

National Collaborating Centre
for **Healthy Public Policy**

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CANADIAN EXPERIENCES IN INSTITUTIONALIZING
HEALTH IMPACT ASSESSMENT (HIA).
2013 INTERPROVINCIAL-TERRITORIAL MEETING

REPORT | DECEMBER 2013



Centre de collaboration nationale
sur les politiques publiques et la santé

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for Healthy Public Policy

*Institut national
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Québec

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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. In addition to the Centres' individual contributions, the network of Collaborating Centres provides focal points for the exchange and common production of knowledge relating to these topics.

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INTRODUCTION

On April 18, 2013, the National Collaborating Centre for Healthy Public Policy (NCCCHPP) held a second inter provincial-territorial meeting to discuss the subject of health impact assessment (HIA). During an initial meeting, held in 2009, public health officials representing Canada's provinces and territories shared information about their use of health impact assessment and learned about Québec's experience with the institutionalization of HIA.¹ Given the interest shown by the participants, and especially the developments in this area in Canada since 2009, a second meeting was organized in April 2013. As was the case with the first meeting, public health officials from Canada's provinces and territories (deputy ministers responsible for public health, chief medical officers of health and directors of population health) were invited and discussion was focused on the relevance and feasibility of establishing permanent mechanisms for integrating health in all policies, in view of new provincial and territorial initiatives.

This paper provides a brief overview of the experiences that were shared at this meeting and describes the main issues that gave rise to discussion.

¹ The report from the 2009 meeting is available at:
http://www.ncchpp.ca/133/Publications.ccnpps?id_article=246

1 OBJECTIVES OF THE WORKSHOP

This inter provincial-territorial meeting had two main objectives:²

- Allow participants from the various Canadian provinces and territories to share their knowledge and experience relative to the use of HIA implementation strategies as mechanisms for integrating health in all policies (HiAP).
- Discuss various government strategies for integrating health in all policies, as well as conditions for success and barriers to achieving this.

² The agenda for this meeting is available in Appendix 1.

2 SOME DEFINITIONS




Let us begin by defining certain terms that were used during the meeting. Health impact assessment (HIA) is a practice that has become significantly more prevalent throughout the world over the last twenty years. First applied as a complementary approach within the context of environmental impact assessments of development projects (e.g., mines, roads, dams, etc.), the practice of HIA has expanded significantly and it is now applied to projects and public policies arising from all sectors of government authority. Applying HIA to public policies, whether these arise from international, national or local levels of authority, makes it possible to provide policy makers with evidence about the potential effects of their policies on population health. It leads to the formulation of recommendations for improving public policies by optimizing their impact on health. It is this practice which will be discussed in this report. In public health, and especially in the field of health promotion, HIA is seen as a useful tool for generating healthy public policies. More recently, the trend toward "health in all policies" (HiAP), promoted by the World Health Organization (WHO), has brought to the forefront the idea of institutionalizing the practice of HIA within governments, as a way of integrating health issues into all policies.

We define the institutionalization of HIA as its integration and systematic use within the context of administrative processes governing development and choice of public intervention (Lee, Röbbel, & Dora, for the WHO, 2013). For example, Québec's *Public Health Act* called for the establishment of an intragovernmental mechanism that ensures the health impacts of bills and regulations are considered before they are adopted. The standard procedure for applying HIA was adapted accordingly. Other mechanisms can be used by governments to ensure that the effects of non-health measures on population health are taken into account. Tools such as "health lenses" serve the same purpose.

3 THE CURRENT CONTEXT

3.1 DEVELOPMENTS IN THE PROVINCES AND TERRITORIES SINCE 2009

In 2009, the participants from each province and territory were asked to indicate how far their respective governments had advanced in thinking about the practice of HIA, using the following color codes:

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

The same exercise was carried out in 2013 and the following two tables illustrate some of the developments that have occurred over time.³ More jurisdictions are seriously considering some way of integrating health concerns into decision making in different government sectors, and the majority of those who had initiated such changes in 2009 are still active on this level.

