitivity to HP or intersectoral work, purposive selection will continue by including S, which offers primary and secondary study cycles, and CS, which identifies their involvement or activity in health issues.

Purposive and snowball sampling will be employed again to select specific representatives from CC, PH, PC, S and CS. Table 1 presents the criteria for identifying individuals who may be rich informants.

Access to the organizations, as well as to the individual participants in them, will be sought through gatekeepers in each sector. Recruitment will conclude when data saturation is reached, thereby determining the sample size.

4.3 | Variables, data sources and data collection

The primary variables to be quantitatively collected to address the outlined objectives are the *degree of execution of HP activities* by the five organization types involved in the study and the *level of intersectorality* in which these practices are conducted. The origins of these practices (whether they constitute the best, complementary or duplicated practices) and omissions in HP will be investigated qualitatively. Sociodemographic data will be collected from both participants and the organizations to which they belong.

The operationalization of the variable *degree of execution of HP activities* will be tailored to the specific activities of each sector using the respective PromoACTIVA questionnaire versions for CC, PH, PC, S and CS. These ad-hoc questionnaires encompass seven or eight categories representing the steps of the HP process, as proposed by Pumar-Méndez et al. (2022) (Figure 1). Categories include the activities that should be carried out in these sectors to fully implement HP.

The PromoACTIVA questionnaires were developed based on a documentary analysis of existing tools and/or articles that discuss the practical meaning of each of the five HP areas of action defined in the Ottawa Charter in the fields of CC, PH, PC, S and CS. Framework analyses of the documents resulted in five lists containing 31–56 activities, the degree of execution of which is rated using 5-point Likert scale (1 = none, 2 = insufficient, 3 = sufficient, 4 = advanced and 5 = very advanced). Sociodemographic items regarding

TABLE 1 Inclusion criteria.

Sector	Criteria
City Councils	• Designated person for health or well-being matters*† • Technicians from public health departments or similar (e.g. Health and Consumer Affairs)*† • Director of the relevant departments (Desirable)*† *With global knowledge of departments and levels in the city council †Minimum experience in the organization: 2 years
Public Health Institutes	• Mix of technical and managerial profiles*†‡ʔ *Experts in health promotion †Knowledgeable about selected municipalities ‡With greater contact/responsibility in activities related to sectors included in the study ʔMinimum experience in the organization: 2 years
Primary Care Centres	• Mix of healthcare and managerial profiles*†‡ *Knowledge of the population served †With greater contact with other organizations included in the study ‡Minimum experience in the organization: 2 years
Primary and Secondary Schools	• Mix of teachers from each cycle, administrators and socio-health profiles identifying their involvement/activity in health-related issues (e.g. members of the health promotion committee, counsellors, educational support assistants, nurses, social workers)* *Minimum experience in the organization: 2 years
Civil Society Associations	• Volunteers, affiliated members, paid employees*† • Mix of profiles in administration, coordination, management, leadership, or direct work with the population* *With global knowledge of the organization †Minimum experience collaborating with the organization: 2 years

TABLE 2 Interview protocol.

Opening question	Among the health promotion interventions that you carry out in your organization, which ones would you highlight?
Questions regarding each of the health promotion activities depending on the degree of execution	What do you consider to be the factors contributing to the regular/systematic implementation of this activity within your organization? OR What factors influence the omission of this activity in your organization?
Questions at the end of each step of the health promotion process to explore intersectoral practices	What leads you to work in this manner?
Questions to be asked if related information has not arisen during the interview	Can you highlight examples of good practices in health promotion that your organization develops with other sectors? What specific topics do the different health promotion actions and activities in your organization target?

the characteristics of the target respondents and organizations were also included.

The PromoACTIVA questionnaires underwent a rigorous validation process including content validity analysis, comprehensibility and semantic fit testing. The PC, S and CS tools were pilot-tested to analyse and optimize their reliability and obtained excellent Cronbach's alpha coefficients ranging from 0.963 to 0.978.

The operationalization of the variable *level of intersectorality* considers the intersectoral typology proposed by Solar et al. (2009) (Figure 2). Following this conceptualization, the *level of intersectorality* achieved in the development of each category representing a step of the HP process proposed by Pumar-Méndez et al. (2022) will be assessed using 5-point Likert scales (1 = none, 2 = sharing information, 3 = cooperation, 4 = coordination and 5 = integration).

