

CNHiAP Café - Health Impact Assessment (HIA)

Café du RCSdTP – Évaluation d’impact sur la santé (ÉIS)

Friday, December 12, 2025

Presenters

Stephanie Simpson (University of Toronto)
Nasim Khatibsemnani and Albert Kwan (PHAC)
Inge Roosendaal (Ottawa Public Health)

Discussion questions

- What does it mean to you to be doing HIA in your setting?
- How does practice differ from what’s described in the academic literature?
- How do theoretical approaches translate (or not) into real-world applications?

Summary of Presentations

Barriers to HIA Implementation in Ontario

Stephanie Simpson

Stephanie provided an academic perspective on HIA, sharing findings from her 2022 doctoral research on provincial-level HIA use in Ontario.

Key observations:

- Strong culture of collaboration exists between the Ministry of Health and other ministries on health-adjacent issues.
- Limited proactive identification of potential health impacts from non-health sector policies.

Research findings:

- Entrenched institutions within the Ministry of Health (legislation, organizational structures, hierarchies, cabinet committees/submissions) shape policy approaches and act as barriers to broader health-focused perspectives.
- Mixed understanding of social determinants of health among ministry staff.

Recommendations:

- Leverage existing structures as entry points for HIA (e.g., Health Protection and Promotion Act, Chief Medical Officer of Health as HIA steward, integrating HIA into cabinet submissions).

Conclusion:

Called for further research to better understand barriers to implementing HIA in Ontario.

Associated resources:

Stephanie Simpson (2022). Implementing Health Impact Assessment as a Required Component of Government Policymaking: A Multi-Level Exploration of the Determinants of Healthy Public Policy

<https://uwo.scholaris.ca/items/11495284-033f-482c-84e1-c4a81b183d54>

HiA at the Federal Level

Nasim Khatibsemnani and Albert Kwan, Public Health Agency of Canada (PHAC)

Nasim presented on the Government of Canada's Impact Assessment (IA) process, highlighting key changes since the Impact Assessment Act replaced the Canadian Environmental Assessment Act and the Public Health Agency of Canada's (PHAC) role.

Key points:

- The 2019 Impact Assessment Act replaced the Canadian Environmental Assessment Act, emphasizing sustainability, public participation, and Indigenous rights and knowledges.
- PHAC provides expertise on health-related aspects, including social determinants of health, health equity, and mental health in major projects, in collaboration with Health Canada.
- Challenges include aligning practice with legislative changes and navigating intergovernmental relationships.

Associated Resources:

WHO 4 pillars model mentioned by Nasim: [Working together for equity and healthier populations: sustainable multisectoral collaboration based on health in all policies approaches](#)

Impact Assessment Agency of Canada.

<https://www.canada.ca/en/impact-assessment-agency.html>

Integrating Health Impact Assessments

Inge Roosendaal, Ottawa Public Health (OPH)

Inge shared her experience integrating health impact assessments (HIAs) into municipal planning processes.

Key Points:

- Incorporate HIA principles early in policy development using practical tools, including evidence-informed checklists and geospatial analytics.
- Collaboration, trust-building, and co-location in planning spaces are critical for meaningful dialogue and influencing policy.
- HIAs have the potential to drive systems innovation and help address complex, cross-sectoral challenges.

Some lessons learned:

HIA: process vs. final report

- Focus on process over product: The value of HIA lies in the process rather than the final report.
- Introducing health questions and evidence early helps ensure recommendations are adopted, as ongoing dialogue and debate are more persuasive than large reports.

Use different tools

- Use of Ottawa's Neighborhood Equity Index- newly being used by colleagues working in the built environment.

Be creative and grab opportunities

- Policy is complex, and you need to know what you're dealing with. Big policy windows are rare, so don't let perfection be the enemy of the good.

HIA – iterative process

- You need to adapt and iterate, because trade-offs are inevitable. Be ready to co-negotiate benefits.

Associated resources:

Neighbourhood Equity Index

[Ottawa Neighbourhood Equity Index – Ottawa Neighbourhood Equity Index](#)

HIA tools used:

[What is Health Impact Assessment \(HIA\)?](#)

[health-impact-assessment-guidebook.pdf](#)

[The State of Health Impact Assessment in Planning](#)

[Health impact assessments](#)

ON-Marg Index

Suggested by participants:

Health Equity Impact Assessment webinars and tools (Ontario):

<https://www.camh.ca/en/professionals/professionals--projects/heia/webinars/past-webinars>

Discussion Points Summary

- The discussion highlighted the importance of integrating equity considerations early in the process, including through spatial analysis, and of strengthening intersectoral collaboration.
- Participants reflected on the role of HIA in preparing government systems for HiAP, noting that HIA can serve as an iterative tool to build knowledge and commitment over time.
- The conversation addressed the challenges of monitoring and implementing HIA in complex policy environments.
- Participants also underscored the need for effective communication and framing to better engage non-health sectors.

