

Canadian Actions to Advance Integrated Health Governance

*Louise St-Pierre,
National Collaborating Centre for Healthy Public Policy,
Québec ministry of Health and Social Services.*

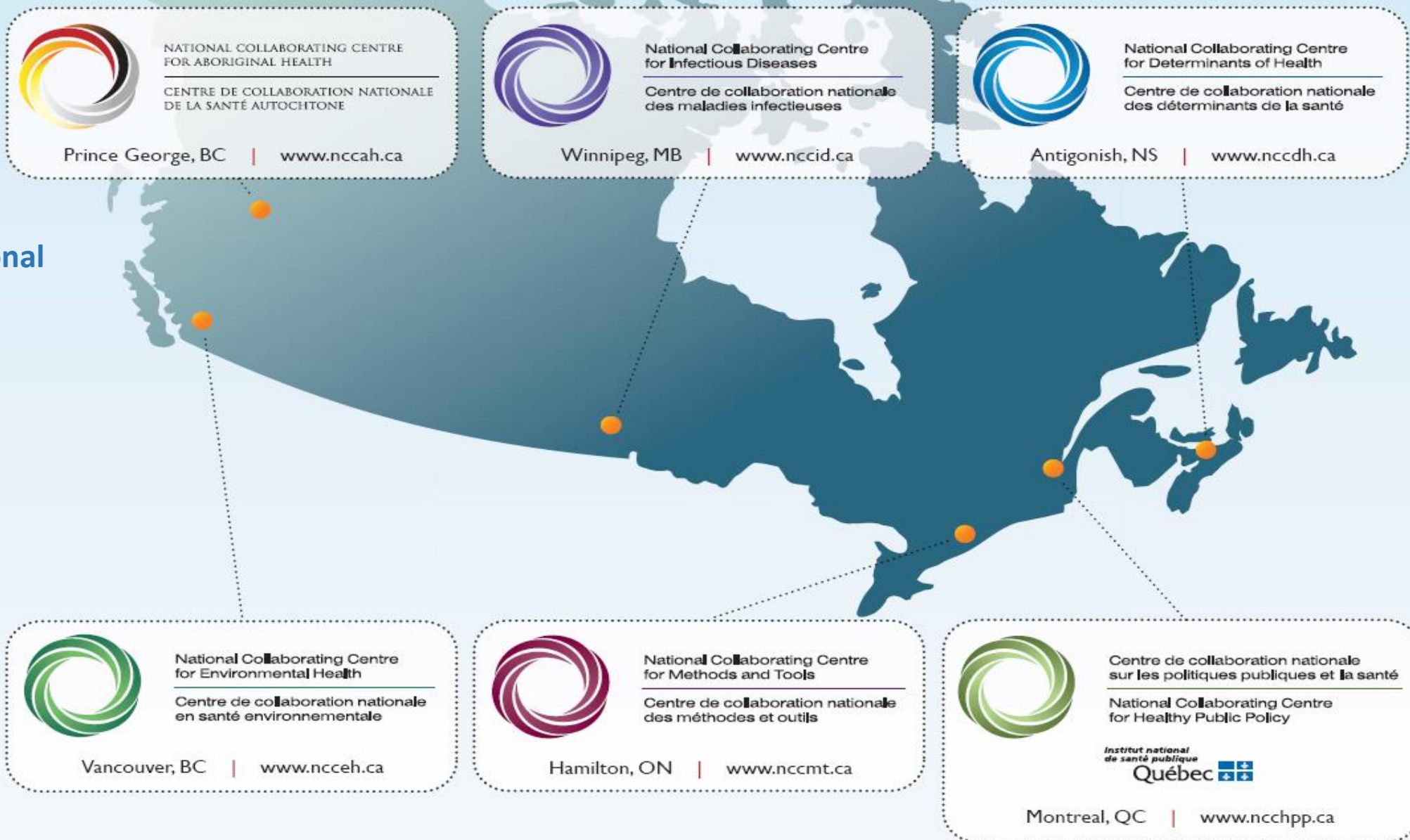
Joint Expert Stakeholder Meetings: Commission on Equity and Health Inequalities in the Americas and the Canadian Council on Social Determinants of Health