The qualitative data necessary to describe and understand the origin of autonomous and intersectoral HP practices in each organization will be collected through group interviews. Table 2 presents questions included in the protocol guiding the interviews.

The administration of the questionnaires and qualitative enquiries will take place during the same group interview, which will be audio-recorded for later verbatim transcription. This method of data collection will allow various representatives from a single organization (with different profiles and roles) to contribute to a comprehensive description of HP activities in their organization. A single PromoACTIVA questionnaire and an intersectorality questionnaire

TABLE 3 Tactics that will be used for enhancing study rigour.

Rigour test related to quantitative/ qualitative traditions	Tactics
Construct validity/ confirmability	• Use of multiple sources of evidence (quantitative and qualitative evidence from the surveys and individual interviews, respectively) • Tracking the chain of evidence and careful storage of data • Detailed description of research methods and specific procedures followed
Credibility	• Use of extensive data excerpts to substantiate the formulation of themes
External validity/ transferability	• Thick description of the research setting and findings that enables readers to assess the potential transferability to their own settings
Reliability/ dependability	• Study protocol • Verbatim transcription of individual interviews

will be completed during each interview. The data collected reflect the participants' consensus on the *degree of execution of HP activities* and the *level of intersectorality* at each step of the HP process achieved in their organization.

4.4 | Analysis

A parallel mixed analysis involving independent analyses of quantitative and qualitative datasets will be performed, followed by comparison, integration and interpretation (Onwuegbuzie, 2003). Descriptive statistics will be utilized for the analysis of quantitative data. These encompass the calculation of frequencies, measures of central tendency and dispersion to portray the sample, summarize HP practices and omissions across various sectors and delineate intersectoral practices. Trends will be explored based on the municipality typology. SPSS software will be used for this process.

The qualitative data will undergo analysis using the Ritchie and Lewis (2003), Ritchie and Spencer (1994) 'framework analysis' method, which comprises five distinct stages: familiarization, identification of a thematic framework, indexing, charting and mapping and interpretation. Familiarization with the data will be achieved through multiple readings of verbatim transcriptions and field notes from group interviews. The key emerging themes will be systematically listed during these readings to aid in identifying the thematic framework. The development of this framework will also draw on the categories and items included in the PromoACTIVA questionnaires as they represent a theoretical proposal of what activities should be carried out in the investigated sectors in order for HP to be considered fully implemented (Ritchie & Lewis, 2003; Ritchie & Spencer, 1994).

Upon establishing the thematic framework, data will be abstracted from their original context and organized into charts that delineate specific themes (Ritchie & Spencer, 1994). Finally, the qualitative dataset as a whole will be mapped and interpreted. As Ritchie and Spencer (1994, p. 186) note, 'piecing together the overall picture will not only be a question of aggregating patterns but of weighing up the salience and dynamics of issues, and searching for a structure rather than a multiplicity of evidence'. This mode of analysis will enable the identification and understanding of the origins of HP omissions, practices, complementary activities and duplications while also documenting best practices. The process will be facilitated using ATLAS.ti software.

Following the completion of the quantitative and qualitative analyses, a comparative and integrative phase will be initiated using Moran-Ellis et al. (2004, 2006) 'following a thread' approach for mixed-methods data integration, which involves examining each 'thread' or investigative query (i.e. the *degree of execution of HP activities*, their *level of intersectorality* and their origins) to generate subgroups of findings related to each specific issue under study. The outcomes of this examination will be systematically documented in a table to facilitate data management.

4.5 | Rigour

In this study, the quality of the research process and outcomes will be ensured by adhering to the recommendations of Riege (2003), who outlined techniques to maintain rigour applicable to both quantitative and qualitative traditions. Table 3 lists the specific strategies that will be used in this study. Additionally, rigour is enhanced through the constant use of reflexivity (Olaghere, 2022). A reflexive approach has been used in the design of this protocol and will be used during data collection and analysis process. The integration of the different methods to be used in this study implies a purposeful engagement of subjective thought processes and their influence on the decisions that are made along the project. To register these processes, a research journal is being used to collect the decisions and discussions in the research team to help to identify the influence of potential research bias and influences on the production of information and knowledge (Olaghere, 2022).

