

National Collaborating Centre  
for **Healthy Public Policy**

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# INTERPROVINCIAL MEETING ON HEALTH IMPACT ASSESSMENT (HIA): UPDATE

PRELIMINARY VERSION | JULY 2012



Centre de collaboration nationale  
sur les politiques publiques et la santé

National Collaborating Centre  
for Healthy Public Policy

*Institut national  
de santé publique*

Québec

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## INTERPROVINCIAL MEETING ON HEALTH IMPACT ASSESSMENT (HIA): UPDATE

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The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

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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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## 1 INTRODUCTION

In February 2009, the National Collaborating Centre for Healthy Public Policy (NCCHPP) brought together representatives of health ministries and agencies from across the country to talk about Health Impact Assessment (HIA). The specific objectives of this meeting were to share and learn about experiences with HIA and to identify potential needs in terms of HIA support. The results of this event are described in the NCCHPP document **Discussion Workshop on Health Impact Assessment at the Level of Provincial Governments** ([www.ncchpp.ca/133/Publications.ccnpps?id\\_article=246](http://www.ncchpp.ca/133/Publications.ccnpps?id_article=246)).

In the summer of 2011, the NCCHPP contacted the participants from this event (and in those instances when the initial contact was no longer working in the area of HIA, we contacted other actors working in provincial health structures) by email. They were asked to respond to a short questionnaire (four questions) asking what, if anything, had changed with regards to the implementation and practice of Health Impact Assessment over the two-year interval. This document provides updates from the five provinces and the federal agency that were able to respond to our request.

## 2 UPDATE: DISCUSSION WORKSHOP ON HEALTH IMPACT ASSESSMENT AT THE LEVEL OF PROVINCIAL GOVERNMENTS

Federal Agency/ Province	Have there been changes with regards to the institutionalization, implementation and practice of HIA?	What are the contextual factors that foster or hinder HIA?	Are you aware of HIA in other federal departments/agencies or at the regional/local levels?
<b>Public Health Agency of Canada (PHAC)</b>	<p>Yes:</p> <ul style="list-style-type: none"> <li>- Support for equity-focused HIA (EFHIA) and application on upstream policies. For example:</li> <li>- Scan of EFHIA tools (2009), consultation workshop with key stakeholders and experts (2009), panel on EFHIA at the 20th World Conference on Health Promotion (2010), pilot EFHIA of a proposed parenting program in collaboration with Healthy Child Manitoba and the University of Manitoba (in progress).</li> <li>- Plans include knowledge translation of lessons learned from the EFHIA pilot project and exploration of EFHIA at the federal level.</li> </ul>	<ul style="list-style-type: none"> <li>- PHAC's commitment to reducing health inequalities and support for the development of innovative processes, approaches, and measures to facilitate action towards this aim.</li> </ul>	<ul style="list-style-type: none"> <li>- Currently, the Environmental Health Research Division, First Nations and Inuit Health Branch of Health Canada is undertaking some preliminary work exploring the potential for an HIA Handbook for the Arctic Circle.</li> </ul>
<b>Alberta</b>	<p>Yes:</p> <ul style="list-style-type: none"> <li>- Currently in the early stages of implementation.</li> <li>- Cross ministry team has developed HIA tools and processes and completed some early pilots (2010).</li> <li>- A tool to evaluate the impact of HIA on government policies is in development.</li> </ul>	<ul style="list-style-type: none"> <li>- Sustainable and effective use of HIA is dependent on evaluation of the impact of HIA on policies, which has not yet been established.</li> <li>- Need for solid business case of benefits, cost and alignment with organizational priorities.</li> </ul>	<ul style="list-style-type: none"> <li>- Some work on HIA has been done in Calgary.</li> </ul>
<b>British Columbia</b>	<p>Yes:</p> <ul style="list-style-type: none"> <li>- BC Centre for Disease Control (BCCDC), Environmental Health Department, has been working on including HIA processes as part of assessing waste-to-energy projects (work not yet complete).</li> <li>- Other areas of exploration for the application of HIA include gambling and cannabis legislation (in the early planning stage).</li> </ul>	<ul style="list-style-type: none"> <li>- <i>Public Health Act</i> provisions (e.g., section 61), technical expertise at the Provincial Health Services Agency (e.g., BCCDC, Population and Public Health Unit) and research institutes at universities foster HIA.</li> <li>- Workloads, including long-lasting effects of H1N1 pandemic, undermine the practice of HIA. HIA remains low on the list of priorities.</li> </ul>	<ul style="list-style-type: none"> <li>- Not aware of any activity.</li> </ul>