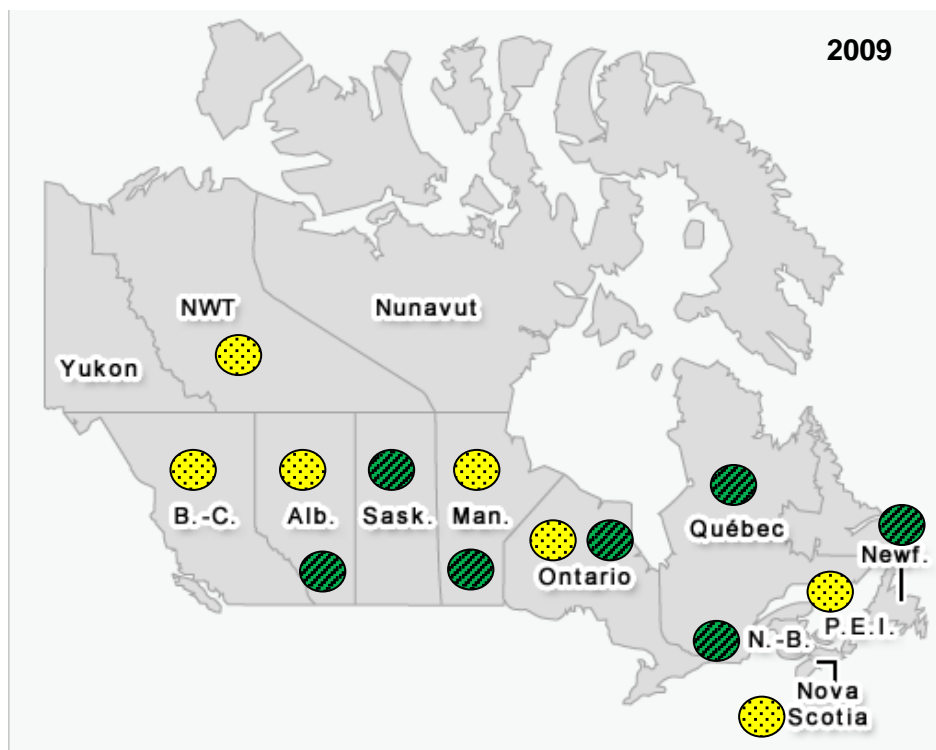


Figure 1 Participants' perspectives of HIA practice in the provinces and territories in 2009

³ For more details about each of the situations as reported by the participants, see Appendix 2. Please note that not all provinces and territories were present at one or the other meeting.

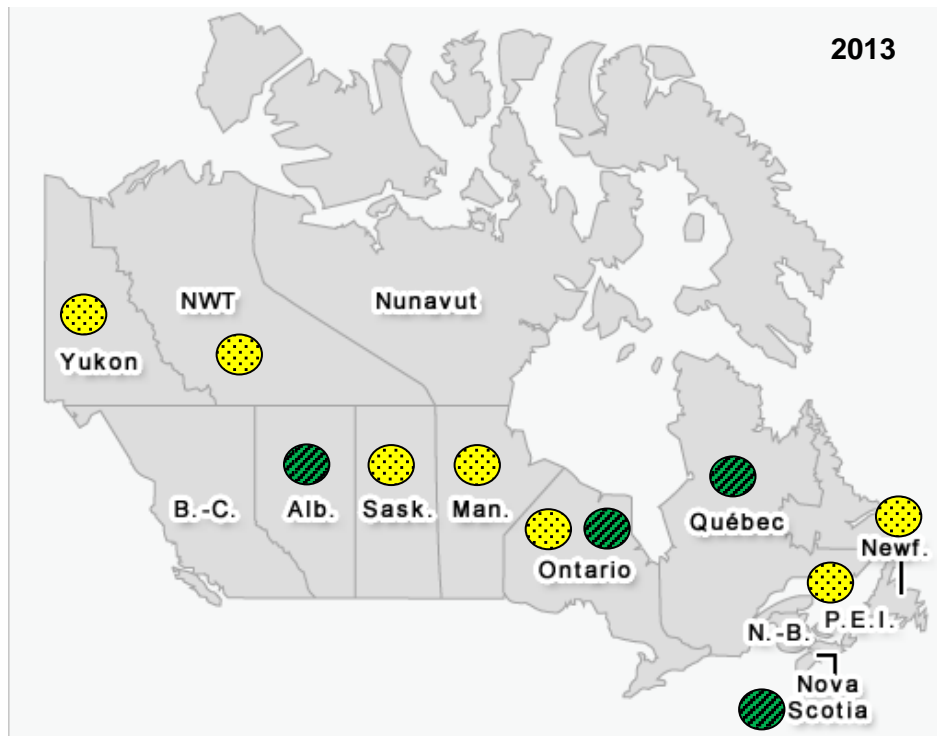


Figure 2 Participants' perspectives of HIA practice in the provinces and territories in 2013

3.2 RECENT DEVELOPMENTS OUTSIDE OF THE PROVINCES AND TERRITORIES

In recent years, it has become apparent that there is growing interest in Canada in the use of HIA as a means of ensuring coherence across government with regard to health promotion. In addition to the recommendations made in this regard by the Senate Subcommittee on Population Health (Keon and Pépin, 2009) and the Public Health Agency of Canada's work in the area of equity-focused HIA, there has been support for this idea from other national organizations. The Canadian Medical Association, the Canadian Nurses Association and the Chronic Disease Prevention Alliance of Canada have all indicated their support for a motion calling for the systematic use of HIA at the federal level.

It should be noted that there are also some specific instances of regional public health authorities conducting HIAs, particularly in Alberta, Nova Scotia, Ontario and Québec. The following pages summarize the examples of Alberta and Québec, as presented at the workshop.