4.6 | Ethical considerations

This study was approved by the Ethics, Animal Experimentation and Biosafety Committee of the Public University of Navarre (reference number: PI 011/21). All participants will be informed about the study aims and methods and will provide informed consent to participate in each specific study phase. Participants' identities will be safeguarded and protected, and the information collected will be kept confidential. Potential participants will be reminded that participation is voluntary and that consent can be withdrawn at any time without detrimental consequences.

5 | DISCUSSION

This study is expected to provide comprehensive, explanatory, valid and reliable information on (1) the practices and omissions in HP developed by the main stakeholders at the local level and (2) intersectoral work in HP at that level. The information gathered from the four regions will enable stakeholders to enhance HP planning and its effectiveness (e.g. allowing for the identification of multicomponent strategies that cover gaps and involve various sectors), efficiency (reducing duplications or low-value activities) and contextual relevance. The improved capacity for HP planning is expected to become sustainable over time. Sustainability will be facilitated by testing specific tools to monitor the HP practices of diverse stakeholders along with developing a methodology for the integration and interpretation of these data. Moreover, it is expected that the design of tools tailored to each sector and their use in the research process will contribute to enhancing the capacity of these sectors by helping them better understand their roles and responsibilities in HP (Alderwick et al., 2021), thereby reducing the hurdles mentioned in the introduction.

This study highlights the advancement of HP from intersectoral and local perspectives. Evidence suggests that HP strategies in a single sector are limited in reach and impact (Hommes et al., 2020; Paccaud et al., 2013) and that population- and context-tailored interventions are more effective than broader national or international approaches (Van Vliet-Brown et al., 2018).

In this study, the information gathered on intersectoral best practices in HP will contribute to a more comprehensive understanding of how synergy among diverse sectors can enhance HP's effectiveness and efficiency. Elucidating effective collaborative approaches and specific activities that lead to successful collaborations will make intersectoral work more operational. Furthermore, insights into the benefits of these best practices could encourage widespread adoption of an intersectoral perspective (Fazal et al., 2017).

Similarly, identifying action areas in need of development in HP intersectoral work at the local level will allow for tailored planning. Outlining circumscribed areas of intervention will provide recognizable shared spaces for all local agents, thus serving as a starting point for collaboration (Quilling et al., 2022).

It is important to recognize that a study focusing on municipalities sensitive to local health practices may influence the depiction of HP practices as these settings may have unique characteristics that are not universally applicable. However, within the framework of the current research, priority has been given to analytical generalization over statistical transferability. Analytical generalization provides a more contextualized and detailed perspective, which can help to more comprehensively address complex phenomena such as HP and intersectorality (Halkier, 2011). Furthermore, explorations into municipalities sensitive to local health work have the potential to unveil paradigmatic initiatives and valuable lessons that facilitate a deeper understanding and learning of the principles or practices that should be disseminated (Fazal et al., 2017).

Likewise, the key stakeholders in local HP go beyond those involved in this study. Although this restrictive approach may provide only a partial view of local HP practices, the decision to limit the number of agents was necessary to manage complexity and ensure the feasibility of the study. Future research could incorporate organizations from other sectors that have been identified as crucial in health support systems, such as social services, industry or media (Pumar-Méndez et al., 2017).

6 | CONCLUSION

HP continues to be regarded as a flagship tool for addressing foreground challenges, such as health inequalities, chronic epidemics and the fragile sustainability of the healthcare system. Building HP capacity at the local level through an intersectoral approach requires valid and reliable data on the current state of practice. The present study will contribute to this effort by providing a map in four settings, as well as a methodology to amplify these maps in future investigations.

AUTHOR CONTRIBUTIONS

All listed authors have contributed to the manuscript substantially, agreed to the order in which the author names appear and agreed to the final submitted version.

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CONFLICT OF INTEREST STATEMENT

The authors confirm that they have no affiliations with or involvement in any organization or entity with any financial interest or non-financial interest in the subject matter or materials discussed in this manuscript.

PEER REVIEW

The peer review history for this article is available at https://www.webofscience.com/api/gateway/wos/peer-review/10.1111/jan.16147.

DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

PROTOCOL REGISTRATION

Open Science Framework: https://osf.io/tg9kf/.

