National Collaborating Centre
for **Healthy Public Policy**

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Pan-Canadian meeting on Health in All Policies (HiAP): Québec City, October 9, 2019. Report

June 2020

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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. The National Collaborating Centre for Healthy Public Policy is hosted by the Institut national de santé publique du Québec (INSPQ), a leading centre in public health in Canada.

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Summary

Health in All Policies (HiAP) is an increasingly important approach for systematically addressing the social determinants of health at all levels of government. HiAP refers to "an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity".[1]

In Canada, HiAP is on the radar of several governments, organizations and networks. Advocacy for and the momentum of a HiAP approach has been building, drawing attention to the potential impacts of this approach. Yet challenges to implementation exist across jurisdictions, including the use of a shared language, conflict of interest between sectors, and the need to ensure sustainability. Despite a clear interest, there are few spaces to share and learn from various Canadian and international initiatives and thus accelerate the dissemination and adaptation of promising innovative practices and proven practices.

Against this backdrop, the National Collaborating Centre for Healthy Public Policy (NCCHPP) organized a Pan-Canadian Meeting on Health in All Policies (HiAP) in partnership with the Public Health Agency of Canada (PHAC) and the Ministère de la Santé et des Services sociaux (MSSS) du Québec in Québec City, on October 9, 2019. This meeting was a side event of the Second Meeting of the Global Network for Health in All Policies (GNHiAP) that was held from October 7 to 9, 2019.

The objectives of this meeting were the following:

- Support networking among Canadian stakeholders interested in HiAP.
- Share experiences related to:
  - what HiAP means for the participants;
  - the status of HiAP in Canada including in Indigenous contexts; and
  - examples of Canadian HiAP initiatives.
- Explore pathways for supporting HiAP practice in Canada.

Three main themes related to HiAP implementation in Canada were discussed at the meeting:

- How can we put HiAP on the agenda of the different levels of government?
- What are the needs in terms of HiAP support / capacity building?
- What could be the roles of the federal, provincial, territorial and Indigenous governments in supporting the implementation of HiAP in Canada?

From the meeting, it was determined that HiAP is an important and useful approach, deserving of broader recognition, common understanding, and uptake across Canada. To further that goal, participants identified the following key areas for action:

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[1]   World Health Organization [WHO]. (2013). *The Helsinki Statement on Health in All Policies. 8th Global Conference on Health Promotion, Helsinki, Finland, June 10-14, 2013*. Retrieved from:
https://www.who.int/healthpromotion/conferences/8gchp/8gchp_helsinki_statement.pdf

Build the evidence base to support capacity building and implementation

▪ Synthesize knowledge of HiAP initiatives – and intersectoral initiatives related to HiAP – across Canadian jurisdictions, including information on context, implementation issues and strategies, and tools.

▪ Compare Canada's performance to that of other nations that have implemented HiAP initiatives and evaluate the effectiveness of different HiAP initiatives.

▪ Develop toolkits and learning modules to support jurisdictions in HiAP implementation.

Lay the groundwork for a common understanding of HiAP across sectors

▪ Develop a common language and key messages that resonate in sectors outside of health, to support HiAP practice.

▪ Identify key elements in different jurisdictions that contribute to legitimizing public health interventions in intersectoral/whole-of-government initiatives led by other sectors.

▪ Develop strategies to incorporate a complementary vision for "Indigenous Rights in All Policies" within HiAP initiatives.

▪ Foster research for producing data and scientific evidence to document the links between health and other government policies.

Launch an intersectoral HiAP network for Canada

▪ Create a Canadian network composed of intersectoral partners from various settings (e.g., universities, Indigenous organizations) and link to the GNHiAP.

▪ Explore adaptation of the WHO's HiAP Framework for Country Action[2] to the Canadian context, to guide network activities and goals.

▪ Organize additional pan-Canadian meetings on HiAP in Canada.

The participants in the HiAP Pan-Canadian Meeting identified HiAP as an essential approach to improving population health and health equity. They highlighted their willingness to continue discussions and exchanges on the subject. As the proposed areas for action above highlight, there are several opportunities for governments and organizations to work together at all levels towards HiAP implementation. Opportunities for partnership between sectors will be explored and strengthened as the NCCHPP, partner organizations and HiAP actors support this work across Canada.

