

# Supporting the Deployment of Health in All Policies (HiAP) in Canada: Implementation Prospects, Training review, and Creation of a Pan-Canadian Network

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**Nicole F. Bernier**, PhD, Expert Scientific Advisor, NCCHPP

**Hélène Poliquin**, PhD, Expert Scientific Advisor, NCCHPP

**Martin Renauld**, PhD, Expert Scientific Advisor, NCCHPP

Moderator: **Natalia C. Botero**, Scientific Advisor, NCCHPP



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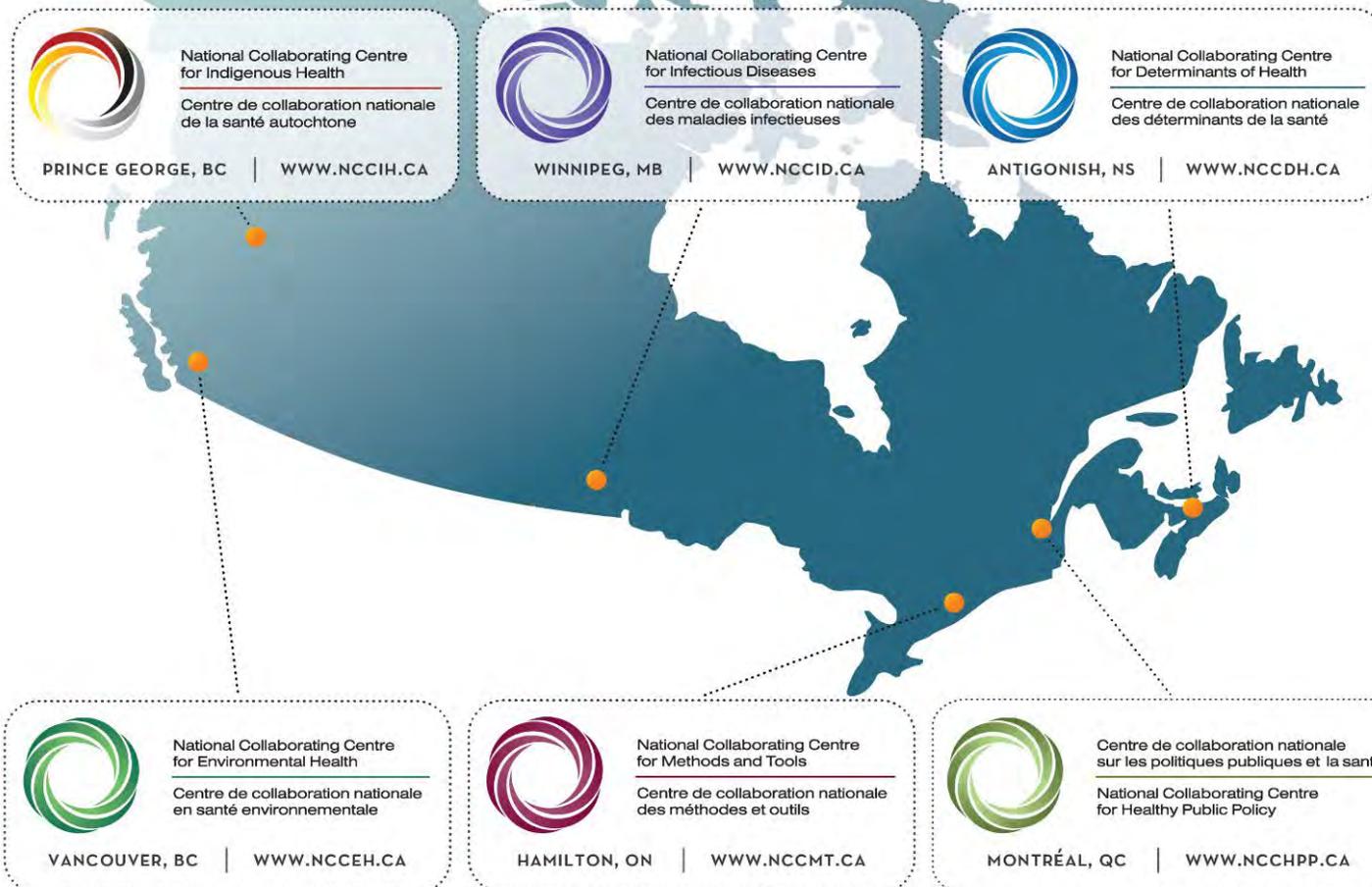
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# National Collaborating Centre for Healthy Public Policy

## Our mandate

Support public health actors in their efforts to develop and promote healthy public policies

## Our projects

- Analyzing Public Policies
- Climate Change
- Health in All Policies
- Health Inequalities
- Health Impact Assessment
- Knowledge Sharing
- Population Mental Health and Wellness
- Public Health Ethics
- Public Health Infrastructure



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# Land Acknowledgment

We acknowledge that we are on an age-old Indigenous territory, a place of meeting and diplomacy between peoples and the site of the signing of the Great Peace treaty.

We thank the Kanien'kehá:ka (Mohawk) nation for their hospitality on this unceded territory.