Ottawa, December 5, 2017

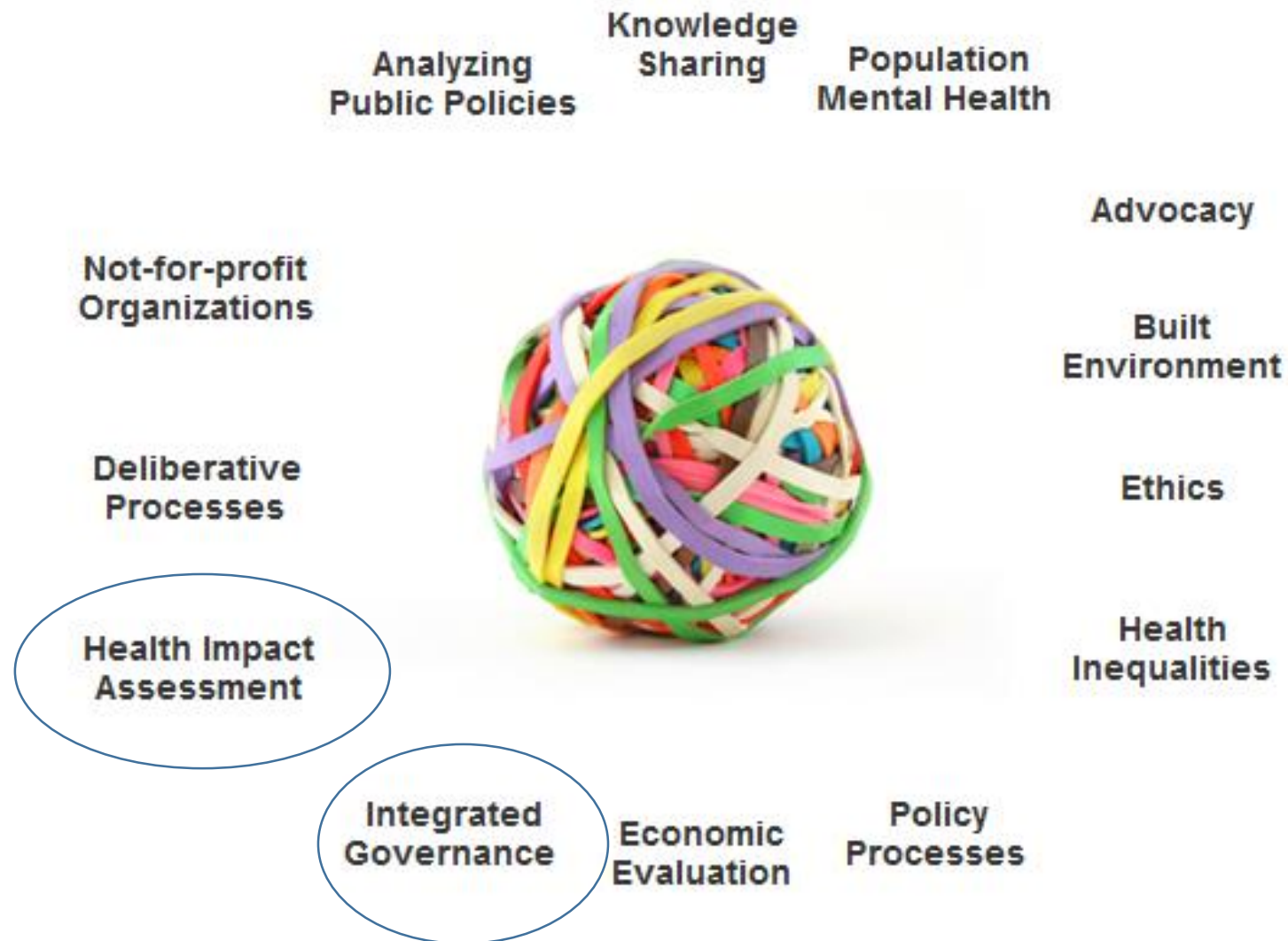
Plan

- National Collaborating Centre for Healthy Public Policy
- What we have learned from the literature on integrated governance for health
- What we have learned from the implementation of policy instruments to integrate health and health equity in policy-making processes (Québec's experiences)