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[2] World Health Organization [WHO]. (2014). *Health in All Policies: Framework for Country Action*. Geneva, Switzerland: WHO. Retrieved from : https://www.who.int/healthpromotion/frameworkforcountryaction/en/

National Collaborating Centre for Healthy Public Policy
Institut national de santé publique du Québec

1   Introduction

1.1   Background

Health in all policies (HiAP) is one of the innovative approaches promoted by the World Health Organization (WHO) to improving the health of populations and reducing health inequalities. It is an intersectoral approach to systematically addressing the social, environmental and economic determinants of health. HiAP can be implemented at all levels of governance.

In Canada, HiAP is on the radar of several governments (including those of Newfoundland and Labrador, Québec, Alberta and British Columbia), and of various organizations (including the Institut national de santé publique du Québec, the Public Health Agency of Canada (PHAC), Health Canada, the Canadian Medical Association and the Assembly of First Nations) and networks (including the Pan-Canadian Public Health Network and the Urban Public Health Network). Despite a clear interest, there are few spaces to share and learn from various Canadian and international initiatives and thus accelerate the dissemination and adaptation of promising innovative practices and proven practices.

The Ministère de la Santé et des Services sociaux du Québec (MSSS) hosted the Second Meeting of the Global Network for Health in All Policies (GNHiAP) from October 7 to 9, 2019 in Québec City. This meeting was intended to bring together representatives of governments and various organizations from different countries to share their knowledge concerning the implementation of the HiAP approach. The meeting was identified as a good opportunity for Canadian stakeholders to leverage the presence of international experts to discuss the practice of HiAP, to learn how it is implemented in different countries and localities and to explore how this could be transposed into the Canadian context.

To build on this national and international momentum, the National Collaborating Centre for Healthy Public Policy (NCCHPP) organized a Pan-Canadian Meeting on HiAP in partnership with the PHAC and the MSSS. The meeting took place in Québec City, on October 9th, 2019, as a side event of the GNHiAP Meeting.

1.2   Objectives of the HiAP Pan-Canadian Meeting

The objectives of the Pan-Canadian Meeting on HiAP were to:

- Support networking among Canadian stakeholders interested in HiAP.
- Share experiences related to:
  - what HiAP means for the participants;
  - the status of HiAP in Canada including in Indigenous contexts; and
  - examples of Canadian HiAP initiatives.
- Explore pathways for supporting HiAP practice in Canada.

The process by which the HiAP Pan-Canadian Meeting was organized and the profile of its participants are presented in Appendices A and B respectively.

2   HiAP Pan-Canadian Meeting Proceedings

The HiAP meeting was facilitated by the NCCHPP's Olivier Bellefleur. It was a full-day event that combined plenary presentations with small group discussion tables, as well as opportunities for networking. The morning began with an opening ceremony by Marcel Godbout, a member of the Huron-Wendat Nation from Wendake, Québec. The ceremony was followed by an overview of the HiAP approach in the Canadian context, followed by six examples of Canadian initiatives at the federal, provincial, and local/regional levels, and in Indigenous contexts. Overall, seven presentations were made during the morning session, reflecting HiAP action in Canada at various levels and across different jurisdictions:

- *Health in All Policies (HiAP) A Short Overview of the Approach and of Initiatives Related to HiAP in the Canadian Context*, by Thierno Diallo, National Collaborating Centre for Healthy Public Policy;

- *Advancing Health in All Policies at the Federal Level*, by Andrea Long, Public Health Agency of Canada;

- *Intersectoral Governance for Health: Issues and Challenges. The Case of the Québec Government Policy of Prevention in Health*, by Louise St-Pierre, Ministère de la Santé et des Services sociaux du Québec;

- *Population Health. Healthy Public Policy (HPP) Renewal Initiative*, by Juan Solorzano, Vancouver Coastal Health;

- *Health in All Policies Pan-Canadian Meeting*, by Jason Weppler, Grey Bruce Health Unit;

- *Assembly of First Nations Health Sector*, by Minda Richardson, Assembly of First Nations; and,

- *Toward a National Dialogue on Métis Health Policy*, by Clara Morin Dal Col, Métis National Council.

The afternoon began with a summary of exchanges and conclusions from the 2nd GNHiAP Meeting, provided by the NCCHPP's Thierno Diallo. This presentation, as well as those from the morning, initiated discussion about what HiAP means in the Canadian context. Small group discussions focused on how to support the practice of HiAP in Canada, with reference to three central questions:

- How can we put HiAP on the agenda of the different levels of government?

