

Canadian Experiences in Institutionalizing Health Impact Assessment (HIA). 2013 Interprovincial-Territorial Meeting: Summary

December 2013

Preliminary version – for discussion

On April 18, 2013, the National Collaborating Centre for Healthy Public Policy (NCCHPP) brought together a group of public health officials from eleven Canadian provinces and territories (deputy ministers responsible for public health, chief medical officers of health and directors of population health) to discuss the implementation and use of health impact assessment (HIA) at the provincial/territorial level. This was the second such meeting convened by the NCCHPP to address this subject. The first took place in 2009.

This document is a summary of the report that was prepared following the meeting. The full report is available at:
http://www.ccnpps.ca/docs/2013_EIS_HIA_RepPovTerMeeting_En.pdf

Two organizational models: Québec and Alberta

The meeting began with two presentations outlining key aspects of two provincial initiatives, one from Québec and one from Alberta. These two approaches served as the basis for discussions regarding how to formalize the way in which health is taken into account in all government policies as well as some issues that can arise as a result.

In Québec, the institutionalization of HIA became a reality with the 2002 adoption of the *Public Health Act* and its section 54, which obliges all government departments and agencies to ensure that their laws and regulations do not have an adverse impact on the health of the population. An intragovernmental support mechanism has since been put in place to guide consultations involving experts from the Ministère de la Santé et des Services sociaux (Québec's Ministry of Health and Social Services) and to incorporate HIA into the legislative development process. In keeping with the spirit of the act that integrated the practice of HIA in governmental applications, the purpose here was to take action upon health

determinants that do not fall within the purview of the health sector.

Alberta's more recent initiative is not backed by formal legislation. It came into being in response to the provincial government's stated intention to increase consistency across public policies and favour evidence-based decisions. Known as the Health Lens for Public Policy (HLPP), this initiative was established in 2010, with an initial focus on the health sector. The implementation phase, intended as a first step towards a broader, government-wide application of the HLPP approach, included the development and testing of various support tools and the identification of key issues related to the approach.

Similarities between the two models

Despite the differences between the two models, both presenters agreed unequivocally that the strategic use of HIA-type mechanisms at the government level is essential. This strategic approach relies on promoting decision support, cultivating mutual trust between ministries and departments and seeking out win-win situations. In this context, the health sector is not in a position of authority compared with other sectors.

Both initiatives also strive to foster a culture that prioritizes population health by broadening other sectors' understanding of health determinants. Capacity building among stakeholders in the public health sector and other government administration sectors is central to both strategies, as is the availability of user-friendly reference, analysis and practice tools designed to be widely used.

Finally, each initiative is supported by a small permanent staff (one to two full-time equivalents) reporting to its respective health ministry. The staff role is to coordinate and support the processes that integrate health into the various

Summary
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policies put forward. This organizational choice is based on the principle that all members of the government have a shared accountability for health and is in line with a commitment to intersectoral governance.

Summary of the discussion

The discussion touched upon a number of different issues, which can be summed up in the following series of questions:

- **How can we effectively combine political pragmatism and a scientific approach?**
From a technical standpoint, the purpose of HIA is to develop and deliver scientific information. By emphasizing the measures required to adapt this technical framework to the sensitive and complex decision-making context, the two initiatives that were presented raised issues about the area of overlap between the spheres of science and politics.
- **What is the primary role of HIA—a technical tool or a means of raising awareness about the determinants of health?**
Both provincial initiatives highlighted the effects of HIA-type mechanisms on the acquisition of knowledge concerning the links between actions undertaken in other sectors and the determinants of health. The initiatives show that in addition to the role typically associated with HIA, that of generating evidence, there is the complementary role of showing the links between non-health sector action and the determinants of health. It is thus important to make these roles clear from the outset.
- **How can we ensure that HIA-generated information is transparent?**
HIA-type mechanisms used in a government context are often subject to the same confidentiality requirements that apply elsewhere in public administration. Accordingly, there are questions as to the public health sector's ability to adequately perform its role of keeping the public informed of potential health risks.
- **How can we convince the various government sectors to take health into account in their decision-making processes?**
Despite the relatively positive results of the experiences of some governments in Canada and

elsewhere and the multiple benefits of HIA, specifically from a policy-making standpoint, public health stakeholders must still contend with the reluctance or indifference of other government sectors, especially the more economically-oriented ones.

- **How can we evaluate the effects of HIA? And what should we be evaluating?**

Given the reluctance of some decision makers and political authorities to embrace HIA, we need to come up with concrete examples that illustrate its advantages. But the various roles of HIA (producing evidence, building intersectoral relations and raising awareness about the determinants of health) will need to be clarified.

- **How should the connection between HIA and other impact assessment mechanisms be presented?**

In a government context, HIA is usually one of several impact assessment requirements (in addition to those focusing on, for example, gender, disabled persons, regulations etc.). Further thought must be given to the pressures put on policy analysts as a result of the sheer number of these mechanisms, as well as the growing desire on the part of governments to introduce an integrated impact assessment process.

Conclusion

Considering how diverse the institutional, political and cultural contexts are in Canadian provinces and territories, the choice of the means to promote the incorporation of health into all policies can vary. The initiatives presented in this workshop, and the discussions among participants that followed, nevertheless shed light on certain conditions that can be put in place to make it easier to achieve this goal. These include:

- A strong link between HIA proponents and higher levels of authority;
- A rapid impact assessment process (to address decision-making needs) that generates reliable results;
- An approach that relies more on incentives than on coercion;
- An approach based on supporting other sectors in achieving their goals, thus gaining their commitment to the process;

- A legal basis, which constitutes a powerful incentive;
- A prospective approach, aimed at seizing opportunities to influence the policy development process as early as possible;
- Basic funding for operations, knowledge production and evaluation.

Québec's HIA strategy and Alberta's HLPP are concrete examples of the "health in all policies" (HiAP) approach. HiAP has been the subject of international interest recently, as it was the theme of the World Health Organization's 8th Global Conference on Health Promotion in June 2013. The interprovincial-territorial meeting provided a forum to share experiences and lessons learned that will encourage the integration of HiAP across Canada.

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