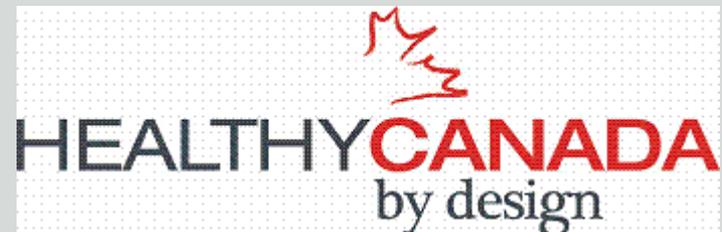


***From theory to reality – The experience  
of HIA at the DSP of Montérégie***

Émile Tremblay

CPHA annual conference, Toronto

Pre-conference - May 26<sup>th</sup>, 2014



# *A cautionary note*

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- The following is based on:
  - › HIAs done at the regional and local levels
    - might be different for provincial and federal levels
  - › Quebec's public health context
    - public health responsibilities are shared among provincial, regional and local levels
    - municipalities have no formal obligation to consider health promotion
- There is not just one way to do HIA
  - › All depends on the context where it takes place
  - › HIA might be applied differently in different contexts

# *Direction de santé publique (DSP) of Montérégie region (Québec)*

- Montérégie
  - › suburbs of Montréal, and more
  - › 11,000 km<sup>2</sup>
  - › 1.5 million people
  - › 189 local municipalities, urban & rural



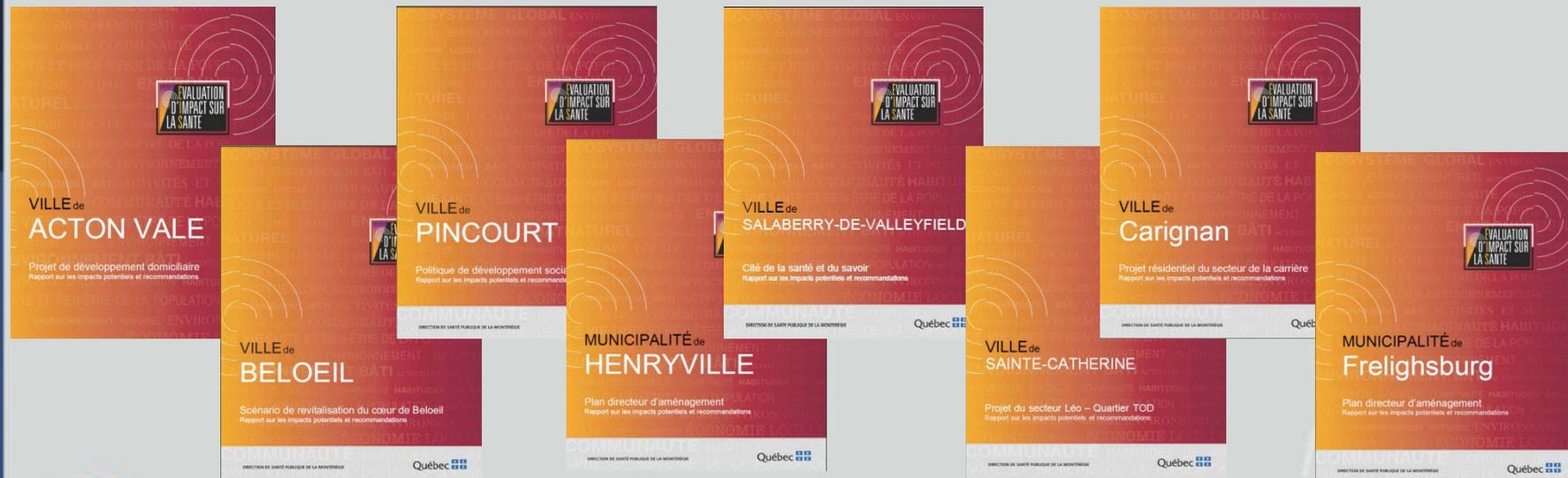
# *HIA in Montréal*

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- Decision-support HIA
- Current activity since 2011
  - › 8 HIAs completed
  - › 4 HIAs scheduled for the months to come
    - All endorsed by a resolution of a municipal council
  - › Much more to come in the future
    - Regional and local public health's action plan recognized HIA in 2012 as an “official strategy” for health promotion
    - Objective of 31 HIAs completed by 2015-2016
      - 8 to 10 HIAs per year

