

Portrait of Health in All Policies in Canada: Québec's Collaborative Model for Health Prevention Governance



CASE SUMMARY

2025

FOREWORD

This publication introduces the government of Québec's *Politique gouvernementale de prévention en santé* (Government Policy for Health Prevention), as an example of a Health in All Policies (HiAP) approach. This case summary is part of a series developed by the Canadian Network for Health in All Policies to document the current state and variety of implementations of the HiAP approach in Canada. It is intended for public health actors and other actors interested in HiAP, and aims to advance knowledge of HiAP, highlight effective practices, and promote the exchange of ideas across Canada.

This publication was developed by the National Collaborating Centre for Healthy Public Policy as part of its regular scientific programming. The NCCHPP is financed by the Public Health Agency of Canada and hosted by the Institut national de santé publique du Québec.

KEY MESSAGES

- Québec's *Politique gouvernementale de prévention en santé* (PGPS; Government Policy for Health Prevention) is a provincial Health in All Policies (HiAP) initiative aimed at creating healthy living environments through collaboration between government ministries and non-governmental partners at provincial, regional, and local levels.
- The Québec *ministère de la Santé et des Services sociaux* (Ministry of Health and Social Services) leads the implementation of the PGPS through the *Bureau de coordination et de soutien* (coordination and support office) which is responsible for coordinating the *Plans d'action interministériel* (PAI; Interministerial Action Plans).
- The PGPS has reached several milestones, including supporting over 150 parenting and childhood projects, assisting 970 organizations in acquiring durable equipment to support physical activity among seniors and people with disabilities. Regarding governance, the PGPS supported efforts leading to the adoption of an act and a national policy for caregivers. Coordinators have been hired to promote healthy lifestyles, and interdepartmental mechanisms have been implemented to strengthen integrated health and social services strategies.



1 ABOUT THIS SERIES

This case summary is part of a series of cases prepared by the NCCHPP as part of the Canadian Network for Health in All Policies' (CNHiAP)¹ activities. It is intended to document the diversity of HiAP initiatives in Canada and the state of implementation activities. Promoted by the World Health Organization (WHO), HiAP is an intersectoral approach to policy making that facilitates action on the social determinants of health and improvement of health, wellbeing and equity. It is based on the recognition that health is primarily determined by factors outside the health sector; and that, therefore, population health is not only a product of health sector policies and programs but is largely determined by policies in other governmental sectors.

The objective of this project is to create a portrait of HiAP practice in Canada across different jurisdictions. The cases will outline HiAP initiatives, covering their origins, mission, objectives, governance structures, implementation mechanisms, achievements, funding sources, and evaluation frameworks. This series aims to enhance public health professionals' and decision makers' understanding of HiAP initiatives in Canada, promote promising practices, and foster connections among actors to strengthen the impact of HiAP on public policy and population health.

BOX 1. WORLD HEALTH ORGANIZATION'S DEFINITION OF THE HIAP APPROACH

"Health in All Policies is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity. It improves accountability of policymakers for health impacts at all levels of policy-making. It includes an emphasis on the consequences of public policies on health systems, determinants of health and well-being (World Health Organization & Finland Ministry of Social Affairs and Health, 2014, p. 2)."

¹ To learn more about the CNHiAP visit: <https://ccnpps-ncchpp.ca/canadian-network-for-health-in-all-policies-cnhiap/>
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1.1. Methodology

Case Selection

Three criteria were used for case selection, and the initiatives had to meet all three criteria to be considered. For this project, a HiAP initiative:

1. Fosters intersectoral collaboration and engagement
 - Involves at least two partners from different government sectors and may also involve non-governmental sectors.
 - Aims to break down silos and build new partnerships to coordinate action on the social determinants of health.
2. Promotes health, wellbeing, and equity
 - Incorporates health, wellbeing and equity considerations into policies, programs, and decision-making processes.
 - Implicitly or explicitly focuses on health, wellbeing and equity.
3. Fosters governance structures, mechanisms and processes to facilitate policy coordination
 - Instigates changes in relationships and decision-making processes across sectors and potentially non-governmental organizations from the private, public or third sector.
 - Establishes or enhances governance structures and/or mechanisms for intersectoral collaboration and integration of health, wellbeing and equity considerations.

