National Collaborating Centre for Healthy Public Policy

DISCUSSION WORKSHOP ON HEALTH IMPACT ASSESSMENT AT THE LEVEL OF PROVINCIAL GOVERNMENTS

MONTRÉAL, QUÉBEC
FEBRUARY 27, 2009

REPORT

Preliminary version—for discussion

National Collaborating Centres for Public Health
Centres nationaux de collaboration en santé publique

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FOR HEALTHY PUBLIC POLICY

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October 7, 2009

LAYOUT

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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. It is one of six centres funded by the Public Health Agency of Canada located across Canada, each with a mandate for knowledge synthesis, translation and exchange in a different area of public health.

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the National Collaborating Centre for Healthy Public Policy (NCCHPP).

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

This document is available in its entirety in electronic format (PDF) on the National Collaborating Centre for Healthy Public Policy website at: www.ncchpp.ca.

La version française est disponible sur le site Internet du CCNPPS au www.ccnpps.ca.

This is a preliminary document. We invite reader feedback, which can be sent to ncchpp@inspq.qc.ca

Information contained in the document may be cited provided that the source is mentioned.

PROLOGUE

About the National Collaborating Centre for Healthy Public Policy (NCCHPP)

The National Collaborating Centre for Healthy Public Policy (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. They provide focal points for the exchange of knowledge on these topics.

The specific mandate of the NCCHPP is to support public health actors across Canada (including, notably, public administrators and members of community organizations) in their efforts to promote healthy public policies. Such efforts include bringing public health concerns and criteria about social, economic and environmental health determinants to bear on other public policy sectors (transport, development, agriculture, finance, employment, etc.). It should be noted that policies relating to health care services, such as those concerning Medicare, waiting lists or medical technology, for example, are explicitly excluded from our mandate so that our attention and efforts can be focused on non-medical health determinants.

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INTRODUCTION

The implementation of healthy public policies is an important strategy for promoting population health. Health impact assessment (HIA) constitutes one of the approaches considered useful to governments whose aim is to ensure the effectiveness of this strategy. To achieve this objective and in order to establish HIA within the provincial government, the *Ministère de la Santé et des Services sociaux du Québec* (MSSS, or Quebec's Ministry of Health and Social Services) adopted section 54 of the *Public Health Act* in 2002. This involved a twofold implementation including the HIA mechanism as well as research.

Recently, some provincial governments in Canada have expressed an interest in learning more about Quebec's experience with HIA. Meanwhile, those responsible for carrying out the section 54 implementation strategy within the Quebec government have indicated their desire to learn more about the intersectoral initiatives for improving population health in other provinces or territories. British Columbia's *ActNow* program[1] and Manitoba's *Healthy Child*[2] program are recent examples of intersectoral policies implemented in Canada.

Interest in the practice of HIA within governments seems to be re-emerging in Canada. The Senate of Canada's Subcommittee on Population Health recently proposed that the feasibility of integrating HIA within the framework of federal policies be examined (Keon and Pépin, 2009). British Columbia has included a measure that supports the practice of HIA in its new *Public Health Act* (section 61) (British Columbia Government, 2008), while Alberta has included HIA in its recent guiding document on the organization of the health system, entitled *Vision 2020* (Alberta Health and Wellness, 2008).

This growing interest and the increase in requests for information about the practice of HIA within governments were what prompted the National Collaborating Centre for Healthy Public Policy (NCCHPP) to organize an HIA workshop conjointly with the Institut national de santé publique du Québec (INSPQ), the Ministère de le Santé et des Services sociaux du Québec (MSSS) and the Groupe d'étude sur les politiques publiques et la santé (GÉPPS). This knowledge exchange workshop had two objectives:

- To bring together individuals from provincial health ministries who are interested in the institutionalization of HIA so they can learn more about the Quebec government's initiatives and share their various experiences.
- To identify potential needs associated with HIA practice at this level of decision-making, so that these can be shared more widely, in hopes of giving rise to the establishment of useful structures or other means of meeting these needs.

This document presents a summary of the discussions that took place during this workshop held in Montréal on February 27, 2009 which brought together 22 people, including representatives from every Canadian province as well as the Northwest Territories (see Appendix A for the list of participants). The first section sketches a brief portrait of the

[1] Retrieved on September 22, 2009, from: http://www.actnowbc.ca/
[2] Retrieved on September 22, 2009, from: http://www.gov.mb.ca/healthychild/

interest in HIA demonstrated by the provincial and territorial governments that responded to the workshop invitation, as described by the participants. The next section briefly describes the use of HIA within the Quebec government, as well as the questions asked by participants. Finally, the last section reflects the nature of the discussions relating to the second objective of the workshop, namely, the identification of the conditions and needs associated with HIA practice at the government level.