4 TWO ORGANIZATIONAL MODELS: STRATEGIES, METHODS AND LESSONS LEARNED

4.1 THE QUÉBEC MODEL

A legal footing

In Québec, the institutionalization of HIA has a legal basis. Under section 54 of Québec's *Public Health Act* (2001), all government departments and agencies must ensure that their laws and regulations do not have a significant negative impact on the health of the population. This section of the law also gives the Minister of Health a power of initiative to intervene in the plans of other ministers in the case of projects or policies that could be harmful to health and well-being. This law puts health promotion on the same legal footing as the other essential public health functions, namely health protection, health surveillance and prevention of health problems.

Approach

HIA is the process that has been put in place to assist the various government departments and agencies in meeting the legal requirement. Even though section 54 has binding power, its use is governed by a spirit of collaboration, by respect for respective responsibilities and by efforts to make the government's approach to population health more coherent.

As was indicated during the description of this case, the fact that primary responsibility for compliance rests with each of the departments and agencies reflects the intention of the legislature to promote shared responsibility for population health. Coordination of the implementation of section 54 and mobilization around the HIA process is the responsibility of the Direction générale de la santé publique (DGSP – the public health directorate) of the ministère de la Santé et des Services sociaux (MSSS - the Ministry of Health and Social Services). In fulfilling this function, the ministry has chosen to place emphasis on support services, technical support and the establishment of business processes, rather than to have public health assume a purely authoritarian role. This approach seems to be working; the DGSP has observed over the past 10 years an increase not only in the number of consultation requests from departments and public agencies, but also in requests related to other results of government activity, such as strategies and policies (other than laws and regulations), for which notification of the MSSS is not required under Québec's *Public Health Act*.

Intragovernmental support mechanism for institutionalization

The intragovernmental mechanism put in place to support the implementation of section 54 has fostered the institutionalization of HIA begun in 2002. This mechanism calls on two central decision making bodies: the Secrétariat général of the MSSS (the general secretariat of the ministry of health and social services) and the Secrétariat général du Conseil exécutif (the general secretariat of the executive council of the provincial cabinet). Thus, under this mechanism, requests for support or information about HIA received by the MSSS from the various government departments and agencies are forwarded to the highest administrative level within the MSSS, the general secretariat. From here, requests are redirected to the MSSS divisions best able to provide the necessary support. This information is then passed

on to the DGSP's HIA team, which is responsible for monitoring and coordinating the handling of requests. As for the government's general secretariat, to which all bills and regulations destined for the provincial cabinet are sent, it functions, in a sense, as the watchdog of the HIA process. If it considers that a project should have been the subject of an HIA or that the issue of potential health impacts was not adequately examined, it returns the project to the relevant department or to the DGSP. Over time, the different departments have tended to comply with the obligation to consider health impacts to avoid a delay in the processing of their projects. However, this mechanism still needs to be consolidated. The MSSS would like the economic sectors to participate more fully. Furthermore, it would like to be involved earlier in the process when the various departments are developing legislation, in order to avoid last minute interventions, which are more likely to create conflict.

Lessons learned and future developments

The law and the intragovernmental mechanism are seen as crucial to the sustainability and stability of the HIA process within the government. The permanence of the established structures and processes also reduces the stumbling blocks created by the high mobility of personnel in the public service sector. The flexible approach to supporting other departments that the MSSS has adopted along with their expert assistance, based on openness to negotiation and compromise, is fostering a change of culture toward greater consideration of health concerns throughout government. However, these mechanisms and this approach are not sufficient. The MSSS and the public health sector generally must seize the opportunities that arise within the government to maintain and even strengthen the HIA process in place. Several examples were given as illustrations of opportunities for demonstrating the added value of the HIA process, including tying in with the governmental sustainable development strategy, supporting reflection on integrated impact assessment or integrating analysis of impacts on people with disabilities or the elderly. Such a strategy is a guarantee of the long-term incorporation of the HIA process within the administrative apparatus.

Future developments include:

- Using the results of the external evaluation underway to improve the practice;
- Developing and eventually adopting a government policy of health prevention, which would reaffirm the relevance of HIA at the highest level;
- Mobilizing HIA as a support measure for one of the government's most significant economic development projects, involving the development of Northern Québec;
- Supporting and experimenting with HIA at the regional and local levels.

4.2 THE ALBERTA MODEL

Using a health lens

Two elements characterize the Alberta model: the adoption of a step-by-step implementation process and the use of a process referred to as the "Health Lens for Public Policy (HLPP)." This model is not driven by legal obligations; the government wishes to strengthen coordination between the health sector and other sectors in order to maximize opportunities to improve the health of Albertans. This initiative also supports the government's objective of excellence in terms of establishing public policies based on research results and intersectoral

collaboration. The establishment of the HLPP began with the 2010 establishment of an interministerial committee whose goal was to make recommendations to the government concerning the best ways to introduce a governmental process that would promote the integration of health concerns into public policy. There were two reasons for opting for the term *Health Lens for Public Policy* rather than for *Health Impact Assessment*. On the one hand, the acronym HIA can cause confusion, because Alberta's *Health Information Act* is referred to by the same term. On the other hand, the intersectoral committee wished to distance itself from the highly technical perception that people usually have of HIA. The HLPP is intended to be a tool that is broad, flexible and easily used by actors from different sectors.