The full methodology can be accessed on the [project's webpage](#).

Since HiAP is an approach rather than a specific model, the focus, composition and structure of HiAP initiatives vary from setting to setting. Therefore, this project aimed to document various HiAP approaches across different cases, including newly established, long-standing, non-governmental organization-led, and traditional government-led initiatives. It also aimed to account for diversity in geographical location, the level at which the HiAP approach is implemented (e.g., federal, provincial, regional, municipal), and the primary focus of the initiative or its target scope (e.g., federal, provincial, regional, municipal). Initiatives involving CNHiAP members were also prioritized.

Documentation

The information for this series was initially gathered through grey literature searches, drawing on publicly available documentation for each respective case. Subsequently, key informants from each case were contacted to confirm the findings and provide any additional data. The data was collected between April and August 2024.

2 ABOUT QUÉBEC'S INITIATIVE

2.1. Origin and Objectives

The province of Québec's HiAP approach is embodied in the *Politique gouvernementale de prévention en santé* (in French only) (*PGPS*; Government Policy for Health Prevention). The *PGPS* is a policy that aims to create environments and living conditions that promote health and wellbeing through intersectoral collaboration across ministries and non-governmental partners. Led by the *ministère de la Santé et des Services sociaux* (*MSSS*; Ministry of Health and Social Services), in collaboration with various other ministries and partners, it puts in place collaborative governance at multiple levels and shared leadership to break down silos and implement coordinated actions to improve population health. The *PGPS* is complementary to other government strategies and policies; it seeks greater coherence and synergy among the various policies implemented by the government and its partners (Ministère de la Santé et des Services sociaux du Québec; MSSS, 2016). Québec is the only province to have encoded HiAP at the provincial level.

In 2016, the government of Québec embarked on a significant endeavor to enhance health prevention efforts through the initiation of the *PGPS*. This commitment was fueled by the desire to build upon the groundwork laid by Québec's *Plan d'action gouvernemental de promotion des saines habitudes de vie et de prévention des problèmes reliés au poids 2006-2012* (in French only) (an action plan to promote healthy lifestyles and prevent weight-related problems), reflecting a steadfast commitment to bolstering existing initiatives and collaborations. The origin of *PGPS* traces back to 2013 when the former Québec Premier and the Minister for Health and Seniors laid the groundwork for a National² Policy for Health Prevention. Three years later, in 2016, the Minister for Rehabilitation, Youth Protection, Public Health, and Healthy Living, alongside several fellow ministers, officially launched the *PGPS*, in a document entitled "*Un projet d'envergure pour améliorer la santé et la qualité de vie de la population*" (a large-scale project to improve the health and quality of life of the population). This policy intended to add momentum to existing health prevention mobilization efforts by offering increased support to interested parties and fostering strengthened collaborations, aimed at achieving shared objectives.

The vision associated with the *PGPS* is that of a healthy Québec population, in which each person has the capacity and conditions to achieve their full potential and participate in the sustainable development of society. The ultimate goal of the *PGPS* involves addressing multiple factors to improve the health and quality of life of Québec's population while promoting equity (MSSS, 2016). It addresses the reduction of health disparities by aligning with other government commitments, and engaging partners from government, private, and civil society sectors to promote health prevention with a focus on equity.