1 INTEREST IN HIA WITHIN THE CANADIAN GOVERNMENT

During the first part of the workshop, participants were invited to briefly describe the interest in HIA shown by their respective ministry or government. In doing so, participants were asked to specify the current status of this practice and to share their thoughts on this subject using colour codes with the following meanings:

Red: No measures have been put in place
Yellow: Under consideration
Green: Some elements have been put in place

The responses of the participants demonstrated that an interest in HIA is present within most ministries or governments, but in varying degrees. A summary of each participant's presentation is given below.

Public Health Agency of Canada

Colour code: **Yellow**

- The Agency's interest in HIA is twofold. On the one hand, it is preparing a response to the Senate Subcommittee's report on population health as well as to that of the Commission on Social Determinants of Health of the World Health Organization (WHO), both of which recommend the practice of HIA within governments.
- On the other hand, it is interested in the role of HIA in combating health inequalities. The Agency has carried out a review of resources linked to the assessment of impacts on health inequalities, with the aim of assessing their ability to explain the gaps identified.
- The Agency plans to collaborate with other key federal departments in taking action related to health determinants and, possibly, in addressing the subject of HIA (there has been no formal exchange on this subject so far).

Alberta

Colour code: **Yellow**

The government of Alberta has declared its intentions with respect to HIA in its orientation document entitled *Vision 2020* and is currently engaged in framing the implementation of this intersectoral strategy. Moreover, the health sector has been participating in environmental impact assessments (EIA) of public policies at the local level for about ten years.

Colour code: **Green**

- Within the Calgary zone of the new governmental structure known as Alberta Health Services (AHS), there exists a marked interest in the practice of HIA.
- At present, the project consists of strengthening the ability of the public health team to carry out HIAs.

- The Calgary public health team has adapted the HIA guide developed by the Toronto public health team (*Toronto Public Health*) as a starting point for their work.
- A pilot HIA project assessing a municipal policy related to the minimum wage (*living wage*) is currently undergoing approval by Calgary's municipal council.[3]

British Columbia

Colour code: **Yellow**

- The recently passed *Public Health Act* includes mention of HIA. The Ministry of Healthy Living and Sport is currently reflecting on how to apply this law as well as on the Minister's role with respect to the measure tied to HIA (Section 61). The challenges at this stage are great. Among the questions under discussion is whether or not HIA should be integrated into the environmental impact assessment process.
- There is also interest in carrying out HIAs on existing provincial and federal policies, since these may be having an impact on health. For example, policies related to drugs and alcohol, such as certain Health Canada policies that negatively affect health through the indiscriminate prohibition of some psychoactive substances, could be the subject of an HIA.

Prince Edward Island

Colour code: **Yellow**

- On the positive side, HIA is mentioned in the proposed revision of the *Public Health Act* that is currently underway. Although some amendments have been made to the Act over the years, the essence of some of the current law dates back to the 1950s. This revision is intended to strengthen the role of the Chief Public Health Officer, by including, among other things, the requirement to produce official reports on the health of the population. Stress will be laid on results in the area of health and on recognition of the impact on population health of major policy decisions. Given the breadth of the system, it is the central agencies (Treasury board, Executive Council and other committees) that make the important public policy decisions related to the health system. Thus, at this high level, there are always people who pick up on important factors that could have an impact on health, even in the absence of a formal requirement for HIA.
- The missions fulfilled by social services and health services have been separated and now fall under the authority of different ministries. As is the case in many other provinces and territories, PEI is challenged to ensure adequate linkages between the decisions made in the health system and the results at a population health level.

[3] During the writing of this report, the municipal council decided to defer introducing its policy. As such, AHS stopped their Living Wage HIA and is now undertaking an HIA on a potential trans fat policy.

Manitoba

Colour code: **Yellow**

- There is no legislation requiring HIA. Therefore, there are no specific standards, mechanisms, structures or resources designated for this purpose.
- The province has recently enacted a new *Public Health Act* (passed on April 1, 2009), but HIA has not been included within it.

Colour code: **Green**

- However, research into the assessment of impacts on health equity is currently being carried out by the University of Manitoba in collaboration with the departments of Health and Healthy Living (*Manitoba Health and Manitoba Healthy Living*) (MHHL).
- In January, 2009, the MHHL established a working group on health disparities within their public health division.
- This research team benefits from support from the *Centre for Health Equity Training Research and Evaluation* at the University of New South Wales, in Australia.

New Brunswick

Colour code: **Green**

- Collaboration between ministries takes place frequently, though much work remains to be done.
- The new *Public Health Act* has just been passed and the regulations are now being written. However, HIA is not specifically included in the Act.
- HIAs are carried out by consultants by means of the environmental impact assessment mechanism. They are mainly carried out in the industry and energy sectors.
- Much work remains to be done in this area and the Act and regulations could be improved.