Approach

The HLPP process aims to support Alberta government policy makers in systematically taking the health impacts of their policies into account, using scientific evidence and health expertise to predict how draft government policies will influence health determinants. It is designed to be user-friendly and adapted to the context of decision making, which means it uses work tools that are easily accessed by actors outside of the health sector. It must also adapt to the policy-development process schedule. The HLPP process aims not only to support the goal of producing evidence-based policy, but also to cultivate shared responsibility within the government for health and a better quality of life for the population. It is therefore based on voluntary adherence and interministerial collaboration.

Two-phase implementation

The first phase consisted of applying the HLPP process to the Ministry of Health's policy development procedures and evaluating the results on an ongoing basis. The second will consist of expanding this process to all government bodies, using the lessons learned throughout the first phase. During this phase, a practice model and tools were developed and validated. The practice model proposes five steps. The first step involves identifying the health determinants that may be affected by the policy. This screening is done using a self-administered work sheet focused on eleven social determinants of health. Next comes a summary analysis of the policy's potential impacts on health, using a variety of reference tools and existing expertise. A practice guide, similar to the HIA guides found in the literature on this subject, describes the health determinants and details the proposed manner of proceeding. Training was also prepared to support the different actors involved in this process. Note that this was carried out as a complement to the impact study on inequality underway within the government. An evaluation of this first phase was conducted by an independent research team, which identified recommendations for expanding the practice beyond the health sector.

Dedicated resources

The Alberta model is also supported by a very small team (1 full-time equivalent). The focus is on making the different sectors accountable, developing professional capacities, and ensuring quick and easy access to the required information. In view of this, references have been made available online, facilitating the summary analysis of potential impacts, as well as the subsequent formulation of recommendations.

Lessons learned and future developments

Several lessons were drawn from the study of the first phase. Strategically, the opportunity to tie in with a government priority greatly facilitates the introduction of new practices such as the HLPP. The study also mentions the importance of strong leadership at senior levels, which helps ensure the project's development and support over the long term. Intersectoral participation is also deemed necessary to bring about a cultural change and re-frame the vision of health. Lastly, having a process that is rapid (which reduces impacts on schedules as much as possible), flexible and easy, and that promotes intersectoral collaboration was a significant motivator promoting voluntary use of the HLPP process. On the technical level, it was shown that the best way to learn to work with the HLPP is to use it: learning through practice. However, some understanding of the social determinants of health is required, and it was found that group exchanges were particularly useful in this regard.

Future developments and goals include:

- Expanding the use of the HIA process, working first with interested sectors;
- Continuing to fine-tune tools and develop capacities;
- Continuing to carry out formative evaluations, especially to answer questions about the reliability of the process and its effectiveness in influencing policy content and leading to the production of better policies.

5 SIMILARITIES AND DIFFERENCES

Several similarities between the Québec and Alberta models were noted. Both government initiatives opted to align their processes with the principle of decision support, fostering win-win situations. In addition, both models belong to the current of thought that favours government-wide accountability for the health of the population. They rely on establishing an organizational culture that encourages intersectoral management and also on a vision of health as a high-level objective. Finally, the practice guidelines developed in each jurisdiction are similar, with both referring to a set of social, environmental and behavioural determinants and both being designed to frame a systematic process informed by a holistic view of health.

Apart from the question of legislation, the main differences lie in the fact that the Alberta process allows for flexibility in the timing of its implementation during the policy cycle (formulation, implementation, evaluation). In Québec, while the process also favours using HIA in an upstream fashion, in reality the HIAs are conducted mainly during formulation, not long before a final decision is made.

Another significant difference concerns the sectors in or upon which impact analysis tools are applied. In Québec, the HIA process is not applied to the health sector. In accordance with the spirit of the law prompting its use, HIA targets primarily those social determinants whose levers lie outside of the health sector's responsibility. The latter has its own tools for ensuring the quality of its policies. Under the Alberta model, the health sector is expected to set the example in terms of evidence-based healthy public policy and intersectoral collaboration.

Table 1 Similarities and differences between the Alberta and the Québec models

	Alberta	Québec
Legal footing	No	Yes
Tools	HLPP guide outlining the process and the determinants of health and tools to guide reflection Resources on the web	HIA guide (MSSS, 2006) proposing a process and tools to guide reflection The Healthy Public Policy Portal
Governmental mechanisms	Interministerial support committee	Formalized administrative processes Network of departmental respondents
Human resources to support coordination	1 full-time equivalent (FTE)	1.5 FTE
Capacity building	Training on determinants	Studies Specific agreement with the INSPQ Knowledge translation activities with network of respondents and training activities

Table 1 Similarities and differences between the Alberta and the Québec models (cont.)