² The term "national" here refers to the provincial level.
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The main objectives of the *PGPS* are to reduce avoidable health issues, improve the health of the population, reduce health inequalities (MSSS, 2016), and ease the burden on the healthcare system in the future. Four guiding principles informed the selection of the *PGPS*'s orientations and measures (MSSS,2016):

- Recognizing the interconnectedness of social, economic, and environmental aspects in alignment with sustainable development principles;
- Implementing effective measures impacting individuals, communities, and environments;
- Tailoring actions to suit the diverse needs of different population groups, and
- Fostering cohesive collaboration among prevention partners across government and various sectors of activity.

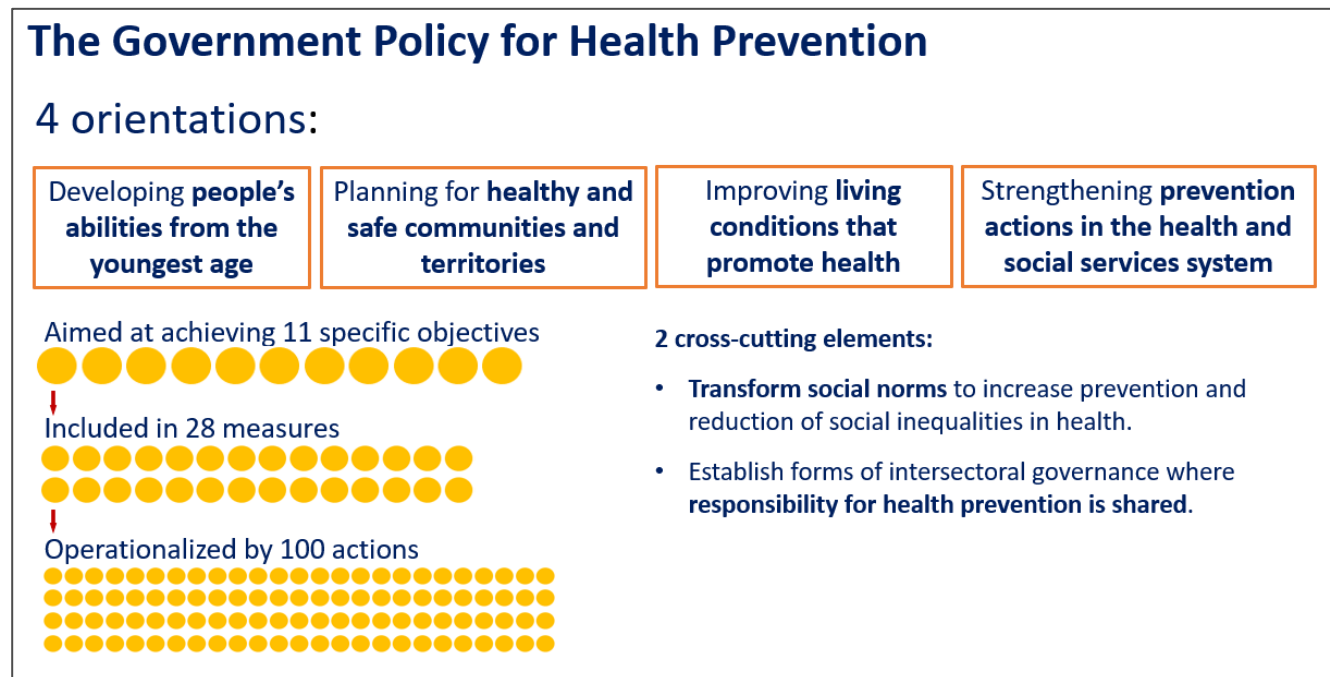
2.2. Implementation and Governance

The Québec *MSSS* spearheads the implementation of the Policy supported by the *Bureau de coordination et de soutien (BCS; coordination and support office)* (MSSS; 2022). The team consists of one coordinator and three professionals.