Nova Scotia

Colour code: **Yellow**

- Following changes to the public health system in 2006, the modified system was placed under the authority of the Department of Health Promotion and Protection (HPP); thus it is now separate from the Department of Health. A new *Public Health Act* has not yet been produced (one is planned for 2012).
- Efforts tied to the improvement of the public health system have, to begin with, been focused on restructuring. The legislative aspect will be focused on later.
- As part of this restructuring, a new Chief Public Health Officer was named. He has committed himself to promoting government initiatives. The goal of the Department of Health Promotion and Protection is to take into consideration the social determinants of health, the initiatives of other departments and other factors that could have an impact on

health. Thus, the questions asked and the initiatives proposed by this department and the Chief Public Health Officer can be challenging.

- The department uses other impact analysis tools: for example, *lenses* on development and on population health, which take the social determinants of health into consideration. Questions concerning the integration of these analysis tools thus arise.
- It was noted that the framework for the formal memos to the *Treasury and Policy Board* already requires impact assessment for a series of others topics than health. The challenge is thus to try to intervene at the beginning rather than at the very last stage of the policy development process.

Ontario

Colour code: **Yellow**

- The Ministry of Health Promotion is reviewing its strategic priorities. Among its priorities, there is a plan to include the provision that the ministry will play a supportive role in ensuring the implementation of healthy public policy by influencing policy development in other government sectors.
- The recent creation of the Ontario Agency for Health Protection and Promotion makes possible access to new expertise.

Colour code: **Green** (beginning)

- The Ministry of Health and Long Term Care has undertaken the development of a health impact assessment tool that focuses on equity. The ministry has not yet begun to concentrate on the horizontal process of public policy implementation, but is beginning by assessing the differential impacts of health sector policies on vulnerable and disadvantaged populations.
- The tool is intended for policy and program analysts in the Health System Strategy Division of the Ministry and for planners and service providers in Local Health Integration Networks (LHINs) and their health service provider organizations. To refine this tool, a local consultation and pilot project has just been launched conjointly with the Toronto Central LHIN. The intention is to consult, pilot and refine a flexible, practical Health Equity Impact Assessment Tool (HEIA) that could be used to address equity across the Ontario Health Care System.

Quebec

Colour code: **Green**

- Section 54 of the *Public Health Act*, which took effect in 2001, requires provincial government ministries and agencies to evaluate the impacts of their bills and regulations upon the health of the population in order to maximize the positive effects and minimize the negative ones. To help ensure the implementation of section 54, the Ministère de la Santé et des Services sociaux (MSSS) has adopted a two-fold strategy: the first part is the HIA mechanism and the second is a research focus. In addition, the use of HIA by municipal governments is currently under study.

Saskatchewan

Colour code: **Green**

- The risk to human health is assessed for proposed projects that are subjected to the environmental impact assessment process already in place. An effort is made to broaden the scope of assessments so as to include the social determinants of health.
- The government plans to develop a strategy for promoting “healthy living” that will include a process similar to that of HIA. This strategy rests on four pillars, one of which is the public health sector. Subsequent to this work, it is possible that the expression "health impact assessment," or a similar one expressing the same idea, will be used instead of “healthy living.”

Newfoundland and Labrador

Colour code: **Green**

- There exists extensive collaboration between departments. Concern for potential impacts on other sectors is an integral part of every plan and every strategy.
- The provincial “Wellness Plan” is based on intersectoral collaboration. For example, the poverty reduction strategy takes health determinants into consideration.
- The provincial Wellness Plan places emphasis on population health (prevention) and encourages intersectoral initiatives.
- Submissions presented to Cabinet must include an analysis of environmental and health impacts and are required to undergo public consultations. However, there are obstacles to data collection, which presents several challenges.

The Northwest Territories

Colour code: **Yellow**

The Northwest Territories does not have a legislative framework for HIA. However, the office of the Chief Medical Health Officer has been participating, for several years, in intersectoral initiatives. For example, it participated in the development of a law on alcohol use and motorized vehicles, as well as in the environmental assessment of the Mackenzie gas pipeline project.

2 DISCUSSION OF THE INSTITUTIONALIZATION OF HIA

2.1 PRESENTATION OF THE QUEBEC EXPERIENCE[4]

Quebec's *Public Health Act*, passed in 2001, is based on the four essential functions of public health, promotion, protection, prevention and monitoring. Under section 54:

> *The Minister is by virtue of his or her office the advisor of the Government on any public health issue. The Minister shall give the other ministers any advice he or she considers advisable for health promotion and the adoption of policies capable of fostering the enhancement of the health and welfare of the population.*
>
> *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.* (Gouvernement du Québec, 2001)

The first paragraph of section 54 affirms the Minister of Health's role as advisor to the government, firmly establishing the legitimacy of his or her interventions with other ministries and public agencies in matters related to health promotion and healthy public policy.