NCCHPP
Part of a Canadian
network of six national
collaborating
Centres for public
health



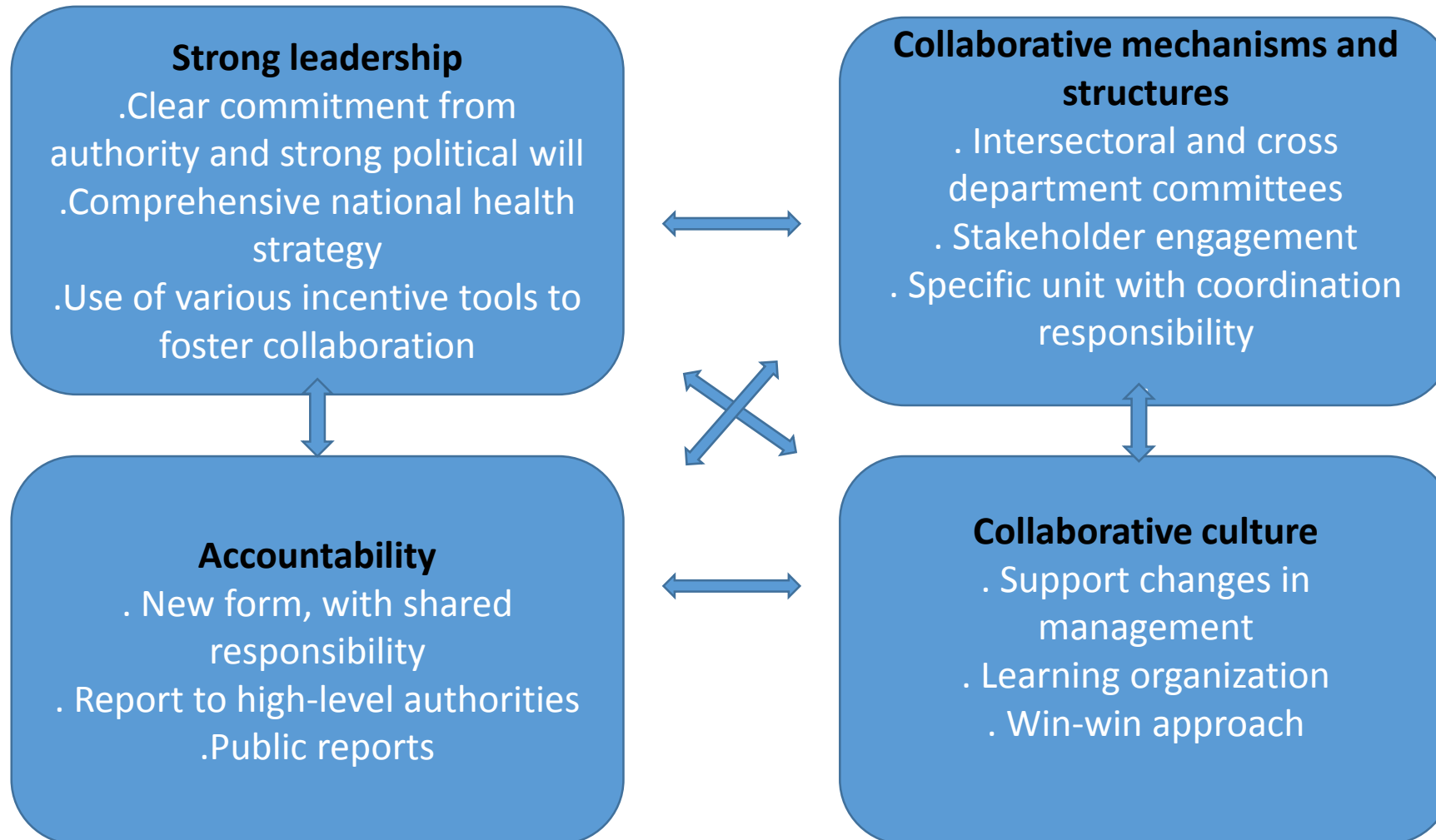
Our projects



What we have learned from the literature -in a nutshell-

- Health impact assessment (HIA) is seen as a policy instrument to systematically integrate health in all policies
- A health in all policies (HiAP) strategy requires a whole-of-government (WoG) approach for health
- WoG is a combination of vertical management and horizontal management into government and involves civil society stakeholders
- WoG approach, and specifically horizontal management, has a counter-cultural character in public administration
- Health actors should expand their traditional knowledge and competencies to incorporate notions from the political science and public administration fields