- What are the needs in terms of HiAP support / capacity building?

- What could be the roles of the federal, provincial, territorial and Indigenous governments in supporting the implementation of HiAP in Canada?

The activity consisted of two discussion rounds of 30 minutes each. Participants were able to switch tables after 30 minutes. Each small discussion table was composed of up to 8 participants including the facilitator and the note taker. After the table discussions, note takers reported back during the plenary session.

The agenda for this meeting, the preparatory reading, the presentations made during the day and this report are available on the NCCHPP website at:
http://www.ncchpp.ca/147/presentations.ccnpps?id_article=1986.

3   HiAP Pan-Canadian Meeting Discussion Highlights

Meeting participants affirmed that HiAP is a promising way of addressing the social determinants of health, reducing health inequalities, and achieving sustainable development goals. For instance, the presentation made by the representative of the PHAC identified the following hopes for HiAP in Canada:

▪ to capture momentum to sustain a formal dialogue on HiAP in Canada and to allow ongoing work and commitments to advance;

▪ to have greater knowledge on HiAP implementation that includes evidence of impacts and effectiveness, and links to health equity; and

▪ to have stronger evidence on the contribution of social spending to positive health outcomes, to inform budgeting and funding decisions.

Several issues and ideas were raised during the HiAP Pan-Canadian Meeting related to the practice of the HiAP approach in the country.

3.1   Key themes from the meeting

3.1.1   CAPACITY BUILDING TO SUPPORT HiAP PRACTICE

The experience of implementing HiAP around the world has shown that HiAP requires appropriate capacity-building interventions to support intersectoral work. The Grey Bruce experience has shown, for instance, that HiAP awareness, education and training are needed for all leaders in the community and anyone who is running for elective office. Participants identified the lack of dedicated capacity building for HiAP as one of the challenges to supporting the implementation of this approach in Canada. They also highlighted an interest in having resources for HiAP specifically adapted to Canadian contexts.

3.1.2   RELATIONSHIPS AND CREDIBILITY WITH OTHER SECTORS

Implementing HiAP requires understanding the political and policy environment and working with partners outside the health sector. HiAP in many ways calls for breaking down the silo system. It provides a very important opportunity to create a structure for working across sectors. One theme that emerged from the Pan-Canadian Meeting concerned how to establish relationships and build credibility with other sectors. It was observed that competing interests and political conflicts have an impact on HiAP implementation. In addition, it was found that seeking win-win situations (co-benefits) and trying to find common objectives and targets are important factors that help engage diverse sectors in HiAP. The lessons and perspectives drawn from the Québec experience revealed that: (1) the leadership of the health sector is essential, but the task is almost impossible without external allies; (2) sustainability depends on the ability of the HiAP team to seize opportunities and demonstrate agility; (3) the win-win approach has led to cross-sectoral collaborations that hold promise for the future.

3.1.3   NETWORKING ON HiAP

The HiAP Pan-Canadian Meeting provided a first in-person opportunity for representatives from governments and diverse organizations from across Canada to discuss how to support the practice of HiAP in Canada including in Indigenous contexts. At the end of the meeting, participants found that it was useful to come together and share Canadian experiences, approaches, resources and

needs. They expressed interest in additional networking activities on HiAP to keep learning about ongoing initiatives and best practices related to the subject.

3.2 Key areas for action

While it is not possible to do justice to the richness of the conversations that took place during the meeting, key areas for action to support the practice of HiAP in Canada were identified. These have been grouped into three broad categories, which are presented in the following paragraphs.

3.2.1 BUILD THE EVIDENCE BASE TO SUPPORT CAPACITY BUILDING AND IMPLEMENTATION

- Synthesize knowledge about HiAP initiatives – and intersectoral initiatives related to HiAP – across Canadian jurisdictions, including information on context, implementation issues and strategies, and tools. For example, this action could be achieved through:

  - *Publishing case studies of Canadian initiatives on HiAP* (e.g. the HiAP experiences in Québec and in Newfoundland and Labrador at the provincial level). This would include information regarding context, implementation issues and strategies, and tools. It was also suggested that key lessons and best practices be extracted from those initiatives and shared.

  - *Conducting a scan of the current state of HiAP in Canada* using a methodology similar to that developed by the GNHiAP to complete the Global Status Report on HiAP.