	Alberta	Québec
Approach	Ministry of Health provides support to other sectors Voluntary adherence The HLPP process supports the government's desire for a collaborative and intersectoral approach to policy development	Ministry of health and social services provides support to other sectors The regulatory measure is a strong incentive
External resources		Significant: INSPQ/university research teams
Sectors of application	Eventually all, including the health sector	All, except the health sector
Leadership	Family and Population Health Division, Ministry of Health	Public health directorate within the ministry of health and social services

6 EVALUATION OF GOVERNMENT INITIATIVES

In Canada, the institutionalization of HIA is relatively new and much remains to be learned. The two provinces that have ventured in this direction have also made efforts to evaluate their practices.

6.1 EVALUATION OF THE QUÉBEC MODEL

The MSSS's process is being evaluated by a team affiliated with the École d'administration publique du Québec (ENAP) (Québec's school of public administration).

This evaluation aims to:

- Assess how the mechanisms for taking health into account are helping change practices within the government apparatus, particularly in terms of decision support.
- Highlight the strengths and weaknesses of the mechanisms of action put in place.
- Identify their conditions for success and sustainability.

Using a conceptual framework for examining organizational change brought about by knowledge, the study aims mainly to clarify the dynamics of individual, group, organizational and inter-organizational change produced by a set of mechanisms related to section 54 or to HIA (e.g., training, discussion activities, forums, etc.). The study also seeks understanding of how to make such changes sustainable. At issue is knowing upon what, or whom, to act, where, and at what level, so as to improve how health issues are addressed during interdepartmental discussions and sectoral decision making. A budget of \$100,000 was allocated to this year and a half long study, which covers the period of activity extending from 2009 to 2012.

The preliminary results are organized into three main spheres: the technical sphere (tools, knowledge, expertise, etc.), the administrative sphere (spread throughout the public administration), and the political sphere. According to these results, needs related to the first sphere were well met due to the efforts of the public health sector. However, further efforts are required to consolidate results within the administrative sphere, by more successfully reaching the higher levels in the hierarchy. The political sphere, for its part, has been little affected so far and should be further involved, so as to strengthen the position of the HIA process and the ideas underpinning it.

There are three facilitating factors: 1) a history of collaboration among the various sectors, 2) a paradigm shift within the departments, which have moved from a client service mentality to a more governance-oriented vision and 3) the desire of the various administrative sectors to comply with the legal obligations. Among the main barriers, the first is found in the MSSS itself, where different divisions tend to operate in "silos." The second is that non-emergency public health concerns do not figure highly among government priorities. The varying importance given to evidence during departmental decision making is a third barrier that was observed.

6.2 EVALUATION OF THE ALBERTA MODEL

Two objectives governed evaluation of the first phase of the HLPP's implementation:

- Determine the usefulness, effectiveness and "added value" of the HLPP processes and tools in the government policy development cycle.
- Establish an evidence base that will become an effective and credible tool facilitating the development of healthy government policy.

The study, which ran from January to March 2012, was led by the University of Alberta's Centre for Health Promotion Studies. The research team conducted a literature review and interviewed participants in cases where the HLPP process was used. Participants were from the Ministry of Health and the Ministry of Seniors. The evaluation focused on both the process, including the proposed tools, and the value added to the decision-making process.

The results were fairly positive and several recommendations were made for subsequent project phases. Positive points included:

- The tools were easy to use and the resources guide and worksheet served the process well, which helped to inform decisions.
- The process prompted new and inspiring ways to look at policy. It allowed users to highlight the health advantages of options that had never been mentioned before.
- Using the HLPP process can lead to more informed and effective policies.

The problems encountered can be summarized as follows:

- Lack of experience performing evaluations using the HLPP can lead to an overly large need for resources given the strict schedules governing policy development.
- Some fine-tuning in evaluating the importance of each impact could enhance the influence of the process on decision making.
- The results of the HLPP process can be contested by decision makers when the negative impacts outweigh the positive.
- Knowledge of the social determinants of health improves understanding of the usefulness and relevance of the process.
- The HLPP process would be used more frequently if it were mandatory.

It was recommended that interministerial initiatives be developed to promote the value of the HLPP process and prompt a large number of sectors to adhere to its use. Continued evaluation of this new practice and its benefits was also among the recommendations stemming from the evaluative study.

7 THE MAIN ISSUES DISCUSSED

Combining political pragmatism and evidence

One of the major challenges related to the institutionalization of HIA involves maintaining the delicate balance between the acceptability of the impact assessment process within the public administration and the production of information that is reliable enough to correctly inform decision making. The health sector contributes to this process through the production of evidence. This requires a process that meets certain criteria for rigour and that may be more or less lengthy and sophisticated. However, the political-administrative reality of the decision-making process makes it difficult to accommodate in-depth analyses. Some examples of the failure to integrate impact assessment processes when the analytical requirements are too great were given (gender-based impact analysis, child rights impact analysis). Both government initiatives described illustrate the compromises made. Assuming, to begin with, an accurate diagnosis of the potential effects of proposed policies on health determinants, and assuming existing public health data can be readily accessed for analysis leading to recommendations, it is possible to provide new information that informs decision making. This strategic approach was considered by the presenters from both Alberta and Québec to be a necessary condition for the successful integration of HIA practice into the government decision-making process. This does not necessarily coincide, however, with the traditional view of health impact assessment held by public health actors. The aim of achieving a balance between a pragmatic approach and the production of reliable evidence is central and remains under examination.