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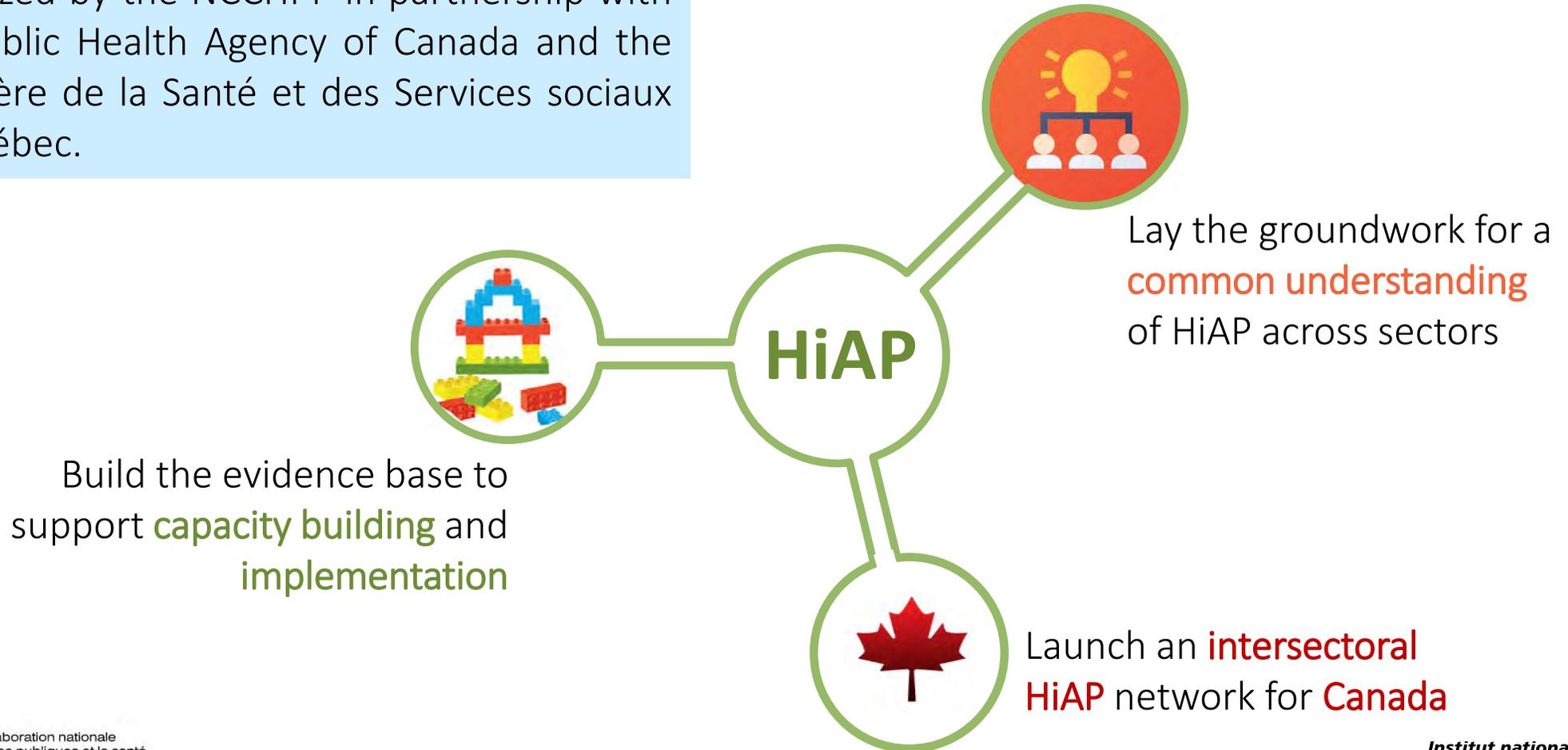
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# Context

- Pan-Canadian meeting on Health in All Policies (HiAP), October 2019, in the city of Québec.
- Organized by the NCCHPP in partnership with the Public Health Agency of Canada and the Ministère de la Santé et des Services sociaux du Québec.





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# Outline

**Part I:** Implementation prospects

**Part II:** Developing a Canadian network for Health in All Policies:  
Consultations with various actors from Canada and abroad