The second paragraph creates an obligation, on the part of governmental ministries and agencies, to take into account the potential impacts on population health of acts and regulations they are developing.

The historical bases for section 54 of the *Public Health Act* are the founding documents of health promotion, such as the Lalonde report, the Ottawa Charter and the Ministère de la santé et des Services sociaux (MSSS)1992 *Politique de la santé et du bien-être* (health and welfare policy). More specifically, section 54 is based on the recognition of the importance of acting on the determinants of health by increasing awareness that responsibility for ensuring population health must be shared. This recognition ties in to the need to collectively develop healthy public policies.

Section 54 gives the Minister of Health the legal authority to act as an advisor to other sectors. The approach adopted by the MSSS, however, is not to rely on authority, but rather to act in collaboration and provide support. Within this framework, it is the responsibility of the ministries and public agencies promoting bills or regulations to carry out HIAs and to consult the MSSS if their projects have a significant impact on health (consultation is mandatory in this case), or else, according to their needs (support from the MSSS in the analysis process). The section 54 implementation strategy is twofold: the HIA mechanism and research.

With regard to the practice of HIA, the MSSS adopted the internationally recognized definition: "a combination of procedures, methods and tools by which a policy, program or

[4] Presentation by Lyne Jobin, from the ministère de la Santé et des Services sociaux du Québec (MSSS)

project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population" (WHO European Centre for Health Policy, 1999).

Two ways were established to facilitate the HIA consultation process and to ensure its efficiency. The first way was the creation of a network of ministerial respondents, including members from different ministries (the number is variable since three or four ministries have never participated in this network) which ensures communication between the members' respective ministries and the Ministry of Health. The second way in which consultation is facilitated is by the internal administrative processes put into place to facilitate the transfer of requests from the ministries and governmental agencies. These processes are related as much to the transfer of demands of ministries to the Ministère du Conseil Executif (MCE) than the transfer of advice within the MSSS.

The essential elements of the first section of the strategy for the application of section 54 (HIA mechanism) are awareness-raising among decision makers, assimilation of the HIA process by the other ministries and public agencies, and recognition by these ministries of the need to develop healthy public policies. Their consultation with the MSSS can result in the latter recommending measures to limit the health risks associated with a bill or regulation, when it cannot be changed.

The second focus of the strategy for the implementation of section 54 (research) involves increasing knowledge about HIA and healthy public policies so that this knowledge can be conveyed to interested parties.

The Ministry of Health has associated itself with two Quebec research funds for the development and management of a research program aimed at deepening knowledge in the appropriate area, to support the new responsibilities conferred on the ministry by section 54.

The objectives of this section are: to increase and strengthen capacity for interdisciplinary research; support research in the area of *before* and *after* impact assessment; and encourage knowledge transfer for the benefit of decision makers and professionals from other sectors.

This second section concentrates on four main research axes: (a) the concepts and methods for the analysis of governmental actions that may have impacts on the health and well-being of populations; (b) the development of healthy public policies for healthy life habits; (c) the evaluation of impact of public policies on the health and well-being of the population; (d) poverty and social exclusion. With respect to the first research axis above, several cases are available on the GÉPPS website.[5]

Tools and other forms of support

To guide and support the ministries and governmental agencies in adopting the use of HIA, two tools were created: the practical guide entitled *Évaluation d'impact sur la santé lors de*

[5] http://www.gepps.enap.ca/

l'élaboration de projets de loi et règlement au Québec (MSSS, 2006a), which is about the initial steps involved in carrying out a health impact assessment, as well as the awareness raising document entitled, *La santé, autrement dit… Pour espérer vivre plus longtemps et en meilleure santé* (MSSS, 2006b), a user-friendly tool intended for sectors other than that of health.

Finally, the *Ministère de la Santé et des Services sociaux (MSSS)* signed an agreement with the *Institut national de santé publique du Québec* (INSPQ), which was mandated to produce reports (advisories and other documents) to support the Minister of Health in his or her role as advisor to the government.

Results to date

During the first five years following its implementation, the HIA process within the government led to 189 requests for advice to the MSSS. Of this number, 88.4% came from the *Ministère du Conseil executive* (MCE). In fact, the Secretary general of the MCE reviews whether the proposed bills and regulations have been carefully analyzed before submitting them to the executive council. If a bill or a regulation is analysed as having potential effects on health and that it should have been subject to an HIA, it is forwarded the MSSS.

The fact that few demands come directly from the ministries promoting these bills and regulations means that HIAs are carried out later in the development of a project. Thus, more efforts are needed to encourage ministries to forward their project to the MSSS earlier. However, thanks to different interministerial committees and agreements, the MSSS can be consulted earlier in the process without the ministries having to submit a formal request for advice. These results are an indication of the significant support given by the MCE, whose mission aims at supporting the decision-making process of government authorities.