The role of HIA: raising awareness about the determinants of health or developing evidence?

Discussions about the previous issue led participants to raise the question of the predominant role of HIA / HLPP processes within government. The examples discussed during the meeting attach great importance to an intersectoral approach, to learning as you go, and to raising awareness about health determinants. The Alberta model uses a worksheet that allows stakeholders to consider and reflect on the unexpected impacts of their decisions on the health of the population, inviting them to incorporate a new perspective into their policy analysis process. In Québec, the implementation strategy relies mainly on the transfer of public health knowledge to other sectors. Impact assessments are usually rapid analyses, conducted with an eye to avoiding undue delays in decision making. Thus, changing the culture of government is crucial to the quest for the systematic integration of health concerns in all policies. According to the presenters of the experiences described, the "carrot" works better than the "stick" when it comes to bringing about a culture change. They regard it as advantageous to start slowly, by changing perspectives and seeking consensus. The importance of the process itself was pointed out. This same finding emerged from the study of the equity-focused HIA conducted in Manitoba with the support of the Public Health Agency of Canada.

This discussion led to the conclusion that the process put in place is dependent on the objectives pursued by the government. It is therefore necessary to be clear about the aims being pursued, as these influence the procedures, tools and type of evaluation selected.

The issue of transparency

The next issue arose from the first two and concerned the ownership of the results of HIA/HLPP processes involving intersectoral collaboration. To what extent can the results of impact assessments be made public? The Québec model, which focuses on proposed laws and regulations, places the HIA processes at a level that imposes a duty of confidentiality on policy analysts, because of the rules of confidentiality that apply to projects under development established by the ministère du Conseil exécutif (ministry of the executive council).

Discussions between the MSSS and its partners in other sectors about potential negative effects and possible mitigation measures remain confidential. However, when the INSPQ is formally requested to produce an advisory, this is made public in its entirety after a specified period of time. The same applies to the results of academic research funded by the MSSS. However, it was noted that neither of the situations described leave much room for citizen participation, and this is considered a weakness of the processes currently being enacted at this level of decision making.

How can other sectors be convinced of the benefits of HIA?

Despite the observable benefits of the Canadian experiences underway, including improvement of the decision-making process and of intersectoral discussions, the political and administrative acceptability of HIA remains open to question. It was pointed out that in a context of budgetary pressure, where the health sector (health care) is consuming an ever increasing portion of the share of other sectors, it is all the more difficult to get the various government bodies to adhere to an HIA process. Various arguments were put forward, however, in support of this practice. HIA, like any other organized and standardized process, leads to more informed policy decisions. Moreover, there is increasing demand on the part of citizens for transparent choices and evidence-based policies. Finally, there is increasing recognition of the link between the health of the population and the prosperity of the state, which may create support for HIA at the highest administrative level. However, it was acknowledged that more real examples, conducted in a Canadian context, are needed to concretely and convincingly illustrate the added value of such processes to partners in the various sectors and to government authorities.

The relationship to other forms of impact assessment

With the institutionalization of HIA, the issue arises of the proliferation of prior impact analyses the government may be obliged to conduct. There are many forms of impact analysis, the most common being related to sustainable development and regulation. This issue was raised by the MSSS's sectoral partners and is an issue of current concern within the Québec government. In fact, the DGSP has commissioned a study on the current practice of integrated impact assessment in industrialized countries to obtain accurate information about the implementation of such a practice, as well as on its advantages and disadvantages. It was agreed that information on this topic should be widely shared since concern for this is widespread among governments.

Evaluating HIA practices: how and what to evaluate?

How does one determine whether policies that have been the subject of an HIA are better policies? Or whether they have improved the health of the population? Can "rapid" be compatible with "robust" (robust enough to provide reliable information)? This is the kind of question that is sometimes asked by government policy makers faced with a proposal to adopt an HIA process. Participants agreed that it is difficult to answer such questions unless you can compare two specific similar policies implemented in two different places. Such a comparison has already been successfully carried out with respect to anti-tobacco policies. Another possible angle of inquiry would be to verify the extent to which the HIA or HLPP process enabled intersectoral discussion and cross learning that would not have occurred in the absence of such processes. These are, in any case, important questions that merit further examination.