**Part III:** HiAP training: inventory, analysis and takeaways



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# Part I

## Implementation prospects

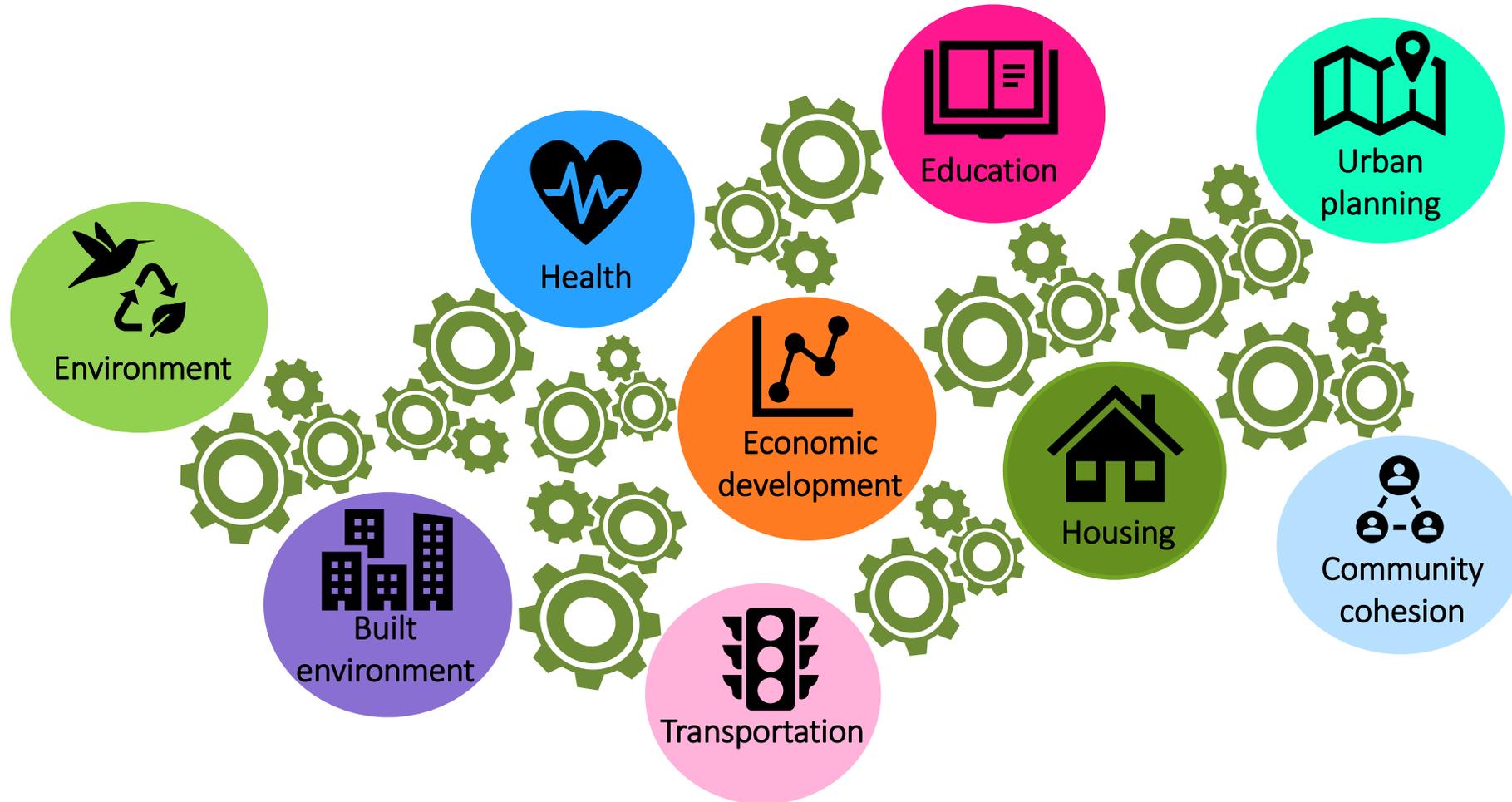
- The Health in All Policies approach
- Health in All Policies in two provinces
- Opportunities for federal, provincial and territorial governments



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# Health in All Policies



# Health in All Policies approach (1)



[a]n approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity .



World Health Organization, 2014



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# Health in All Policies approach (2)



To positively impact the **social determinants** of health and health equity



**Collaborations** between health and non-health sectors



Prospective **tools** such as **Health Impact Assessments (HIA)** to inform policymaking



Government-endorsed



# Health in All Policies in Quebec (1)



## Government Health Prevention Policy 2016-2025



27 departments and agencies  
100 actions, 80 NGOs



\$120 million for 2022-2025



4 orientations  
2 cross-cutting issues  
3 areas of research

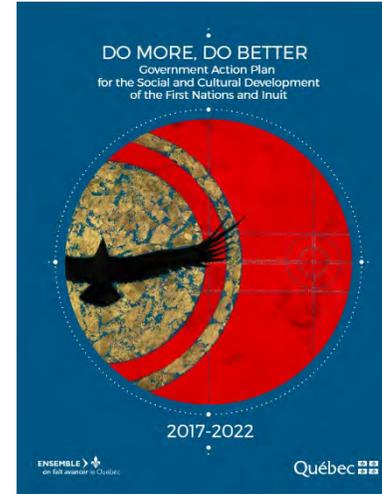
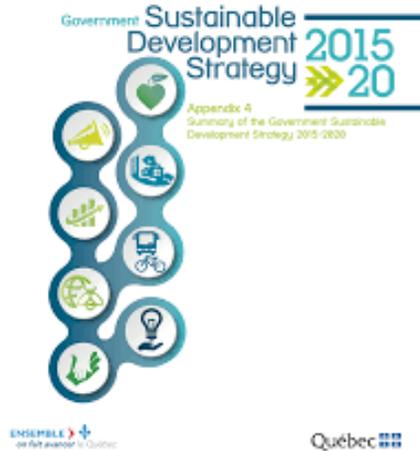


Measure 2.6 Equips the municipal sector with a capacity to implement HIA



Interdepartmental Action Plan for 2022-2025

# Health in All Policies in Quebec (2)



Cities and regions

ANNONCE GOUVERNEMENTALE

11 December 2017

The 2018–2022 government strategy to ensure the occupancy and vitality of territories – Regions at the helm: a true revolution is underway



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# Health in All Policies in Newfoundland and Labrador



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# Health in All Policies in Newfoundland and Labrador

2017

Global government commitment



2018

Modernized *Protection and Promotion of Public Health Act* enshrines HiAP

2020

Provincial task force to create province-wide agreement on how to improve the population's health

2022

10-Year Health Accord recognizes need for a basic income, food security and housing security