## UPDATE: DISCUSSION WORKSHOP ON HEALTH IMPACT ASSESSMENT AT THE LEVEL OF PROVINCIAL GOVERNMENTS (...)

Federal Agency/ Province	Have there been changes with regards to the institutionalization, implementation and practice of HIA?	What are the contextual factors that foster or hinder HIA?	Are you aware of HIA in other federal departments/agencies or at the regional/local levels?
<b>Nova Scotia</b>	<ul style="list-style-type: none"> <li>– HIA has yet to be formally integrated into public health planning.</li> <li>– However, Public Health is leading work (e.g., childhood obesity prevention strategy) and is engaged in work (e.g., culture of alcohol) that requires a “whole of government approach” which promotes a broad understanding of policy and physical environments.</li> <li>– A working group to look at comprehensive public health legislation has been created; an environmental scan, key informant interviews and policy intent discussions are underway. HIA has been identified as a key policy lever in the jurisdictional reviews.</li> </ul>	<ul style="list-style-type: none"> <li>– Range of understanding of the breadth and depth of health impacts in cross government policies. Language may also be a barrier.</li> <li>– Challenging fiscal environment: health sector comprises nearly 50% of budget. Discussion of health impacts is often perceived as “Health” getting into others’ business.</li> </ul>	<ul style="list-style-type: none"> <li>– In Guysborough Antigonish Strait Health Authority (GASHA), Community HIA (CHIA) has been a priority. CHIA tools (CHIATs) have been used to assess the potential impacts of a range of initiatives on the health of communities varying from housing to economic development, funding for literacy programs and policies within the District Health Authority. GASHA worked with Paqtnkek and Potlotek First Nations and Francophone communities in the District to develop CHIATs. This work was completed in 2010.</li> </ul>
<b>Ontario</b>	<p>Yes:</p> <ul style="list-style-type: none"> <li>– Ministry of Health and Long-term Care (MOHLTC) tool was finalized and launched (March 2011)</li> <li>– Public Health Ontario (formerly Ontario Agency for Health Protection and Promotion) is in the process of developing a health equity impact assessment (HEIA) framework for Ontario’s public health units. The purpose is to assist health units with planning and evaluating programs/policies designed to reduce health inequities. The framework will be pilot-tested with 2-3 health units.</li> </ul>	<ul style="list-style-type: none"> <li>– No “gold-standard” HIA tool.</li> <li>– While the Ministry’s HEIA is intended for use system-wide, the Ministry did not mandate health organizations to do so.</li> </ul>	<ul style="list-style-type: none"> <li>– Various Ontario health units show interest in HIA, most notably Sudbury, Waterloo, Perth, Peel, Hamilton, Toronto and Simcoe-Muskoka.</li> </ul>