The *BCS* plays a central role in coordinating the *Plan d'action interministériel (PAI; interministerial action plan)*, which is the primary mechanism for implementing, evaluating, and updating the *PGPS*. The *PAI* provides a three-year implementation plan covering four main orientations: (I) Developing people's abilities from the youngest age; (II) Planning for healthy and safe communities and territories; (III) Improving living conditions that promote health, and (IV) Strengthening prevention actions in the health and social services system. Specific objectives, projects and actions, as well as the roles of different interested parties with respect to each action are specified under each orientation. Financial investments and expected outputs and timelines are also outlined (MSSS; 2022).

Since the adoption of the *PGPS*, two *PAIs* have been implemented: the [PAI 2017-2021](#) (in French only) and the [PAI 2022-2025](#) (in French only). The latest *PAI* (2022-2025) continues the work of the first one (2017-2021) and builds upon the lessons learned from its implementation.

Figure 1 Overview of the PGPS



Adapted and translated from a presentation produced by the Bureau de coordination et de soutien de la Politique gouvernementale de prévention en santé.

The *PAI* (MSSS; 2018, 2022) is led by the *MSSS* in collaboration with 11³ other ministries or governmental agencies, their networks, and their partners. Sixteen other ministries and government agencies also participate as collaborators in the *PAI*.

Table 1 below shows the different ministries responsible of actions.

³ These data are from the 2022-2025 *PAI*. For the *PAI* 2017-2021, 6 ministries and governmental agencies were responsible of actions and 10 were partners, along with more than 80 organizations.

Table 1 PGPS: Ministries Responsible of Actions

Ministère de l'Éducation (MEQ; Ministry of Education)
Ministère de l'Agriculture, des Pêcheries et de l'Alimentation (MAPAQ; Ministry of Agriculture, Fisheries and Food)
Ministère des Transports et de la Mobilité durable (MTMD; Ministry of Transportation and Sustainable Mobility)
Ministère du Tourisme (MTOUR; Ministry of Tourism)
Ministère de l'Emploi et de la Solidarité sociale (MESS; Ministry of Employment and Social Solidarity)
Ministère de la Culture et des Communications (MCC; Ministry of Culture and Communications)
Secrétariat à la Jeunesse (SAJ; Youth Secretariat)
Ministère de l'Enseignement supérieur (MES; Ministry of Higher Education)
Ministère de la Famille (MFA; Ministry of Families)
Ministère de l'Immigration, de la Francisation et de l'Intégration (MIFI; Ministry of Immigration, Francization, and Integration)
Ministère de l'Économie, de l'Innovation et de l'Énergie (MEIE; Ministry of Economy, Innovation and Energy)
Ministère de la Santé et des Services sociaux (MSSS; Ministry of Health and Social Services)

The Policy draws upon the contributions of 27 ministries or governmental agencies, their respective network of interested parties, and more than 200 partners. This collaboration reflects the extensive involvement of diverse interested parties in advancing the *PGPS* initiative, with leadership being shared at provincial, regional, and local levels. It can be exemplified by the work of groupings such as the *Tables intersectorielles régionales en saines habitudes de vie (TIR-SHV; Regional Intersectoral Tables on Healthy Lifestyle Habits)*. Their actions are primarily financed through the *PAI*, and they bring together several regional partners that coordinate and lead the program. Non-governmental organizations (NGOs), accompanied by governmental support, play a crucial role in driving action and addressing community needs. Regional and local partners work closely with NGOs to ensure responsiveness to local realities and include vulnerable populations. *PGPS* governance acknowledges the essential contribution of ministries and government agencies in facilitating its progress (MSSS; 2022).

Three consultation bodies, supported by the *BCS*, contribute to the governance of the *PGPS* and its *PAIs* (MSSS; 2016):

- **A committee of assistant deputy ministers:**
 - Responsible for creating conditions that support the achievement of the Policy's goals and for ensuring consistency among all ministries' missions regarding health prevention. They have met five times since 2019, and the Assistant Deputy Minister responsible for the *PGPS* regularly keeps their counterparts informed about developments related to the Policy or its *PAIs*.