The *Ministère de la Santé et des Services sociaux* (MSSS) has nevertheless observed improvement over the course of time in the interest and participation of other sectors, as well as a gradual integration of the HIA process within the other ministries and governmental agencies. It has also observed an increase in the number of requests for consultation about projects other than bills. More and more consultations are taking place within the context of policy development (beyond acts and regulations) or planning. Given this state of affairs, the MSSS can now assert that the adopted strategy seems to have promoted the institution of a culture of health within the government.

Nevertheless, the application of Section 54 faces several challenges linked to, among other things, the ability of the MSSS to influence practices followed during the decision-making process, so that consideration of health issues can be integrated into this process. To face this challenge, the MSSS has intensified its activities aimed at raising awareness in other ministries and public agencies. It has also undertaken a series of activities aimed at improving the skills of actors in public health and in other sectors, so as to enhance the quality of the advice and the appropriateness of the HIA process. A training program intended for ministerial respondents is also being developed.

Another objective is to interact with other government ministries and agencies as early on as possible in the development of their bills and regulations. In addition, the MSSS intends to follow any development concerning bills and regulations by analyzing the strategic planning of the various ministries and governmental agencies, for example.

The MSSS also intends to move beyond the legislative context and to establish horizontal and vertical synergy between various actors at the national, regional and local levels, in order to reinforce intersectoral collaboration at all levels of action.

Finally, it was observed that, with time, the practice of HIA is increasingly becoming standard within the administrative apparatus and that it is gradually being perceived as an effective means of fulfilling the obligation made to ministries and governmental agencies by section 54.

2.2 QUESTIONS AND ANSWERS

During the discussion that followed the presentation of the Quebec experience, participants addressed several aspects of the institutionalization of the practice of HIA. These have been grouped into eight topics, described in the sections below.

Context for the adoption of the Quebec *Public Health Act* and section 54

Among the questions posed by participants were those related to the context for the adoption of the *Public Health Act*, and, in particular, of the measures mentioned in section 54. It was pointed out that, although these measures were not formally contested during the adoption process, they nevertheless generated the most discussion within the government. For example, the *Ministère de la Santé et des Services sociaux du Québec* (MSSS) had to modify its original intention of having HIA apply to every policy, plan or strategic project and accept that it would apply only to bills and regulations. Thus worded, section 54 and the *Public Health Act* were adopted unanimously by parliament.

It was observed that civil society did not partake in the process of developing the measures in the *Public Health Act* and was not involved in its implementation. The MSSS considered the population to be represented by the elected officials.

Capacity of the HIA process to bring about major change

The participants wanted examples of how the HIA process had resulted in major changes to bills or regulations. Although it was difficult for the *Ministère de la Santé et des Services sociaux du Québec* (MSSS) to provide concrete examples, given that government negotiations at this stage of the policy adoption process are confidential, examples of the nature of the exchanges between the MSSS and the ministries and public agencies making requests indicate that the goal of these exchanges is to arrive at a mutual understanding.

In relation to this topic, the role of the Chief Medical Officer of Health, whose mandate is to inform the population about health risks, was discussed. In Quebec, there has not been, to date, a situation where the seriousness of the health risks was considered significant enough for the Chief Medical Officer of Health to intervene. The latter's legal mandate must be

exercised with discretion. It was recalled that the approach adopted with respect to the implementation strategy of section 54 was not one that relied on authority, but one involving collaboration with the other ministries and public agencies, who are offered support for their decision-making process.

Transparency of the ministerial process

In response to a query from participants, it was explained that the confidential nature of the process does not exclude the need to account for exchanges that have taken place between the *Ministère de la santé et des Services sociaux du Québec* (MSSS) and ministries and public agencies that have sought its advice. In every case where a ministry submits an official request to the MSSS within the context of the application of section 54, an official response of the MSSS is transferred to the concerned ministry. Moreover, at the request of the ministries and public agencies, it is now possible to include in documents presenting bills and regulations to the Executive Council a statement that gives an account of consultations that have taken place with the MSSS. This ensures that the effort made by a ministry to take into account potential health effects is made apparent at the highest level.

Internal capacity of the Ministry of Health

The institutionalization of HIA presupposes the existence of a certain internal capacity within the Ministry of Health. In relation to this subject, a question was raised about the ability of the Ministère de la Santé et des Services sociaux du Québec (MSSS) to respond to all the requests for support it receives, given its resources and the time required to carry out impact assessments. The MSSS acknowledged that the amount of time it is given to respond to a request for support influences the quality of its response. However, even when there is little time to respond, it is always possible for the MSSS to provide knowledge about public health that is beneficial to the decision-making process. To begin with, the public health branch of the MSSS has access to the knowledge and resources of the experts who work there. Moreover, the experts at the Institut national de santé publique du Québec, with whom the MSSS has formed a service agreement, can be solicited, based on the nature of the act or regulation. These experts, in turn, have access to other resources that can, in certain cases, be rapidly mobilized. Even if the strategy adopted is evidence-based, it represents a strategy involving the exploitation of existing knowledge about public health, and not one based on carrying out research.