# Tailored to all types of policies and projects

- Urban design
  - › Residential project development
  - › Redevelopment of neighbourhoods
- Social policies and action plans
  - › Social development
  - › Age-friendly Cities (from the WHO)



# Quebec's context

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- Health promotion and action on social determinants of health are mainly the preoccupation of the public health sector:
  - Ministry of Health and Social Services
  - Regional health authority [Direction de santé publique (DSP)]
  - Local health and social services centres [Centres de santé et de services sociaux (CSSS)]
- Municipalities
  - › No obligation to collaborate with health sector
  - › No obligation to consider social determinants of health

# Montréal's objectives

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- Healthy public policies
  - › Developing **evidence-based policy**
  - › Supporting **evidence-informed decision-making**
- Supporting decision-making on healthy public policy means
  - › not making the decision ourselves
  - › but collaborating with decision makers
  - › to guide them to the best evidence-based policy options

# *How to catch decision-maker's attention?*

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- Knowledge utilization depends on many factors
- Knowledge users' participation in knowledge exchange process is recognized for improving utilization
  - › Makes knowledge more relevant
    - Knowledge is relevant if it is adapted to its context and if it can be implemented there.
    - “Relevance” is based on a subjective judgement.
    - To maximize utilization, knowledge have to address needs
- Beyond the HIA process and its steps, HIA has to work in a perspective of knowledge exchange.