- **An interministerial committee of directors** (consisting of managers from government departments and agencies involved in the implementation of the *PGPS* and its *PAIs*):
 - Responsible for making planning and management decisions regarding the implementation of actions and government commitments. They meet once a year or when decision-making is needed, such as during the drafting of the *PAI*.
- **A network of intersectoral tandems** (consisting of professionals from government departments and agencies involved in the implementation of the *PGPS* and its *PAIs*):
 - Responsible for implementing actions from the *PAI*, fostering a shared understanding and cooperation among interested parties and reporting progress through assessments and accountability. Each tandem operates differently: some meet frequently (weekly or bi-monthly), while others only meet a few times a year. In 2024, there were approximately 75 professionals in tandems.

The *BCS* supports these consultative bodies through regular communication and information sharing the production of tools, and the establishment of consultation and collaboration mechanisms to facilitate work and problem-solving (MSSS; 2022).

Funding

The *PGPS* is funded by the provincial government. The annual budget significantly increased from \$20 million in the first plan to \$40 million in the second plan, facilitating greater support for various initiatives (MSSS; 2023).

2.3. Achievements

Multiple actions have been implemented to support the enactment of the *PGPS*. Each *PAI* orientation is operationalized into objectives, which in turn are broken down into measures and specific actions. Some of the specific actions of the *PAI 2022-2025* are summarized below, with the leading and collaborating partners indicated. A full list of actions can be found in the [PAI 2022-2025](#) (in French only).

Table 2 Examples of Implemented Actions

Orientation	Action	Description	Leading Ministry	Collaborating Ministries
Developing people's capacities from the youngest age	1.2.2	Develop online training courses on healthy eating, active play, and motor development for staff of educational childcare services and community organizations using the "Gazelle et Potiron" framework.	MFA ^a	MSSS ^b
	1.4.1	Support the creation and presentation of plays for schools focusing on physical or mental health issues linked to key factors in youth development.	MCC ^c	MEQ ^d , MSSS
	1.4.5	Support the deployment of school food aid projects in underprivileged areas: Food program "La Cantine pour tous".	MEQ	MAPAQ ^e , MSSS, MESS ^f
Planning for healthy and safe communities and territories	2.2.1	Ensure the implementation of regional and local initiatives promoting a healthy and good quality lifestyle with the support of the <i>TIR-SHVs</i> .	MSSS	MAMH ^g , MFA, MEQ, MESS, MAPAQ, MELCCFP ^h
	2.8.1	Support projects promoting the use of active and collective transportation during festivals and tourist events.	MTOUR ⁱ	MSSS, MTMD ^j
	2.8.4	Support initiatives aimed at increasing the use of active and collective transportation daily through the Financial Assistance Program for Sustainable Mobility Awareness Activities (<i>MobilisActions</i>).	MTMD	MSSS, MEQ, MAMH
Improving living conditions that promote health	3.1.1	Disseminate best practices for offering fruit and vegetable snacks in schools: "Écollation" pilot project.	MSSS, MEQ	MAPAQ, MESS
	3.7.3	Hire 15 new intercultural community health workers (<i>ICI-SANTÉ</i>) to inform, support, refer, and accompany immigrants to health and social services.	MIFI ^k , MSSS	-
	3.3.1 to 3.3.3	Promote health in the workplace through initiatives like "Entreprise en santé" (<i>Healthy Business</i>).	MSSS	MTRAV ^l

Table 2 Examples of Implemented Actions (cont'd)

Orientation	Action	Description	Leading Ministry	Collaborating Ministries
Strengthening prevention actions in the health and social services system	4.4.1 to 4.4.3	Carry out integrated management of antibiotics to ensure their judicious use in human health and animal health sectors.	MAPAQ, MSSS	-

^a MFA: ministère de la Famille (Ministry of Families)

^b MSSS : ministère de la Santé et des Services sociaux (Ministry of Health and Social Services)