- Compare Canada's performance to that of other nations that have implemented HiAP initiatives and evaluate the effectiveness of different HiAP initiatives. For example, this action could be achieved through:

  - *Fostering research on the evaluation of the effectiveness of HiAP initiatives* (guidance, approaches, economic evaluations). Evaluation is essential and there is not a lot of guidance.

- Develop toolkits and learning modules to support jurisdictions in HiAP implementation. For example, this action could be achieved through:

  - *Developing a generic Canadian HiAP toolkit,* which could then be adapted by different jurisdictions across Canada. Co-development with communities and Indigenous organizations would be important.

  - *Creating online learning modules and/or webinars on HiAP and related initiatives.*

3.2.2 LAY THE GROUNDWORK FOR A COMMON UNDERSTANDING OF HiAP ACROSS SECTORS

- Develop a common language and key messages that resonate in sectors outside of health, to support HiAP practice. It is important to find a language that makes sense from the perspective of other sectors, who have their own priorities, but also command important levers for improving population health and decreasing health inequalities.

- Identify key elements in different jurisdictions that contribute to legitimizing public health interventions in intersectoral/whole-of-government initiatives led by other sectors. For example, this action could be achieved through:

  - *Identifying and describing key intersectoral initiatives led by other sectors, which could be entry points for public health actors for actions related to HiAP.* New entry points need to be taken into consideration, such as Sustainable Development Goals (SDGs) and the climate change agenda. These may provide an operational framework for improving health, health equity and well-being.

- Develop strategies to incorporate a complementary vision for "Indigenous Rights in All Policies" within HiAP initiatives. For example, this action could be achieved through:

  - *Reviewing examples of HiAP implementation in Indigenous contexts*, which would include information regarding context, implementation issues and strategies and tools. It was also suggested that key lessons and best practices be extracted from these examples and shared.

  - *Developing strategies for learning about Indigenous policy with an open mind and acknowledging that the approach to take may not be HiAP but rather Indigenous Rights in All Policies*. Some key elements drawn from the Assembly of First Nations Health Sector presentation showed that it is important to start with a good understanding of the relationships involved in terms of jurisdiction, areas of competence, autonomy, and self-determination across the social determinants of health, including in education, economics, language, child welfare, land use and most importantly, in health and wellness programming.

- Foster research for producing data and scientific evidence to document the links between health and other government policies. Supporting other sectors' priorities by contributing data and evidence are important for building relationships and establishing credibility.

3.2.3   LAUNCH AN INTERSECTORAL HiAP NETWORK FOR CANADA

- Create a Canadian network composed of intersectoral partners from various settings (e.g., universities, Indigenous organizations) and link to the GNHiAP. The network could be built or structured around a project or an issue related to HiAP in the Canadian context.

- Explore adaptation of the WHO's HiAP Framework for Country Action[3] to the Canadian context, to guide network activities and goals. Indeed, there is no one-way to implement HiAP. The WHO Framework is a guidance tool to help make HiAP concrete, to operationalize it. This framework needs to be adapted and adjusted by countries in ways that are most relevant for their specific governance, economic and social contexts. One way to do this would be to organize workshops with stakeholders to discuss each component of the framework and to identify levers for adapting it to the Canadian context. This work would also help identify enablers and barriers for HiAP implementation in Canada.