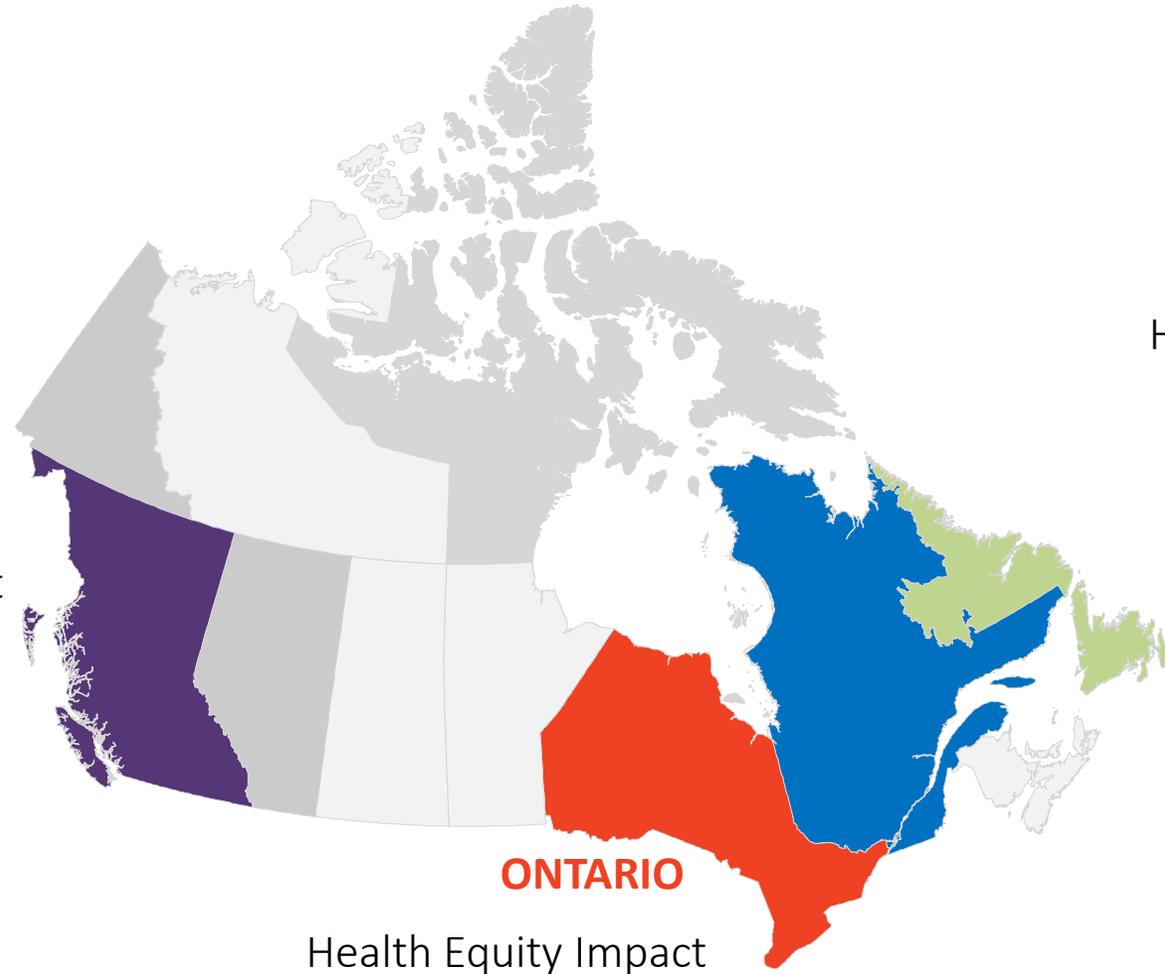
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# Health in All Policies: Implementation tools

## BRITISH COLUMBIA

Guidelines to integrate social, economic, cultural and health effects in environmental impact assessments



## NEWFOUNDLAND AND LABRADOR

Health impact considerations in all policy decisions

## QUEBEC

The province's department of health and social services reviews policy initiatives submitted to Cabinet and may advise the government on remedial action

## ONTARIO

Health Equity Impact Assessment refresh initiative



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# Opportunities for federal, provincial and territorial (F/P/T) governments (1)



COVID-19

Aftermath of the Covid-19 pandemic

A lever to address macrosocial determinants of health



# Opportunities for federal, provincial and territorial (FPT) governments (2)

Redress imbalances between health policy and social policy



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# Opportunities for federal, provincial and territorial (FPT) governments (3)



**Truth and Reconciliation:** Health equity for Indigenous peoples



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# THANK YOU

## Acknowledgment

Thanks to NCCHPP contributor Stephanie Simpson, Ph.D. who documented the Ontario situation.



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## Part II

# Developing a Canadian network on Health in All Policies: Consultations with various actors in Canada and abroad



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# Objectives of the consultation

Gather participants' perspectives on a Canadian network for Health in All Policies (CNHiAP) and increase our understanding of:

- Value added and utility
- Potential objectives, scope and activities
- HiAP knowledge exchange and capacity building
- Network management and engagement with members
- Potential members' contributions to the CNHiAP



# Methodology

## Data collection

- List of participants, email invitations
- Question grids
- Zoom interviews (fall 2021)
  - Average: 1 hour
  - English (22) and French (2)

## Data analysis

- Audio recordings and transcripts
- Analysis guided by pre-established and emerging themes

## Confidentiality

- All data were anonymized

Characteristics of participants (non-mutually exclusive)	Number
Canada	20
Outside of Canada	4
GNHiAP	5
Identifying as women	13
Identifying as men	11
Identifying as Indigenous or working for an Indigenous organization	2
Public health (governmental organization)	13
Non-governmental organization (including those with a public health focus)	5
Academia	8
<b>Total interviewees</b>	<b>24</b>