Research capacities

The discussion about the ministry's internal capacity is linked to the one that took place regarding its research capacities. Part of this discussion was focused on whether or not it was necessary to expand the research capacities of ministries. Some participants thought that relying solely on the research capacities of the government itself renders the latter vulnerable and subject to priorities defined elsewhere. Moreover, it has been mentioned that the existence of research capacities within ministries facilitates the adoption of new practices. The case of gender impact assessments in Canada was cited as an example.

Others, with contrasting points of view, thought that the research function of ministries was often threatened and did not always receive the support needed. In addition, it was observed that in these cases the extent of the research had the potential to be limited because it could not go beyond the specific concerns of a ministry.

It was also observed that the impact of the influence exerted on agencies that award research grants can be limited and that it is usually felt only in the long term. It was also mentioned that the access of health ministries to research funding varies from one province or territory to another. It was thus suggested that more stock be placed in the internal capacity of ministries to analyze and use information drawn from the results of existing research.

The Ministère de la Santé et des Services sociaux du Québec (MSSS) specified that its research support strategy was aimed at meeting a broad need for knowledge about healthy public policy (determinants, processes, promising interventions). HIA is conceived of more as an intragovernmental mechanism than as a research process. The strategy adopted is based on encouraging the ministries to take responsibility for HIA, and not on asking them to increase their capacity to carry out health research. The MSSS considers HIA to be a strategic process; although it recognizes that research is indispensable, its goal is to promote research tools and the use of knowledge so that decision makers can take into account how health determinants are affected.

Evidence and direct or indirect health effects

More specific information was requested about the nature of the information taken into account during impact assessments. For example, is the information solely evidence-based? Are direct health effects (mortality, morbidity) given more weight than indirect impacts (health determinants)? The Ministère de la Santé et des Services sociaux du Québec (MSSS) pointed out that these questions are often debated and that tensions remain within the Quebec public health community relating to this subject. However, there seems to be more widespread acceptance of the relevance of data drawn from experience.

In the case of HIA carried out on policies (acts and regulations), the data used are drawn from scientific literature, administrative databases, and from experience. The MSSS tries to strike a balance between acting as experts and providing support for decision making.

Reasons for the progress observed

A question was raised about the reasons for the progress made in taking into account health concerns during government policy development, since the adoption of section 54. The MSSS attributes this progress to the collaborative strategy that was put in place and that helps to position the HIA mechanism as a positive asset for the other ministries and public agencies. The positive health effects of a bill, regulation or policy are also identified during the HIA process, which may play in favour of its use by the various promoting ministries.

Assessment of experience

In 2008, the MSSS published a report detailing the main observations associated with the application of section 54 (MSSS, 2008). An initial exploratory study revealed that more than 80% of the proposals presented to the Ministry of the Executive Council (MCE) that had been the subject of consultation under the application of section 54 had taken into account, in one way or another, the MSSS' reports. The MSSS plans to carry out a more systematic follow-up on the effects of the HIA process on decision making, and a partnership with the INSPQ and the GÉPPS is planned for this purpose.

3 CONDITIONS AND NEEDS SURROUNDING THE INSTITUTIONALIZATION OF HIA

Following the discussion related to the presentation of the Quebec case, participants discussed the lessons learned as well as the issues raised and the needs generated by HIA practice. This discussion is summarized under six broad topics:

The need to establish a favourable culture and new practices

According to some participants, the establishment of an interministerial mechanism (which the institutionalization of HIA presupposes) requires an administrative and political culture that promotes collective responsibility for population health. In Canada this varies from one sector to another and the most appropriate way to establish such a culture within each must be found. It was pointed out, however, that a legal device such as section 54 is not a prerequisite for interministerial work. In certain governmental environments, the level of cooperation that already exists between ministries fosters consideration for the potential effects of one sector's decisions on another. The Quebec participants pointed out that the adoption of section 54 by the Quebec government came as the confirmation of a certain social consensus regarding the importance of taking collective responsibility for the health of the population. Nevertheless, section 54 is considered to be an important lever for the systematic integration of health concerns in policies.

According to the Ministère de la Santé et des Services sociaux du Québec (MSSS), one of the key success factors in institutionalizing HIA is the adoption of a collaborative approach. To do this, the public health actors in the MSSS had to acquire new skills, such as "reading" the administrative context of decision-making apparatuses and the adaptation of the HIA process to different administrative processes. This approach also influenced the type of relationship the MSSS maintains with other governmental sectors. One example cited was the process through which the MSSS collaborated with other ministries and public agencies so that the *Guide de pratique de l'ÉIS* would reflect ministerial realities more closely and use language suitable to them.