^c MCC: ministère de la Culture et des Communications (Ministry of Culture and Communications)

^d MEQ : ministère de l'Éducation (Ministry of Education)

^e MAPAQ : ministère de l'Agriculture, des Pêcheries et de l'Alimentation (Ministry of Agriculture, Fisheries and Food)

^f MESS : ministère de l'Emploi et de la Solidarité sociale (Ministry of Employment and Social Solidarity)

^g MAMH : ministère des Affaires municipales et de l'Habitation (Ministry of Municipal Affairs and Housing)

^h MELCCFP : ministère de l'Environnement, de la Lutte contre les changements climatiques, de la Faune et des Parcs (Ministry of the Environment, Climate Change, Wildlife, and Parks)

ⁱ MTOUR : ministère du Tourisme (Ministry of Tourism)

^j MTMD : ministère des Transports et de la Mobilité durable (Ministry of Transport and Sustainable Mobility)

^k MIFI : ministère de l'Immigration, de la Francisation et de l'Intégration (Ministry of Immigration, Francization and Integration)

^l MTRAV : ministère du Travail (Ministry of Labour)

The implemented actions have led to concrete outputs under each orientation and across the two PAIs. Some of the outputs are highlighted in the table below.

Table 3 PGPS PAI Outputs (selection)

Orientation	1 st PAI (2017-2021)	2 nd PAI (2022-205)
Developing people's capacities from the youngest age	<ul style="list-style-type: none"> Financial support to 150+ organizations for parental practices projects. Development and distribution of online training for the ÉKIP référent. Sanctioning of Bill 56 and adoption of the National Policy for Caregivers. 	<ul style="list-style-type: none"> Financial support to 150+ organizations for development projects for young children. Training on the educative program "Accueillir la petite enfance" and early intervention tools for educational daycares (in progress). Cooking-nutrition workshops and food aid programs in 50 schools in disadvantaged areas.

Table 3 PGPS PAI Outputs (selection) (cont'd)

Orientation	1 st PAI (2017-2021)	2 nd PAI (2022-205)
Planning for healthy and safe communities and territories	<ul style="list-style-type: none"> • Financial support to organizations implementing physical or leisure activities for vulnerable groups. • 4 annual meetings and 13 national initiatives of the <i>Table québécoise sur la saine alimentation</i> (Québec's Table on Healthy Eating) and strategic committee funding for healthy eating initiatives. • Hiring of coordinators in <i>TIR-SHVs</i>. • Integrated work on environmental noise management. • 15 Health Impact Assessments conducted in 15 municipalities. 	<ul style="list-style-type: none"> • Financial support to 970 organizations for sustainable equipment to increase access to physical activities. • Training on Health Impact Assessment for public health or municipal professionals. • Deployment of 50 MobilisActions projects for sustainable transportation. • Development of Regional Action Plans on climate change adaptation. • Revised air quality guidelines for schools.
Improving living conditions that promote health	<ul style="list-style-type: none"> • Creation of 144 projects promoting access to healthy eating in underprivileged communities. • Support for physical activities among First Nations and Inuit youth, including the "Ancestor's Challenge". • Deployment of the "Tour of leaders committed to health and wellbeing at work" among 460 companies. 	<ul style="list-style-type: none"> • Hiring of coordinators to promote healthy lifestyles in First Nations and Inuit communities. • 16 collaborative projects and 18 tools related to housing to prevent residential instability for people in vulnerable situations. • 50 companies supported in their efforts to obtain Healthy Business Recognition. • 39 projects supported in food processing companies to increase the availability of healthy processed foods.
Strengthening prevention actions in the health and social services system	<ul style="list-style-type: none"> • Identification of best practices for monitoring seniors' autonomy. • Establishment of intersectoral governance for antibiotic use strategies. • Updating of the guide to best clinical practices for preventing and managing chronic diseases, and creation of a Web app: https://www.msss.gouv.qc.ca/professionnels/prevention-clinique/guide-des-bonnes-pratiques/ • Guide to intervening with a child aged 5 to 13 at risk of suicide: https://publications.msss.gouv.qc.ca/msss/document-003071/ 	<ul style="list-style-type: none"> • Additional service navigators hired in the health and social services system to assist and accompany First Nations and Inuit patients through their care and service pathways. • Additional intercultural community health workers (ICI-SANTÉ) hired to assist and accompany immigrants and guide them toward social and health services. • 5 collaborative projects with a preventive approach to fostering autonomy among at-risk elderly people. • Projects with manufacturing companies to help smoking cessation among manual workers (in progress).