\*Global Network in Health in All Policies



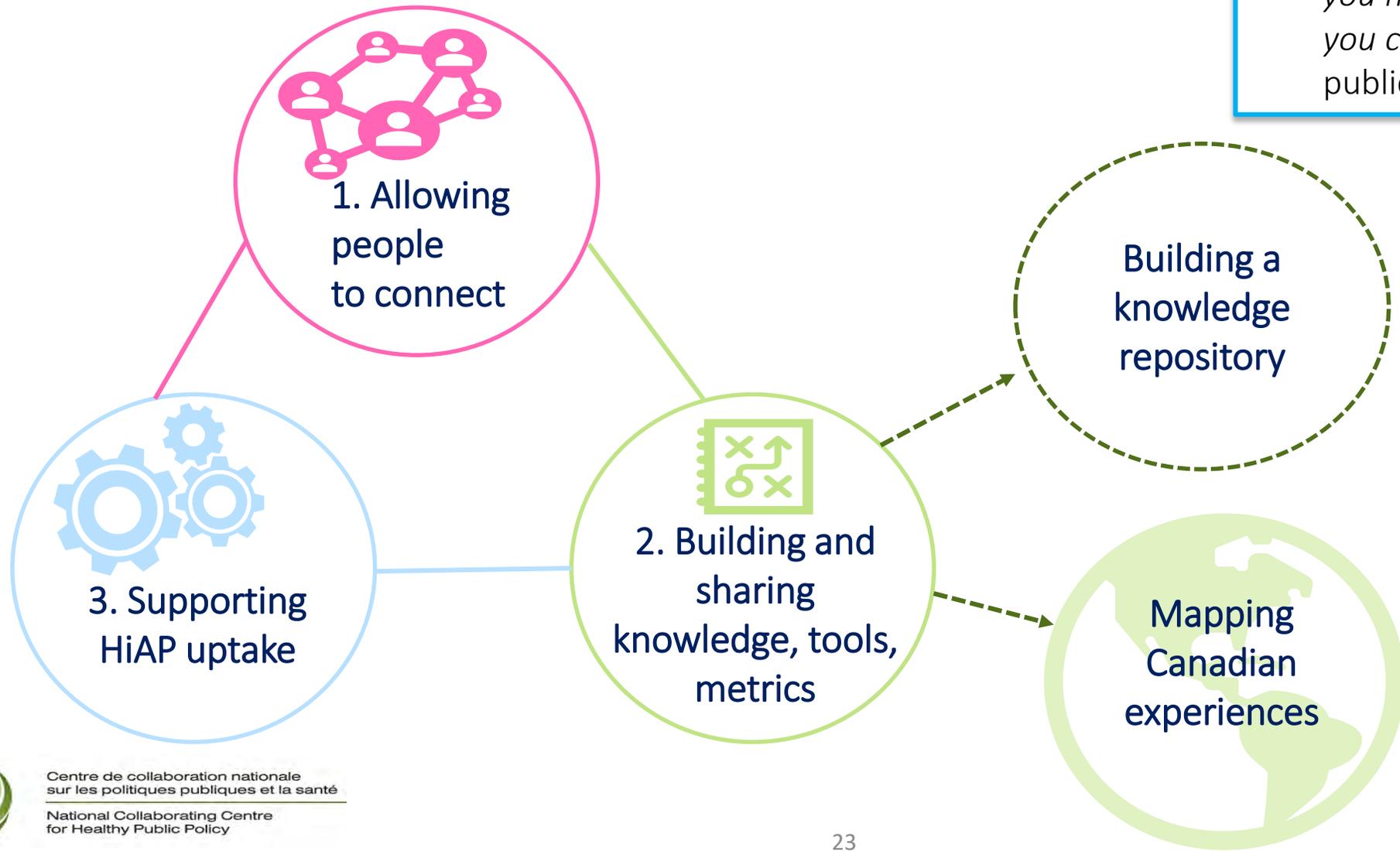
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# Findings: Network goals and objectives (1)

## Goal # 1: Capacity building and knowledge sharing

*“One advantage of a HiAP network is [...] when you need help with something, you have a list of people that you can reach out to” (P15, public health, territorial).*



# Findings: Network goals and objectives (2)

## Goal # 2: Clarify and articulate HiAP's concepts and rationale

Clarify and develop a shared understanding

Use inclusive language (e.g., wellbeing, justice, equity)

Avoid jargon, impression of healthism

Consider adopting a broad vision of HiAP, avoid lens fatigue

Most participants suggested including approaches that fall under the larger HiAP umbrella



*“We're going to have to figure out how to communicate its importance and intention in various languages for a range of different audiences. [...] And they're not going to necessarily care about HiAP or social determinants of health, even though that's what they are doing [...]”*  
(P14, academia).



# Findings: Network goals and objectives (3)

## Goal # 3: Influence governments and policymakers to commit to HiAP

- Train public health actors in political processes and policymaking
- Influence public decisions, policies and legislation
- Provide knowledge transfer activities for government officials in various sectors
- Enable advocacy work



### A window of opportunity

*“Right now [the COVID pandemic] is a key time for innovative transformation, when our social sectors and economic sectors want to be at the table with the health sector [...]”*  
(P21, public health, federal).