Among the observations made by the GÉPPS, who is studying the introduction of HIA into the various ministries, is that the definition of the concept of health varies from one ministry to another, depending on its mission. Sometimes, this mission is not understood in the same way within a single ministry, which adds to the ambiguity of intersectoral communications. Moreover, the case studies carried out by this research group underlined the fact that, in certain situations, the intersectoral work carried out by public health actors within the government can be undermined by political pressure (advocacy) exerted in the field by other public health actors. Thus, it is necessary to seek consistency and the establishment of an overall public health strategy to effectively influence public policies.

Where to begin?

There was discussion about the best strategies for implementing HIA within governments. Where should one begin? Is it preferable to start with a team of experts, to develop practical

guides, to obtain the approval of legislators and decision makers in other ministries? Or, should all these elements be combined, as was done in Quebec?

In response to these questions, some suggestions were made:

- Establish a culture of collaboration and collective responsibility for population health by starting with public health subjects that presuppose intersectoral links, such as gambling and alcohol.
- Define the practice of HIA in a positive way: for example, as a process used to enrich the pool of knowledge referred to during the policy analysis process, or as a strategy for helping confront timely issues, such as reducing the cost of the health care system, combating health inequalities or choosing among measures aimed at reducing the effects of the economic crisis.
- Propose the use of HIA in relation to health programs and services, presenting the latter as one of the determinants of health.

HIA practiced in the health sector?

The question regarding whether or not HIA can be practiced in the health sector gave rise to much discussion among participants. Some thought that efforts should be directed toward the socio-economic determinants of health. Others thought that associating HIA with health policies, considered as determinants, could result in the practice being better received by politicians and decision makers. At the same time, this would allow the public health community to put in place the elements necessary for advancing the practice and eventually extending it outside the health sector. The participants also raised the point that it would be difficult, in certain environments, to impose an HIA mechanism on the various governmental sectors if the health sector was not using it for its own programs.

In relation to this debate, the Ministère de la Santé et des Services sociaux du Québec (MSSS) pointed out that HIA was one of the strategies chosen for acting on health determinants that lie within the control of sectors other than that of health. Other strategies are used to influence the organization of the health system, viewed as a health determinant.

The Ministry of Health as a superministry?

The consideration of health concerns in relation to all government decisions led one participant to ask questions about the primacy of the Ministry of Health over all other ministries. In the opinion of the MSSS, it is not necessary to confer upon it any such status or to create a new governmental superstructure. The strategy of the MSSS has been to act in concert with the Ministry of the Executive Council (MCE), which already acts as a sort of superministry. The MCE's commitment to respecting this legislative measure constitutes an additional incentive for the government's ministries and public agencies to integrate HIA into their process for developing bills and regulations.

The institutionalization of HIA, nevertheless, calls for horizontal management. According to the GÉPPS, this type of management cannot work without the presence of a strong political will.

Assessment of the practice and assessment while practicing

According to some participants, assessment of the effectiveness of the HIA process is a key aspect of promoting and encouraging the acceptance of the practice. In fact, promoters of the institutionalization of HIA are often questioned about this aspect. It was noted that in the field of HIA, it is acknowledged to be very complex, even impossible, to assess the direct impact of the institutionalization of HIA on the health of the population using existing assessment tools. The practice is assessed, rather, in terms of the potential of the process to influence the decision making process and to raise awareness among decision makers as to the effects of their decisions on health determinants.

It was pointed out that within the administrative context, the skills required for assessing impacts on health and health determinants are more closely tied to developing a certain “way of thinking” than to specific scientific knowledge. Thus, tools, such as HIA guides, serve to raise the right questions.

Identified needs

The participants expressed the need to learn more about the practical realities of HIA before initiating discussions with their colleagues in other ministries. For example, it seemed necessary to them to allow employees in health ministries who would be responsible for implementing such a measure to hear testimonials about concrete examples, such as the Quebec experience.

Also expressed was the need to be able to access a centre for excellence or a formal network to obtain answers to questions raised during the course of implementing such a practice. The NCCHPP could, in part, fulfill this role, notably by encouraging the establishment of networks that facilitate exchanges between interested parties.

It was also pointed out that this practice would rely on new skills to be assimilated by public health actors. This concern could be brought to the attention of the group of human resources experts in the federal/provincial/territorial public health network. Similarly, the need to focus attention on the organizational skills required to support the HIA process was stressed.

4 CONCLUSION AND FOLLOW-UP

The discussion workshop on the institutionalization of HIA, which brought together representatives from health ministries throughout Canada, constituted a learning platform organized in response to the emerging interest in this practice generated by recent events.