- Organize additional pan-Canadian meetings on HiAP in Canada.
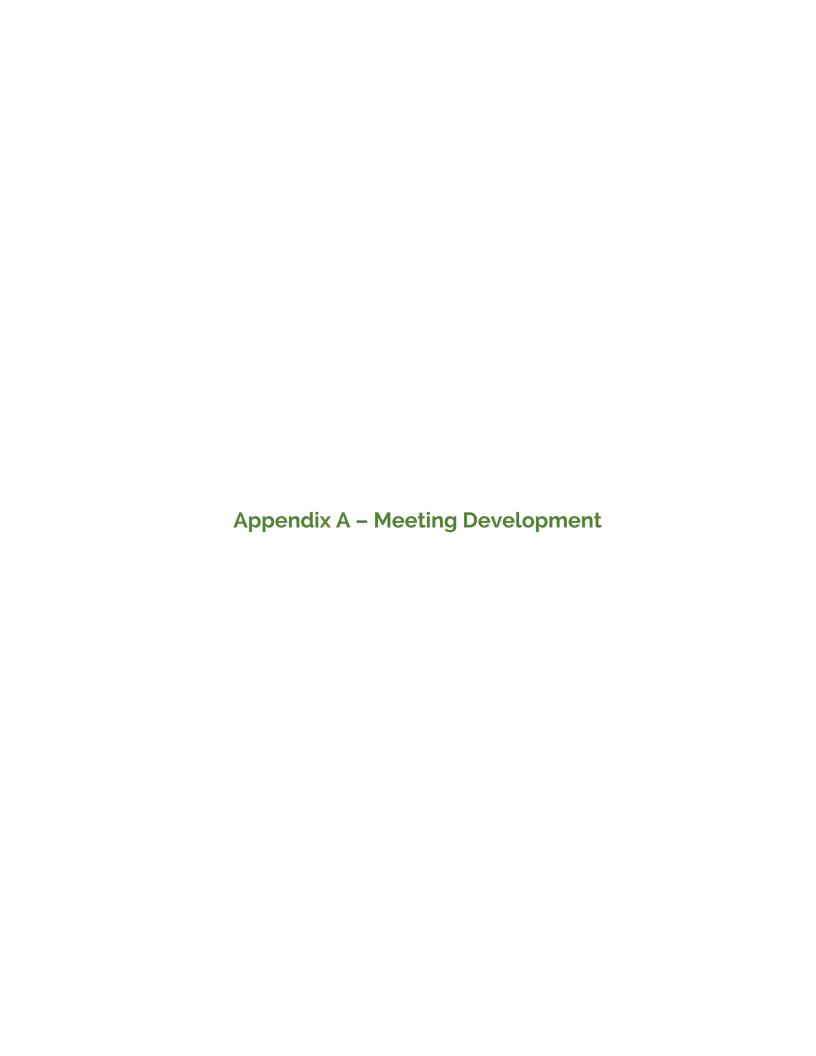
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[3]   World Health Organization [WHO]. (2014). *Health in All Policies: Framework for Country Action*. Geneva, Switzerland: WHO. Retrieved from : https://www.who.int/healthpromotion/frameworkforcountryaction/en/

4   Conclusion

The HiAP Pan-Canadian Meeting was a first in-person opportunity to discuss the state of the HiAP approach in Canada. It highlighted the pronounced interest of the participants in HiAP as an approach to improving population health and health equity and their willingness to continue discussions and exchanges on the subject. The experiences described during the meeting and the discussions among participants point to numerous needs that can be grouped into three areas of action to support the practice of HiAP in Canada:

- Build the evidence base to support capacity building and implementation.

- Lay the groundwork for a common understanding of HiAP across sectors.

- Launch an intersectoral HiAP network for Canada.

Appendix A – Meeting Development

Appendix A – Meeting Development

To guide the development of the HiAP Pan-Canadian Meeting as well as the development of this report, an advisory committee was established by the NCCHPP. Supported by NCCHPP members, Olivier Bellefleur and Thierno Diallo, advisory committee members included (in alphabetical order):

- Donna Atkinson, National Collaborating Centre for Indigenous Health

- Marie DesMeules, Public Health Agency of Canada

- Andrea Long, Public Health Agency of Canada

- Kelsey Lucyk, Public Health Agency of Canada

- Dean Murdock, BC Ministry of Health

- Sylvie Poirier, Ministère de la Santé et des Services sociaux du Québec

- Addie Pryce, Assembly of First Nations

- Eduardo Vides, Métis National Council

The advisory committee met four times between August 2019 and February 2020. Its role was to:

- Provide recommendations and advice regarding:

  - the HiAP Pan-Canadian Meeting agenda and format, including facilitation;

  - list of invited participants;

  - keynote speakers and presenters; and

  - any background materials to be shared with participants for preparation.

- Contribute to the development of this report.

Appendix B – Profile of Participants

Appendix B – Profile of Participants

The HiAP Pan-Canadian Meeting was designed as an opportunity to bring together representatives from federal, provincial, and territorial governments, and from Indigenous organizations, who are interested in advancing the practice of HiAP in Canada. Additional efforts were made to invite representatives from local/regional governments and from academic and research institutions to make sure different perspectives were adequately represented.

Twenty-five participants including NCCHPP staff attended the forum. Participants and speakers came from across the country (British Columbia, Newfoundland and Labrador, Northwest Territories, Ontario, Prince Edward Island, and Québec) and from different types of organizations (Federal, Provincial/Territorial, Local/Regional, Indigenous Organizations, Universities or Research Centres, and an NGO).

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