# Findings: Network characteristics



## Composition

- Membership criteria: champions, leaders, able to influence decisions
- Intersectoral vs. public health only
- Diverse and inclusive



## Size

- Power in numbers vs. smaller and more manageable, at least in the early stages



## Design

- Staged roll-out
- Nodes or chapters (e.g., jurisdictional levels, themes, regions, languages)



## Sustainability

- Know members well, their incentives for being part of the network; how they wish to contribute

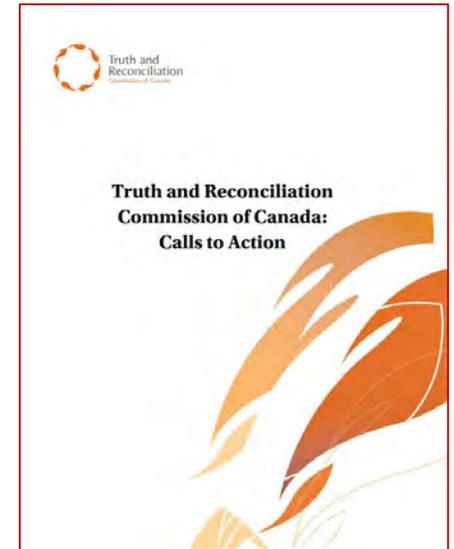
Leadership  
Public Health  
Intersectoral  
Jurisdictions

*"[...] the whole purpose of HiAP is that it's not a conversation that's exclusive to public health [...] we need to hear the stories and examples from those actors that are part of other sectors [...]"*  
(P4, public health, provincial)



# Findings: Considerations regarding Indigenous perspectives

- Moving towards a **non-colonialist approach**: “nothing about us without us”
- **Learning from and aligning with existing frameworks** (e.g., the holistic concept of the medicine wheel)
- **A culturally safe network**
- **Respectful** of the form and extent of their engagement
- **Further consultations are required** to inform the design and development of the network



*“We'd want to ensure that it's **aligning with the needs of Indigenous organizations**. Also, being very clear that it **is not seeking to replace what already exists**, whether those are models or understandings but kind of **complementary**” (P5, non-governmental organization).*



# Conclusion

- There is **great interest in developing a Canadian Network for Health in all Policies**
- The actors are **aware of the challenges** in creating a network that reflects and represents Canada's cultural diversity and jurisdictional complexity
- The actors are also aware of the **opportunities** that come when they contribute to efforts to **promote the health and wellbeing of Canadians.**

*“Don't give up! It's the right thing to do! And it's not always easily understood as a policy, but I think if we have enough knowledge exchange and support for this kind of network at a national level, it will really filter down and help us provincially and locally”*  
(P17, public health, provincial).





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# THANK YOU



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# Part III

## HiAP Training: Inventory, analysis, and takeaways



# Objectives



List and analyze existing HiAP training programs.



Identify trends in terms of format and content.



Maximize the use of existing resources and avoid duplication.

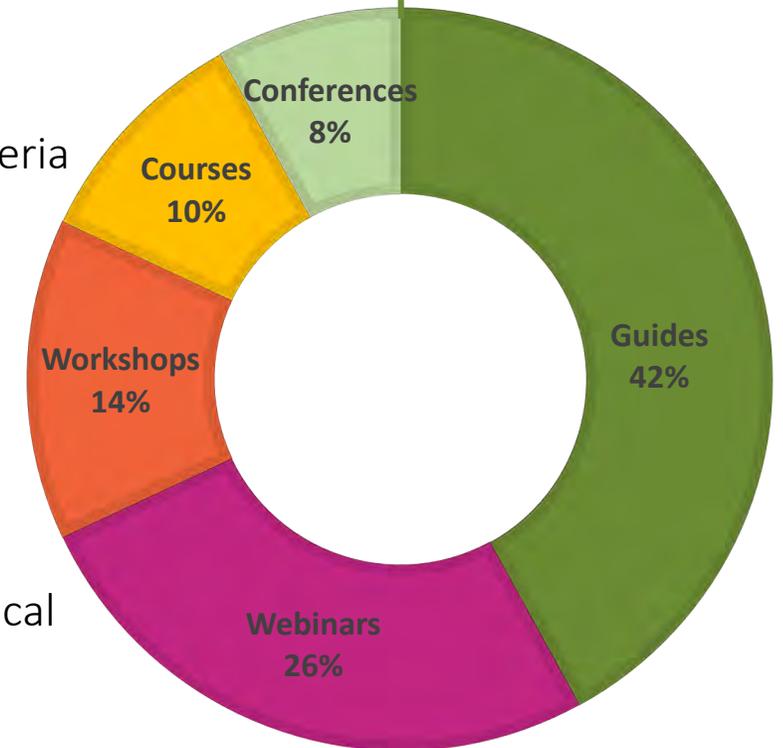


Contribute to a broader reflection on implementing HiAP in Canada, specifically in relation to HiAP training.

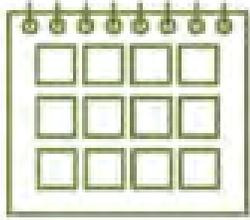


# Methodology

- Forms of training: workshops, guides, webinars, conferences, courses
- Key words, snowball method, communication with experts.  
85 training initiatives included, based on a variety of inclusion/exclusion criteria
- In English (74), French (9) and Spanish (2)
- Quantitative and qualitative
- Objectives and competencies, training modes and pedagogical approaches, conditions favourable or detrimental to HiAP, advantages and limits, implementation tools and principles, previous experiences with HiAP, historical context



# Quantitative Findings



## PERIOD FROM 2005 TO 2021

2013 - 2018: 76% were guides and 92% were workshops  
2019 - 2021: 86% were webinars



## RELATIVELY SHORT SESSIONS

Workshops: 3 days or less  
Webinars: 75 minutes or less  
Conferences: 1 day  
Guides: 35 pages or less (39%) - 81 pages or more (42%)



## TARGET AUDIENCE

42% public health or public policy professionals  
26% decision makers or senior officials