The Ministère de la Santé et des Services sociaux du Québec (MSSS) was interested in sharing some of the lessons it has drawn from its experience in this area. The strategy adopted by this ministry, which is aimed at encouraging other ministries and public agencies to recognize their responsibility toward the health of the population – rather than at adopting the position of authority conferred on it by law – seems promising. This strategy has an effect on the way in which HIA is carried out. Thus, while the ability to use research evidence remains essential, the ability to understand administrative processes and to intervene in these processes are central abilities that public health actors must also develop. In the future, the MSSS hopes to better situate the practice of HIA within an overall strategy of support to intersectoral action that will make it possible to develop healthy public policies and improve the quality of the practice within ministries and public agencies.

In the view of the MSSS personnel who were present at the workshop, HIA is an interesting mechanism for acting on the social, economic and physical determinants of health in collaboration with actors from other sectors. One of the remaining challenges is to intervene earlier on in the process of developing policies, laws and regulations so that public health knowledge can be put to better use.

Finally, for the MSSS, it seems essential to make HIA an exercise that benefits all parties (using a win-win approach). The positive experience of an HIA carried out at the municipal level was brought forward to further illustrate the ministry's approach, which allowed one mayor to appropriate the process, adapting it to his own vocabulary, tools, network, issues and way of doing things.

Each province and territory has its own traditions as well as its political and administrative culture. Some provinces have relied on a long tradition of collaboration and intersectoral discussion at the central level. For others, the road to establishing a culture of shared responsibility for implementing healthy public policies will be more arduous. The strategies to be used and the pace at which change should be implemented must be adapted to varying contexts.

Faced with this situation, the role of the NCCHPP is to promote the sharing of Canadian and international experiences, as well as the acquisition of knowledge and the creation of tools that can support efforts to implement HIA in varying contexts, at every stage of the process.

Many participants expressed the desire to pursue these discussions, which constitute essential opportunities to stop and reflect on a given path, providing time for reflection that the pace of administrative work within ministries does not generally permit. These exchanges could continue within the context of informal face-to-face meetings or on the internet or through videoconferencing, and they can be initiated by one or the other of the parties

present. The NCCHPP, for its part, is committed to continuing its efforts to support the practice of HIA through two concrete means: the development of training materials and the establishment of a network of practitioners.

APPENDIX A: LIST OF PARTICIPANTS

Appendix A. List of participants

Provinces	Participants
Colombie-Britannique	Brian P. Emerson, Medical Consultant Population and Public Health Ministry of Healthy Living and Sport
Alberta	Catherine Ford, Coordinator, Healthy Public Policy Alberta Health Services Margaret King, Assistant Deputy Minister Public Heath Division Alberta Health and Wellness
Saskatchewan	Tim Macaulay, Manager, Environmental Health, Population Health Branch Saskatchewan Ministry of Health
Manitoba	Karen Serwonka, Policy Analyst (Population Health Promotion) Manitoba Health & Healthy Living Public Health Division Office of the Chief Medical Officer of Health
Ontario	Judy Fiddes, Sr. Policy Advisor, Equity Unit Heath System Policy and Relations Ministry of Health and Long-Term Care Françoise Bouchard, Associate Chief Medical Officer of Health
Nouveau-Brunswick	Scott MacLean, Executive Director Health Protection Branch
Nouvelle-Écosse	Janet Braunstein Moody, Senior Director, Public Health Renewal Nova Scotia Department of Health Promotion and Protection
Île-du-Prince-Édouard	Teresa Hennebery, Assistant Deputy Minister Department of Health
Terre-Neuve-et-Labrador	Wanda Legge, Director Policy Development Department of Health and community Services Government of Newfoundland and Labrador
Territoires du Nord-Ouest	Dr André Corriveau, Chief Medical Health Officer and Director of the Population Health Division NWT's Department of Health and Social Services
Agence de la santé publique du Canada	Heather Fraser, Manager, Health Determinants & Global Initiatives Strategic Initiatives & Innovations Directorate Beth Jackson Manager, Innovations and Trends Analysis
Québec	François Benoit, Lead, National Collaborating Centre for Healthy Public Policy (NCCHPP) Louise St-Pierre, Project Manager (NCCHPP) Geneviève Lapointe, coordonnatrice de l'Équipe des politiques publiques Institut national de santé publique du Québec Lyne Jobin, chef de service, Service des orientations en santé publique,

Provinces	Participants
	Ministère de la Santé et des Services sociaux Caroline Druet, agente de recherche, Service des orientations en santé publique Ministère de la Santé et des Services sociaux Marjolaine Pigeon, agente de recherche, Service des orientations en santé publique Ministère de la Santé et des Services sociaux Clémence Dallaire, chercheure, Groupe d'étude sur les politiques publiques et la santé (GÉPPS)

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