CONCLUSION

To implement and sustain an HIA process within government, it is necessary to combine pragmatism and science and to take advantage of opportunities that support its introduction. Such opportunities often arise in connection with policies that are broad in scope (such as welfare policies or anti-poverty policies), or with government priorities (such as improving the policy development process), or they may take the form of integrating the HIA process into existing mechanisms for intersectoral consultation.

The experiences described during the meeting and the discussions among participants point to the following favourable conditions:

1. A strong link to higher levels of authority;
2. A rapid impact analysis process, but with reliable results;
3. An approach that relies more on incentives than coercion;
4. An approach based on supporting other sectors in achieving their goals, thus gaining their commitment to the process;
5. A legal basis, which constitutes a powerful incentive;
6. A prospective approach, aimed at seizing opportunities to influence the policy development process as early as possible;
7. Some degree of funding, even if minimal, for operations, knowledge production and evaluation.

It is understood that all the Canadian provinces and territories have mechanisms that allow health issues to be taken into account in policy making or other government decisions. HIA can formalize and standardize the inclusion of health concerns. In this area, the provincial and territorial governments are at different stages and have varying capabilities. In addition, the points of entry into the government policy-making system can vary. Entry may be facilitated by environmental impact assessments of projects, which serve as opportunities to demonstrate the advantage of taking health effects into account, by government strategies for achieving social goals, such as the reduction of health inequalities, or by the intention to improve decision-making processes. Nevertheless, all agree that the integration of health in all policies and the concept of shared responsibility for the health of the population demand a cultural change, which requires time and continuous effort on the part of the health sector. The Alberta and Québec examples show that this is a feasible project that can be achieved by adopting methods appropriate to each jurisdictional context.

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APPENDIX 1

HEALTH IMPACT ASSESSMENT WORKSHOP AGENDA

Health Impact Assessment Workshop Agenda

Objectives:

1. Allow participants from Canadian provinces and territories to share their knowledge and experiences regarding the implementation of health impact assessment (HIA) strategies as a mechanism for integrating health in all policies (HiAP).
2. Discuss the conditions for success, barriers and strategies envisaged by the various jurisdictions to integrate health in all policies (HiAP).

Discussion around the 3 following issues:

1. Various organizational HIA models (or other HiAP strategies) developed by provinces and territories,
2. Lessons learned (barriers and facilitators),
3. How and what to evaluate in HIA strategies (or other HiAP strategies)






Agenda

8:30 à 8:45	<i>Welcome and Introduction</i> Mr. François Benoit Lead, National Collaborating Centre for Healthy Public Policy
8:45 à 10:00	<i>Roundtable - Icebreaker</i>
10:00 à 10:15	Break
10:15 à 12:00	<i>Part 1 - Health impact assessment strategies</i> <i>Presentation and exchange period</i> Presenters: Ms. Lyne Jobin, Director Director, Direction générale adjointe de la santé publique Ministère de la Santé et des Services sociaux du Québec Mr. Neil MacDonald, Acting Assistant Deputy Minister Family and Population Health Division, Alberta Health
12:00 à 13:00	Lunch
13:00 à 15:30	<i>Part 2- Evaluation of health impact assessment strategies</i> <i>Presentation and exchange period</i> Presenters: Lyne Jobin Neil MacDonald
15:30	End of meeting




APPENDIX 2

**DETAILS ON THE SITUATION IN EACH JURISDICTION
PRESENT AT THE MEETING
REGARDING THE IMPLEMENTATION OF HIA ACTIVITIES**





Details on the situation in each jurisdiction present at the meeting regarding the implementation of HIA activities

Jurisdiction	Status*	Comments
Manitoba		<ul style="list-style-type: none"> • Term 'HIA' is used, but it is unclear how to use HIAs. • No standards or systems in place; not being used systematically across government departments — only Public Health. • Difficult to do thorough assessments with only Public Health at the table. • Want to learn how to incorporate HIA, when to use it, explore tools, determine how to incorporate it within the entire government. • Have undertaken some health equity impact assessments and some pilot projects.
Prince Edward Island		<ul style="list-style-type: none"> • Have environmental impact assessments (EIAs) in PEI and Health is consulted periodically (e.g., water and food safety). • HIA has been identified in departmental business plan and Deputy Minister is supportive. • Since it is in the plan, department will be held accountable. • When it is better understood what HIA entails, it may lose some popularity.
Public Health Agency of Canada (PHAC)		<ul style="list-style-type: none"> • Since 2009, have continued to work on HIA; keen interest at PHAC. • No HIA legislation in place. • Hosted a workshop with international partners around HIA. • Partnered with Manitoba on an equity-focused HIA. • Need to turn the lens on ourselves, examine our own practices.
Alberta		<ul style="list-style-type: none"> • Have implemented some elements. • For details on Alberta's practices, please refer to the sections in the main text of this paper that relate to Alberta.
Northwest Territories	 (or possibly light green)	<ul style="list-style-type: none"> • Keenly interested in HIA and learning more about it. • May be moving past "thinking" to "doing". • Conduct Environmental Impact Assessments as part of resource planning, but this is different. • Minister wants to include hard-to-reach populations when new initiatives, policies, programs are developed. • Need to address disparities – poverty, early childhood, addiction, mental health, etc. • Discussions have led to initiatives and action plans are in place. • Everything is layered and health is an important piece. • Initiatives are occurring across ministries, but there are no concrete tools at this time (therefore, a light green designation).