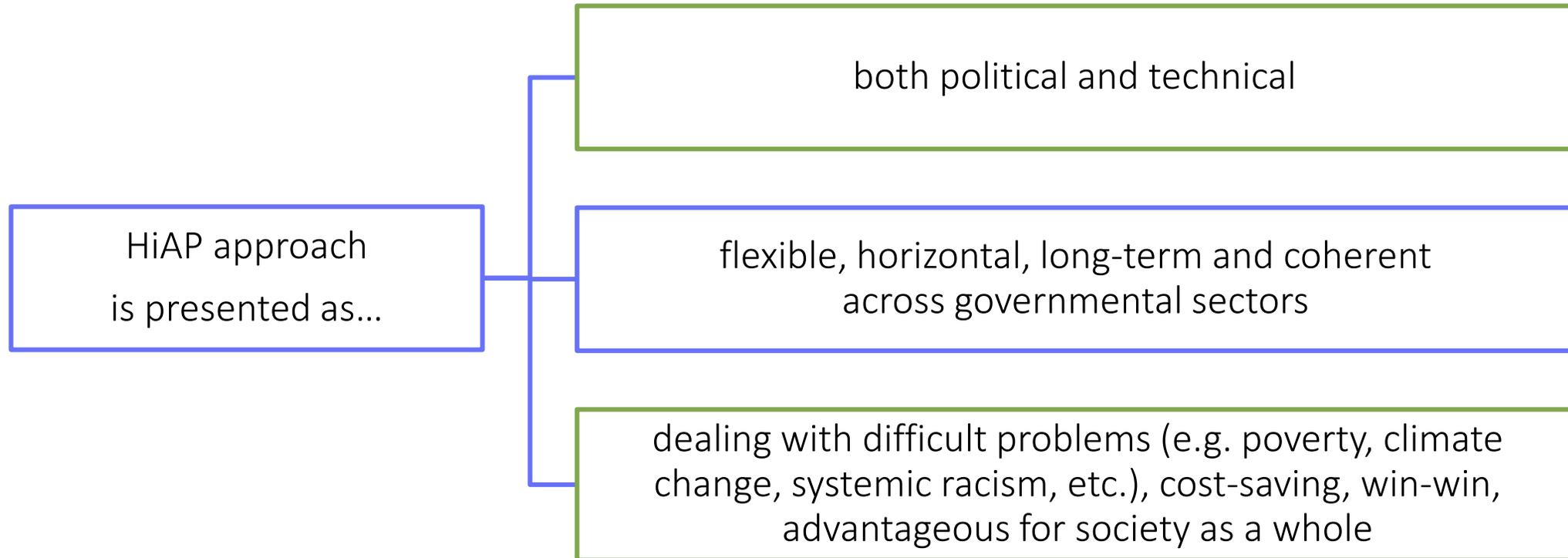


## EXAMPLES OF HiAP

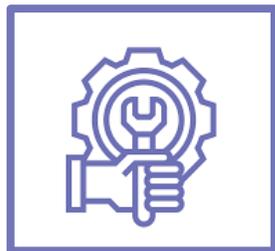
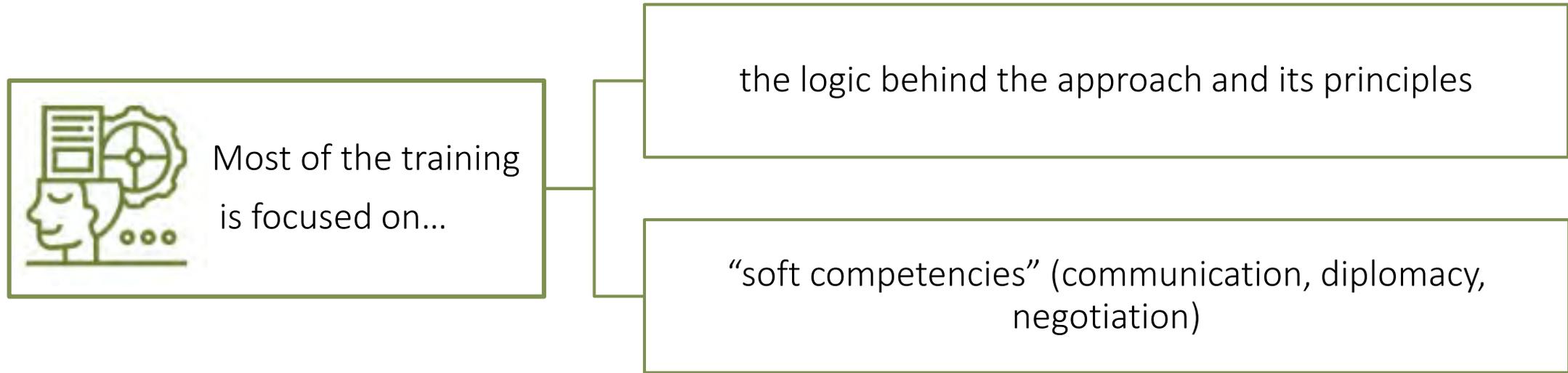
75% discuss previous HiAP implementations  
18% in South Australia and 13% in California (of all programs analyzed)