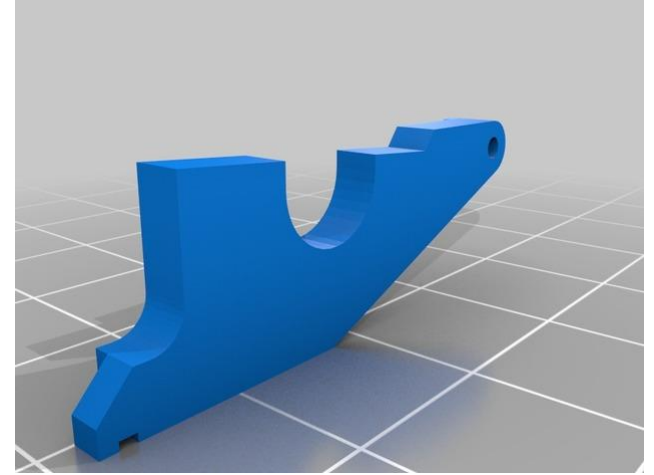
Conditions for the success of a WoG approach for health – a conceptual framework



What we have learned from the implementation of a WoG approach for health

Québec's experiences

Two policy levers



- Québec's *Public Health Act* (2001)
 - Section 54 = prospective assessment on government laws and regulations



- The Government Policy on Prevention for Health (2016)

HIA

- Section 54 of the *Public Health Act* stipulates that:
(...) 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 (Public Health Act, 2001).
- Health impact assessment (health lens type) is now institutionalized within the government's decision-making process.

Government Policy on Prevention for Health

- A whole-of-government approach
- Endorsed by the Premier of Québec
- Coordinated by the Minister for Rehabilitation, Youth Protection, Public Health and Healthy Living
- A ten-year policy, launched in October 2016
- Developed in partnership with sectors that have social determinants of health (SDOH) levers
- Includes 33 department's commitments from 15 ministries/agencies
- With 80M\$ for the first 4 years



9 targets focusing on social determinants of health

children are not at-risk
when they start **school**

affordable, social and
community **housing**

high level of **emotional
and psychosocial
well-being** among at least
80% of the population

young people aged 12
to 17 are **active** during
their leisure activities

reduce **by 10% the
gap** in premature
mortality between
the lowest and
highest socio-
economic groups

increase **active modes of
transportation.**

municipalities that foster sustainable
mobility, safety, healthy living, and a
good quality of life for their residents

lower the number of
smokers to 10%

consumption of at least
**five fruits and
vegetables** per day

seniors receiving
home care services

Government Policy on Prevention for Health

Inclusive Objectives

4 orientations

- 1. Develop capacity building from an early age**
E.g., Support improvements in the quality of educational child care
→ **Ministry of Families**
- 2. Development of healthy and safe communities and regions**
E.g., Increase healthy and affordable housing
→ **Ministry of Municipal Affairs, Regions and Land Occupancy**
- 3. Promotion of healthy living conditions**
E.g., Promote nutritious food in Québec
→ **Ministry of Agriculture, Fisheries and Food**
- 4. Strengthen the role of prevention in the health and social services system**
E.g., Implement a strategy aimed at reducing tobacco use
→ **Ministry of Health and Social Services**

Government Policy on Prevention for Health

Ambitious in many ways

High-reaching targets

an evaluation challenge

Maintaining political interest over time

prevention will always be at the margin of governmental priorities

Multiplication of actors, interest, values, ideas

developing common understanding and convergence

Ensuring coherence with an increasing number of intersectoral policies

complex matrix

Change in governmental working culture

collaborative decision-making, win-win strategies and compromises

Managing diverse (and sometimes conflicting) logics

political vs administrative; horizontal vs vertical

Strategies put in place to address the challenges

- **Cabinet committee**
 - With all ministers involved in the policy
 - Discussion on interdependence between the mission and mandates of each ministry involved
 - Support for the required organizational changes
- **Intersectoral committee**
 - Assistant deputy ministers (ADMs) with representatives of civil society groups engaged in health promotion
 - Toward a whole-of-society approach
- **Cross-departmental committee**
 - Mid-level managers
 - Operationalization of the Action Plan
- **Implementation of a formal coordination unit**
 - Under the responsibility of the ADM of public health
 - Two full-time employees
- **Research on intersectoral governance**