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REFERENCES

Alderwick, H., Hutchings, A., Briggs, A., & Mays, N. (2021). The impacts of collaboration between local health care and non-health care organizations and factors shaping how they work: A systematic review of reviews. *BMC Public Health*, *21*(1), 753. https://doi.org/10.1186/s12889-021-10630-1

Baum, F., Newman, L., Biedrzycki, K., & Patterson, J. (2010). Can a regional government's social inclusion initiative contribute to the quest for health equity? *Health Promotion International*, *25*(4), 474–482. https://doi.org/10.1093/heapro/daq033

Beaudoin, A. J., Gagnon, M., Roy, M., Clapperton, I., Lambert, A., Jasmin, E., Ducreux, E., Desrosiers, A., & Martin, C. (2023). Collaboration between public health and schools: An example of an integrated community social care model. *International Journal of Integrated Care*, *23*(3), 11. https://doi.org/10.5334/ijic.7529

Brewer, J., & Hunter, A. (2006). *Foundations of multimethod research*. SAGE Publications, Inc. https://doi.org/10.4135/9781412984294

Christensen, J. H., Bloch, P., Møller, S. R., Søgaard, C. P., Klinker, C. D., Aagaard-Hansen, J., & Bentsen, P. (2019). Health in all local policies: Lessons learned on intersectoral collaboration in a community-based health promotion network in Denmark. *The International Journal of Health Planning and Management*, *34*(1), 216–231. https://doi.org/10.1002/hpm.2620

Corbin, J. H., Jones, J., & Barry, M. M. (2018). What makes intersectoral partnerships for health promotion work? A review of the international literature. *Health Promotion International*, *33*(1), 4–26. https://doi.org/10.1093/heapro/daw061

Dahlgren, G., & Whitehead, M. (1991). Policies and strategies to promote social equity in health. Background document to WHO–Strategy paper for Europe. Institute for Futures Studies. https://core.ac.uk/download/pdf/6472456.pdf

Davies, J. K., Hall, C., & Linwood, E. (2004). The development of a European health promotion monitoring system (the EUHPID project) final report to the European Commission, DG SANCO, on behalf of the EUHPID consortium. International Health Development Research Centre, University of Brighton. https://ec.europa.eu/health/ph_projects/2001/monitoring/fp_monitoring_2001_frep_03_en.pdf

de Leeuw, E. (2017). Engagement of sectors other than health in integrated health governance, policy, and action. *Annual Review of Public Health*, *38*, 329–349. https://doi.org/10.1146/annurev-publhealth-031816-044309

Dean, H. D., Williams, K. M., & Fenton, K. A. (2013). From theory to action: Applying social determinants of health to public health practice. *Public Health Reports (Washington, D.C.: 1974)*, *3*(Suppl 3), 1–4. https://doi.org/10.1177/00333549131286S301

Eldredge, L. K. B., Parcel, G. S., Kok, G., Gottlieb, N. H., & Fernández, M. E. (2011). *Planning health promotion programs: An intervention mapping approach* (3rd ed.). John Wiley & Sons Ltd. https://www.everand.com/book/60102759/Planning-Health-Promotion-Programs-An-Intervention-Mapping-Approach

Fazal, N., Jackson, S. F., Wong, K., Yessis, J., & Jetha, N. (2017). Between worst and best: Developing criteria to identify promising practices in health promotion and disease prevention for the Canadian best practices portal. *Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice*, *37*(11), 386–392. https://doi.org/10.24095/hpcdp.37.11.03

Halkier, B. (2011). Methodological practicalities in analytical generalization. *Qualitative Inquiry*, *17*(9), 787–797. https://doi.org/10.1177/1077800411423194

Hommes, F., Alpers, K., Reime, B., & Rexroth, U. (2020). Durch attraktive Karrierewege Public Health in Deutschland nachhaltig stärken – Kernforderungen an eine Public-Health-Strategie für Deutschland im Bereich Human Resources. *Das Gesundheitswesen*, *82*, 303–305. https://doi.org/10.1055/a-1082-0890

Ministerio de Sanidad, Servicios Sociales e Igualdad. (2015). Guía para la implementación local de la Estrategia de Promoción de la Salud y Prevención en el SNS. Ministerio de Sanidad, Servicios Sociales e Igualdad Centro de Publicaciones. https://www.sanidad.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/Implementacion_Local.htm

Moran-Ellis, J., Alexander, V., Cronin, A., Dickinson, M., Fielding, J., Sleney, J., & Thomas, H. (2004). Following a thread—An approach to integrating multi-method data sets. ESRC research methods Programme, methods festival conference.