# Qualitative findings



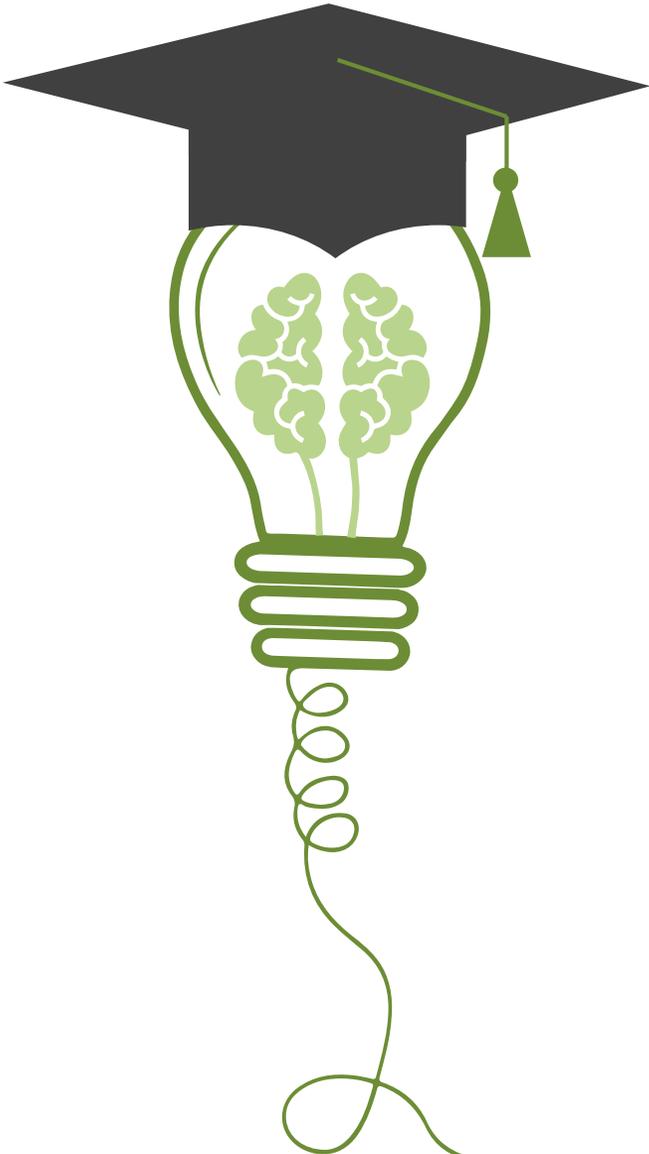
# Qualitative findings



The tools presented tend to be more conceptual than practical



The pedagogical approach used depends mostly on the type of training provided



## Discussion

- 01 Comprehensive content for learning fundamental HiAP principles and developing a general understanding of the approach
- 02 Limited means for applying what has been learned
- 03 Gap between HiAP knowledge and its applicability.
- 04 None of the training programs are adapted specifically to Canadian context(s)

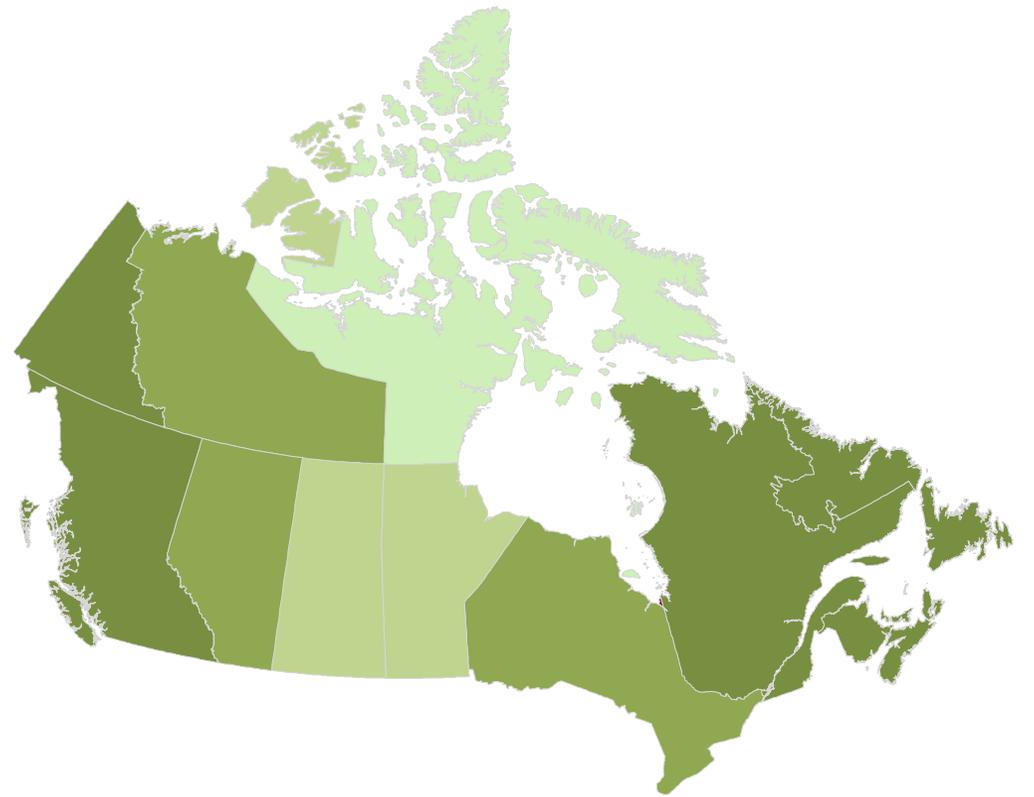


# Food for thought

- 01 At this stage of HiAP development, we would benefit from having concrete and applicable training programs: tangible policies and tools, support to implement HiAP in specific contexts, etc.
- 02 Workshops adapted to specific actors, organizations, contexts, various sectors, Canadian realities
- 03 In response to financial or resource considerations: a virtual course including modules targeting various sectors or actors



- The NCCHPP is currently preparing for the launch of a Canadian network.
- Discussions are underway to determine its form, goals, membership, opportunities and challenges.
- Final reports on the work presented today will be published soon and will be publicly available on our website: <https://ccnpps-ncchpp.ca/health-in-all-policies/>



# THANK YOU

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