## UPDATE: DISCUSSION WORKSHOP ON HEALTH IMPACT ASSESSMENT AT THE LEVEL OF PROVINCIAL GOVERNMENTS (...)

Federal Agency/ Province	Have there been changes with regards to the institutionalization, implementation and practice of HIA?	What are the contextual factors that foster or hinder HIA?	Are you aware of HIA in other federal departments/agencies or at the regional/local levels?
<b>Newfoundland/ Labrador</b>	<ul style="list-style-type: none"> <li>- There is no provincial legislation that requires HIA. However, by government policy, various lenses (e.g., environmental impact, gender analysis, rural impact) are applied to all provincial government decisions. This is accomplished through legislated guidelines such as EIAs, internal and external reviews of proposals, stakeholder consultation and performance reporting.</li> </ul>	<ul style="list-style-type: none"> <li>- Lack of baseline data upon which to assess the impact of proposals and to evaluate the projects following implementation.</li> <li>- Resource challenges due to the sheer volume of proposals.</li> </ul>	<ul style="list-style-type: none"> <li>- Potential impacts on health are considered as part of municipal planning.</li> </ul>
<b>Québec</b>	<ul style="list-style-type: none"> <li>- The Ministry of Health and Social Services (MSSS) continues to offer its support to other ministries and agencies involved in the application of section 54 of the Public Health Act.</li> <li>- HIA practice is increasingly embedded in the administrative and legislative processes of government.</li> <li>- The MSSS has maintained and consolidated its network of intragovernmental respondents involved in the application of section 54 of the Public Health Act. Almost all departments are represented (15 out of 20). This structure is an important pathway for knowledge sharing and collaborative learning.</li> <li>- A first round of research on healthy public policy was completed in 2011-2012. Collaborative research on the concepts, methods and tools for the analysis of government actions that impact health has been very helpful to understanding the reality in which the</li> </ul>	<ul style="list-style-type: none"> <li>- The institutionalization of HIA is the result of strengthened links between the MSSS and the Secretariat of the Executive Cabinet Ministry, which systematically provides information on the propositions that may impact population health.</li> <li>- Québec has a legal framework which reflects its desire to encourage the development of healthy public policy and to promote HIA as a preferred strategy for informed decision making.</li> <li>- The MSSS approach relies on the voluntary cooperation of other sectors and their own recognition of their sector's responsibility for health. This non-binding approach that places the MSSS in support of other departments seems to be gaining popularity, as more horizontal governance processes are set up to strengthen intersectoral collaboration in government .</li> </ul>	<ul style="list-style-type: none"> <li>- To date, one regional health authority is strongly committed to promoting HIA as a collaborative approach between regional and local levels of public health, and municipalities.</li> <li>- Other regional departments of public health have also shown interest in this approach; we expect it to spread widely in coming years.</li> <li>- HIA will be used to evaluate certain projects of the Québec government's Plan Nord. These HIAs will be done in the context of development projects in northern environments, including within Aboriginal communities.</li> </ul>

## UPDATE: DISCUSSION WORKSHOP ON HEALTH IMPACT ASSESSMENT AT THE LEVEL OF PROVINCIAL GOVERNMENTS (...)

Federal Agency/ Province	Have there been changes with regards to the institutionalization, implementation and practice of HIA?	What are the contextual factors that foster or hinder HIA?	Are you aware of HIA in other federal departments/agencies or at the regional/local levels?
Québec (...)	<ul style="list-style-type: none"> <li>– political and administrative activities of section 54 take place.</li> <li>– The ministry continues to support knowledge transfer activities (research and knowledge synthesis) and knowledge transfer to other sectors. In early 2012, a research mandate was given to evaluate HIA practices at the central level. Another was given with the objective of clarifying the concept and practice of Integrated Impact Assessment (IIA). This is all part of a reflection on the multiplicity of impact assessments that must be done within government.</li> <li>– Finally, with the backing of senior government officials, the MSSS will host the 12th International Conference on HIA in Québec City. The main theme is the institutionalization of HIA, in order to achieve health in all policies.</li> </ul>	–	–

### 3 LIST OF CONTACTS

Province or Agency	Contact
<b>Public Health Agency of Canada (PHAC)</b>	Heather Greenwood Policy Analyst; and Beth Jackson Manager Innovations and Trends Analysis Division Strategic Initiatives and Innovations Directorate Public Health Agency of Canada
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<b>Nova Scotia</b>	Janet Braunstein Moody Senior Director Public Health Renewal Nova Scotia Department of Health and Wellness
<b>Ontario</b>	Brian Hyndman Senior Planner Public Health Ontario
<b>Newfoundland and Labrador</b>	Wanda Legge Director Policy Development Division Newfoundland and Labrador Department of Health and Community Services
<b>Québec</b>	Lyne Jobin Director; and Caroline Druet Research and Planning Officer <i>Direction de la planification, de l'évaluation et du développement en santé publique</i> Ministry of Health and Social Services (MSSS)