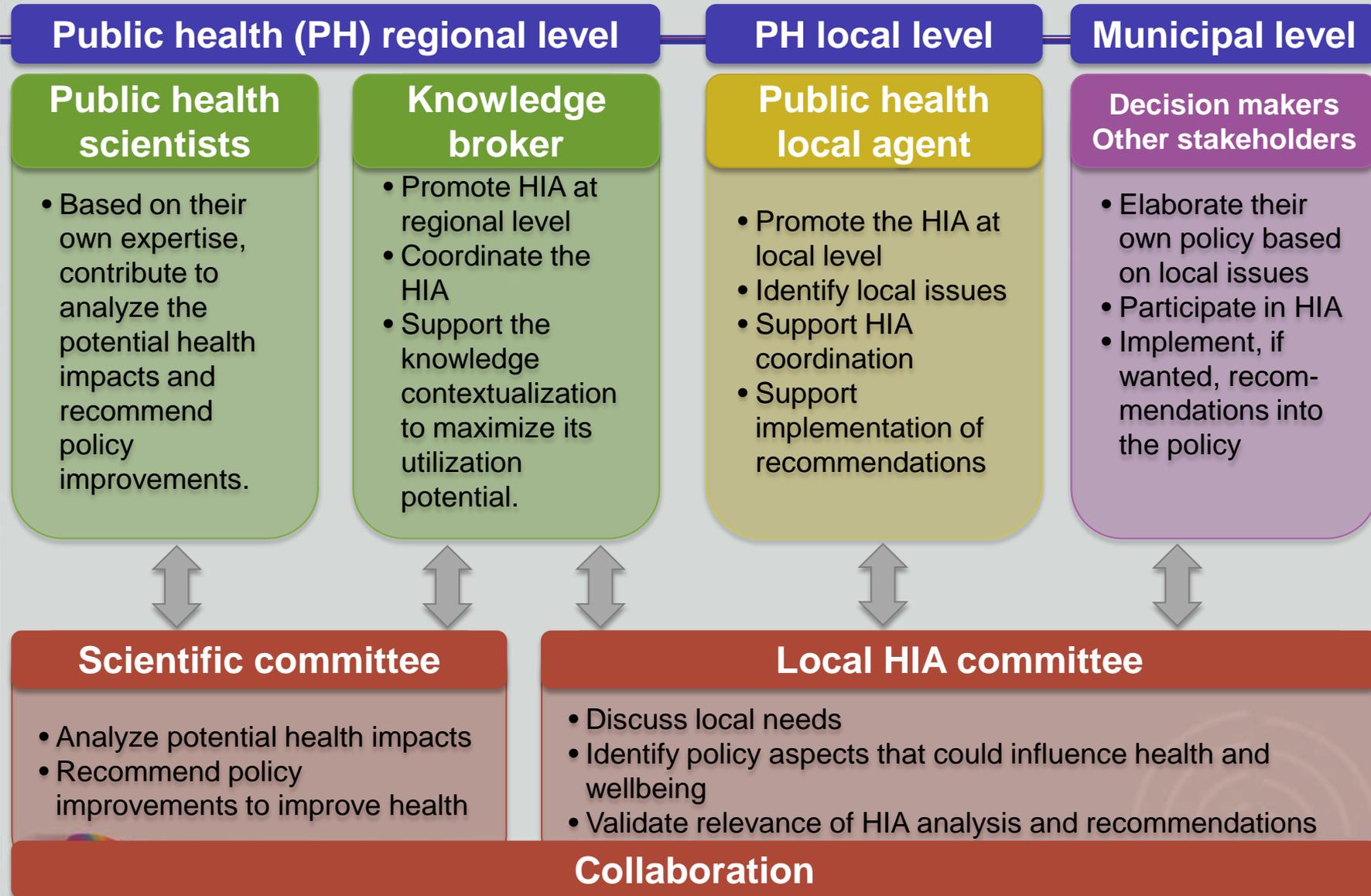
# *From HIA to knowledge brokering*

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- “Knowledge brokering (KB) is about bringing people together, to help them build relationships, uncover needs, and share ideas and evidence that will let them do their jobs better. It is the human force that makes knowledge (the movement of knowledge from one place or group of people to another) more effective.” \*\*
  - › KB is based on active and deliberate communication efforts
  - › KB process involves many participants
  - › KB aims to bridge the gap between research and practice
- Brokers are negotiators who facilitate communication, access to information, and exchange of knowledge
  - › for mutual advantage
  - › to select and contextualize knowledge to make it relevant for decision makers

\*\*Canadian Health Services Research Foundation. (2003). The theory and practice of knowledge brokering in Canada's health system (p. 17)

# Knowledge brokering strategy applied to HIA



# HIA's evaluation

Dimensions	Preliminary results
<b>Process</b>	<ul style="list-style-type: none"><li>• Suitable to many contexts</li><li>• Improves multi- and interdisciplinary work and knowledge co-construction</li><li>• Gives opportunity for scientific knowledge to root in a policy</li><li>• Is respectful of the local context and needs</li></ul>
<b>HIA reports (analysis and recommendations)</b>	<ul style="list-style-type: none"><li>• Make the potential health impacts explicit</li><li>• Use ordinary language to make scientific knowledge accessible</li></ul>
<b>Utility perceived from users (4 to 6 months after the HIA is completed)</b>	<ul style="list-style-type: none"><li>• Enlighten the decision-making process and the debate with valuable knowledge</li><li>• Give practical recommendations to improve the policy as well as the opportunity to participate in improving health</li><li>• Strengthen trust and build opportunities for more collaborations</li></ul>

# *In conclusion...*

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- The Montréal's experience shows that HIA can contribute to healthy public policies
- The knowledge brokering strategy applied to HIA increase the relevance potential of knowledge exchange and its utilization by decision-makers, by enhancing
  - › collaboration with end-users and other stakeholders
  - › respect of local needs and issues
  - › focus on mutual advantages (*win-win* objective)
  - › aims at both short- and long-term relationship

# *For further information about HIA in Montérégie*

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**Direction de santé publique de la Montérégie:**

<http://extranet.santemonteregie.qc.ca/sante-publique/promotion-prevention/eis.fr.html>

**Canadian Public Health Association (CPHA):**

<http://www.cpha.ca/en/programs/social-determinants/frontlinehealth/stories/monteregie.aspx>

**Email**

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