Lessons learned – 1

The political level may reinforce the vertical logic

- Integrated governance is found at the intersection between the political and administrative levels
- Ministerial responsibility and sectoral employee mandates hinder intersectoral involvement

Lessons learned – 2. HIA and government policy have different ways of action – complementary

	HIA	Intersectoral policy
Main course of action	Systematic taking into account of health in laws and regulations	Working on determinants of health outside of the health sector Strengthen and develop new intersectoral collaborations
Stage in the policy development cycle	Formulation	Agenda setting Formulation Implementation Evaluation
Sustainability	Strong: legal anchor	Depends on political commitment
Scope of people involved	Limited: policy analysts and legislators	Broad: civil servants from all levels of government groups from outside of the government

Lessons learned – 3

The critical role of ambassadors outside of the government

- Political commitment to HiAP at the highest possible level is an imperative
- Leadership inside the government (public administration management) is worthwhile, but it's not enough
- Political level is sensitive to well-known and highly-appreciated advocates

Intersectoral governance

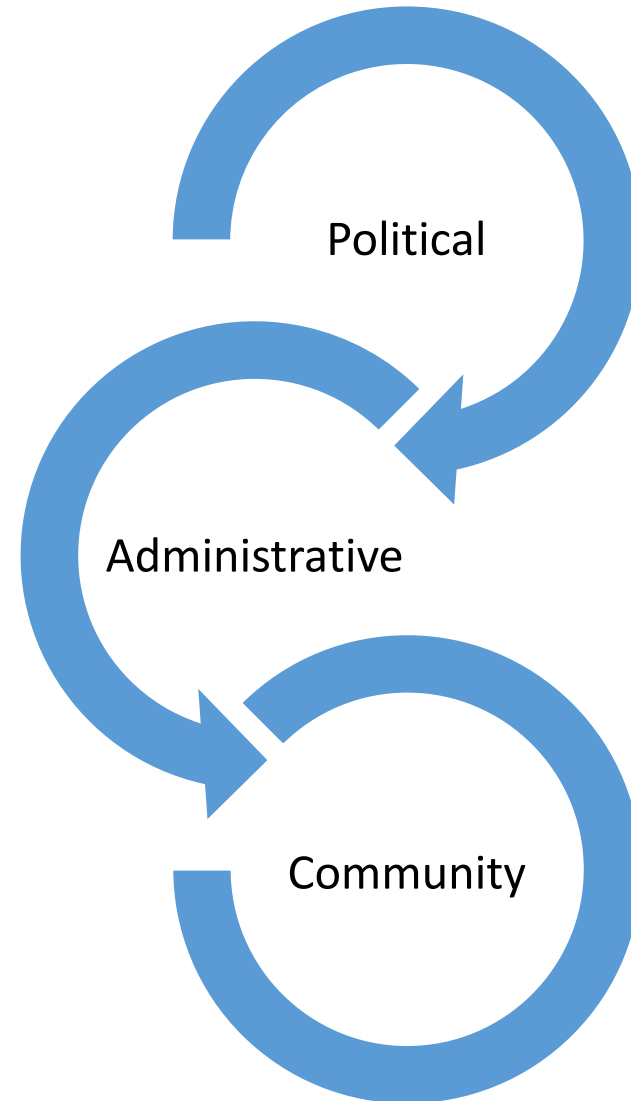
requires a top down approach

which is made possible by pressure from the community

Strong commitment
Shared leadership

Leadership
Agility
Culture of collaboration
Horizontal management tools

Resources
Clear and coherent messages from all departments involved



Thank you

For more information

www.ncchpp.ca

louise.st-pierre@inspq.qc.ca