Details on the situation in each jurisdiction present at the meeting regarding the implementation of HIA activities (cont.)

Jurisdiction	Status*	Comments
Saskatchewan		<ul style="list-style-type: none"> • SK has a formal EIA; used mostly for resource-based projects. • Considerable multisectoral work occurring in areas of mental health and addictions. • Structures are very solid (e.g., Cabinet Committee on Children and Youth). • Multisectoral approach to health and equity has moved to new level; aiming for a cohesive one-system approach. • Saskatoon has lead on health inequities with a strong infrastructure, but it varies across regions. • Strong leadership and infrastructure; fresh focus and push. • Child and Family Agenda in place. • Tools and supports are not being routinely used.
Nova Scotia		<ul style="list-style-type: none"> • Thriving all-government strategy; plan to embed HIA in public health legislation. • Commitment to implement at ministerial level. • When public health system reviewed, comprehensive public health legislation was recommended. • Hope to move forward in next six months to a year. • Leadership in public health has pushed the need to change the environment. • Feel that it is crucial that HIA be embedded in legislation for it to occur.
Yukon		<ul style="list-style-type: none"> • HIA is a new area for Yukon. • Yukon is large area, but only 37,000 residents; creates issues for projects like HIA. • Yukon has a booming economy with many mining and exploration activities (i.e., metals, oil, gas); has created pressure in all sectors, including health. • First experience with HIA was with a mining project near Keno City; a major development project with major impacts on small community (perfect test case). • Challenging to coordinate responsibilities, licensing, regulatory responsibilities, etc.; how to take groups that work in silos and look at broader health issues. • Also, issues related to the cumulative effects of mining over many years that are now coming to light with HIA. • Fortunate to have staff position to focus on integration questions. • Current focus is on major project development side. • Had opportunity to move forward because of mini-crisis. • Government is in an accountable position and under pressure to figure out the process.

Details on the situation in each jurisdiction present at the meeting regarding the implementation of HIA activities (cont.)

Jurisdiction	Status*	Comments
Yukon (cont.)		<ul style="list-style-type: none"> • Now have opportunity to do some planning on how to integrate it as a systematic process. • Partners are starting to come together to address the issue of gas exploration (e.g., Department of Energy, Mines and Resources (EMR) approached the Department of Health and Social Services for assistance); conversations are beginning to occur.
Québec	 (with bit of yellow)	<ul style="list-style-type: none"> • In an ongoing reflection process to refine the process. • Echo concerns about mining projects in northern Québec; would like to implement process in that area. • Like to underscore the progress made in the Montérégie Region. • Have role in guiding the regional level; some regions of Québec are interested in the Montérégie experience and want to try it. • For more details on Québec's practices, please refer to the sections in the main text of this paper that relate to Québec. •
New Brunswick		<ul style="list-style-type: none"> • From a policy perspective, there is no corporate vision or decision to look at HIA in New Brunswick. • From project basis, have an EIA and health can be part of the review process; review what a proponent has developed and determine if it is appropriate. • Since 07, have done one large HIA for a refinery; it was triggered by Federal legislation. • Shale gas industry could have implications for people's health; possible HIA being discussed; this has forced the issue in New Brunswick. • New department of Healthy and Inclusive Communities in New Brunswick (September 2012); focuses on wellness and the promotion of good health. • Department is a focal point for allowing discussions to happen across departments; collaboration is the key word. • There is a need to get back to communities — not just government. • HIA is being done, but in isolation (e.g., Transportation does think about assessing health). • Have a child rights impact assessment and all policies go through this lens; need same thing for health.
Ontario	 	<ul style="list-style-type: none"> • Public health should be everyone's responsibility; health care is changing the conversation. • HIA has not been applied across the government, but myriad lenses are already applied (e.g., environment, inclusion, etc.); need to start thinking more holistically.

Details on the situation in each jurisdiction present at the meeting regarding the implementation of HIA activities (cont.)

Autorité	Indicateur*	Commentaires
Ontario (cont.)		<ul style="list-style-type: none">• Structurally, awareness is high at cabinet level and there are cross-cabinet committees to deal with issues; challenging to work horizontally and translate it into policy when you have vertical structures.• Some good work being done at the regional level on HIA.• Have conducted about 40 health equity impact assessments; a team of five people; regions have been trained.• Being “sucked” upstream by interested parties.• Have partnerships with the Cochrane Collaboration and WHO; the interest around the table is being driven by the research sector.
INSPQ	N/A	<ul style="list-style-type: none">• Involved in certain programs related to HIA.• Support the ministry of health and social services with regard to section 54.• Would like to implement process in northern Québec.