Moran-Ellis, J., Alexander, V. D., Cronin, A., Dickinson, M., Fielding, J., Sleney, J., & Thomas, H. (2006). Triangulation and integration: Processes, claims and implications. *Qualitative Research*, *6*(1), 45–59. https://doi.org/10.1177/1468794106058870

Nagorcka-Smith, P., Bolton, K. A., Dam, J., Nichols, M., Alston, L., Johnstone, M., & Allender, S. (2022). The impact of coalition characteristics on outcomes in community-based initiatives targeting the social determinants of health: A systematic review. *BMC Public Health*, *22*(1), 1358. https://doi.org/10.1186/s12889-022-13678-9

Olaghere, A. (2022). Reflexive integration of research elements in mixed-method research. *International Journal of Qualitative Methods*, *21*, 16094069221093137. https://doi.org/10.1177/16094069221093137

Onwuegbuzie, A. J. (2003). Effect sizes in qualitative research: A prolegomenon. *Quality and Quantity*, *37*(4), 393–409. https://doi.org/10.1023/A:1027379223537

Paccaud, F., Weihofen, A., & Frank, M. (2013). Public health workforce in Switzerland: Are public health workers lacking? *International Journal of Public Health*, *58*(6), 799–800. https://doi.org/10.1007/s00038-013-0481-2

Pan American Health Organization (PAHO). (2015). Intersectoral action and health equity in Latin America: An analytical approach. PAHO. https://www.paho.org/en/file/47351/download?token=knsnBk8S

Pumar-Méndez, M. J., Lopez-Dicastillo, O., Hernantes, N., Iriarte-Roteta, A., Belintxon, M., García-Iriarte, A., & Mujika, A. (2022). Development of a taxonomy of activities in health prevention and promotion for primary care. *Journal of Nursing Management*, *30*(5), O10–O22. https://doi.org/10.1111/jonm.12980

Pumar-Méndez, M. J., Mujika, A., Regaira, E., Vassilev, I., Portillo, M. C., Foss, C., Todorova, E., Roukova, P., Ruud Knutsen, I. A., Serrano, M., Lionis, C., Wensing, M., & Rogers, A. (2017). Stakeholders in support systems for self-care for chronic illness: The gap between expectations and reality regarding their identity, roles and relationships. *Health Expectations: An International Journal of Public Participation in Health Care and Health Policy*, *20*(3), 434–447. https://doi.org/10.1111/hex.12471

Quilling, E., Mielenbrink, V., Osterhoff, A., Terhorst, S., Tollmann, P., & Kruse, S. (2022). State of evidence on municipal strategies for health promotion and prevention: A literature and database research (scoping review). *BMC Public Health*, *22*(1), 301. https://doi.org/10.1186/s12889-022-12607-0

Riege, A. M. (2003). Validity and reliability tests in case study research: A literature review with "hands-on" applications for each research

phase. *Qualitative Market Research: An International Journal*, *6*(2), 75–86. https://www.academia.edu/40689302/Validity_and_reliability_tests_in_case_study_research_a_literature_review_with_hands_on_applications_for_each_research_phase

Ritchie, J., & Lewis, J. (2003). *Qualitative research practice—A guide for social science students and researchers*. Sage Publications Ltd.

Ritchie, J., & Spencer, L. (1994). Qualitative data analysis for applied policy research. In *Analyzing qualitative data* (pp. 173–194). Routledge.

Solar, O., Valentine, N., Rice, M., & Albretch, D. (2009). Moving forward to equity in health what kind of intersectoral action is needed? An approach to an intersectoral typology. Partnership and Intersectoral action. Conference working document. 7th global conference on health promotion, promoting health and development: Closing the implementation gap, Nairobi, Kenya. https://www.dors.it/documentazione/testo/201409/05_2009_OMS%20Nairobi_Equity%20in%20Health.pdf

Van Vliet-Brown, C. E., Shahram, S., & Oelke, N. D. (2018). Health in all policies utilization by municipal governments: Scoping review. *Health Promotion International*, *33*(4), 713–722. https://doi.org/10.1093/heapro/dax008

World Health Organization. (1986). *First international conference on health promotion, Ottawa, 21 November 1986*. World Health Organization. https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference/actions

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