2.4. Evaluation

Since its inception, the *PGPS* has undergone two evaluations: the first as part of a study on the intersectoral governance of the policy, and the second through formal evaluations conducted by the *MSSS* Evaluation Department.

Evaluating intersectoral governance

The *MSSS* commissioned an external team from the *École nationale d'administration publique* (National School of Public Administration) to conduct an evaluative study, covering the period from 2018 to 2021, on the intersectoral governance of the *PGPS*. One of the objectives was to encourage discussion within the public administration about the conditions for successful governance of interdepartmental policies. A literature review was conducted and more than 100 respondents in the public administration were consulted.

Among the conditions for success identified, these were the most important:

- 1 - Clear distribution of roles and responsibilities of the interested parties involved;
- 2 - Open communication between interested parties;
- 3 - Expectations (actions, timetables) stated in concrete terms; and
- 4 - Shared vision and goals.

Evaluating implementation and achievements

The Evaluation Department of the *MSSS* is tasked with evaluating the policy's implementation and achievements, as required by the Treasury Board Secretariat. The processes for implementing the measures and the concrete actions arising from them, as well as the progress achieved, are evaluated to guide updating of the Policy. An initial assessment of the first *PAI* (2017-2021) has already been carried out.

In addition to the general assessment of the *PAIs*, specific evaluations can also be carried out for individual actions. Tandems responsible for an action are welcome to work with the Evaluation Department of their ministry to carry out an assessment or to subcontract an external firm to do so (a small portion of the *PAI*'s budget can be used for this purpose). For the first *PAI*, 6 actions were evaluated, using a different methodology for each (e.g., analysis, survey reports, case studies).

Examples of results from action assessments:

2.2 Tables intersectorielles régionales en saines habitudes de vie (TIR-SHV) :

- Resources dedicated to the regional coordination of *TIR-SHVs* are necessary for the development and maintenance of intersectoral collaborations.

2.6 Health Impact Assessment (HIA) (outcomes):

- Increased knowledge of:
 - The processes and objectives of the HIA;
 - The determinants of health and social health inequalities;
 - The impacts of municipal decisions on the health and wellbeing of citizens.

An evaluative review of the first two years of the second *PAI* (2022-2025), due in 2024-2025, will focus on three key evaluative issues and questions:

- *Operational compliance*: Is the program managed adequately and in accordance with established rules and the initial planning of the second *PAI*?
- *Effectiveness of governance*: Are the roles and responsibilities of the departments and ministries involved in the second *PAI* adequately defined? Is the *MSSS* exercising its leadership role?
- *Operational efficiency*: Have the 11 objectives of the second *PAI* been achieved?

These issues will be examined through a methodology that includes analyzing annual monitoring sheets, conducting interviews, and surveying interested parties involved in intersectoral committees. In addition to the assessment report, evaluation of specific actions implemented under the Policy has been planned.

KEY TAKEAWAYS

- The *PGPS* adopts a HiAP approach to fostering intersectoral collaboration between various ministries, government agencies and non-governmental partners.
- The Policy is implemented through a three-year *PAI*.
- The *MSSS* leads the initiative through the *BCS* with collaboration from over 27 ministries and government agencies, their network, and 200 non-governmental partners. It also includes regional, provincial, and local partners.

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