Questions on the shared staffing model presented by PHO:

- The model was a game-changer because co-location enabled informal, day-to-day exchanges that formal meetings could not.
- These informal interactions had the greatest impact, significantly strengthening trust among partners.

Equity considerations -PHO

Are we -and how- embedding equity considerations in our HIAs?

- Equity considerations are embedded in all aspects of the work, effectively functioning as a health and well-being equity impact lens.
- General policies (e.g., requiring sidewalks on local roads) are assessed through an equity perspective, focusing on groups such as non-drivers and children.
- Spatial analysis is used through tools like the Ottawa Neighbourhood Equity Index to identify high-priority neighbourhoods.
- Neighbourhoods identified as high-need through the index are prioritized in capital infrastructure planning and investment allocation.
- A geospatial specialist is helping the team integrate more advanced spatial analytics on health, well-being, and equity into planning maps, recognizing that planners primarily work through spatial tools—especially for targeted planning beyond the official plan.
- Are there other municipal-level HIA initiatives in Ontario? There are discussions at the Ontario health unit level that are ongoing and will continue into the new year.

Can HIA prepare governments for HiAP?

- Across the three presentations, a common theme was mobilizing structures and mechanisms to support HIA as a process rather than a product.
- Can working collaboratively through HIA help build systems that prepare governments to work differently and serve as a starting point for Health in All Policies?
- Yes, it has strong potential because its iterative nature allows governments to gradually adapt innovations and integrate health into different sectors.
- Starting with specific projects demonstrates value, which can then be used to expand processes, governance structures, and collaboration.
- This stepwise, iterative approach supports gradual progress toward broader Health in All Policies goals.
- Impact Assessment (IA) is evolving from a traditional focus on environmental factors (e.g., exposure, toxicity, air) toward a social determinant of health (SDH) perspective.
- It goes beyond resource project impacts to consider connections with education, housing, community cohesion, and other factors, broadening the conversation about how health is created.
- IA serves as a tool to gradually build knowledge and foster commitment to a more holistic understanding of health.

Accountability

- Next steps after a report: What happens once it's produced, and how are partners updated?
- OPH supports mapping, baseline assessments, and ongoing monitoring, but the population health impact of such policies may take a generation to materialize.
- Long-term planning is essential, making monitoring challenging.
- Monitoring involves continuously tracking which policy recommendations are adopted and which are not, and understanding the reasons—sometimes it's a matter of targeting the wrong policy level.
- The process itself is critical for identifying the right entry points and influencing policy over time.
- In a municipal context, rely less on the report and more on conversations to navigate the complexity and identify where trade-offs allow for integrating a public health perspective—issues are rarely black and white.
- For PHO, monitoring focuses on quality improvement: continually learning how to enhance HIA, seeking feedback, and exploring ways to increase impact.

Broader equity considerations

- HEIA and HIA – focusing on what we are doing wrong in terms of equity, more than health- are we really integrating equity in policies / in our assessments?
- Are we focusing on reducing inequities or only on improving population health with no equity considerations?
- HIA vs HEIA: Concepts differ, but the key distinction often lies in who we collaborate with on each type.
- Internal challenges: Even within our own sector, more attention is needed on equity; conveying health messages is easier than embedding equity, which adds a complex layer.
- Process over form: Ensuring HIA remains a meaningful process, not a checkbox, with genuine engagement and community participation.
- Equity- Recommended resources:
FrameWorks Institute – communicating for health equity
<https://www.frameworksinstitute.org/resources/communicating-now-framing-for-health-equity/>

Communicating the value of HIA

- Consideration: How we “sell” HIA to other sectors—emphasizing its value and benefits for them rather than positioning it as “you should listen to us” (avoiding health imperialism).
- HIA can help address complex, “wicked” problems, but we need to make that case clearly—why would other sectors proactively reach out?
- This connects to broader work within the network on how we frame Health in All Policies (HiAP) principles.