

“Health impact assessment in Québec”



POUR UNE
société en santé

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Public Health and HIA in Quebec

- Based on a shared broad definition of Health (Alma-Ata Declaration, 1978)
“a state of complete physical, mental and social well-being not only in the absence of sickness or disability”
- ... And Public Health: Efforts regarding health and well-being determinants, directed at the population **and the systems that govern them** (MSSS, 1997; MSSS, 2003)
- Using the basic strategies proposed by the Ottawa Charter for Health Promotion (WHO 1986)
- Embedded in the *Public Health Act* (2001) and organized within the Quebec National Public Health Program
- Supported by a multifaceted strategy inside the government, in collaboration with INSPQ, the Universities and the NCC-HPP

Four idealized roles for scientists in decision-making (1)

- Pure Scientist
- Issue Advocate
- Science Arbiter
- Honest Broker of Policy Alternatives

=> - Shift to Evidence-informed decision-making
 - Taking into account the context of decision-making (2)

- 1- Reference : The Honest Broker, Making Sense of Science in Policy and Politics.
Pielke Jr., Roger A. , Cambridge
- 2- Evidence and Healthy Public Policies – Insights from Health and Political Sciences.
Fafard, Patrick: CPRN / CCN-HPP, May 2008

Leverage for the development of healthy public policies in Québec

- 1992-2002: Policy on Health and Well-being
- 1998: Act respecting the *Institut national de santé publique du Québec (INSPQ)*
- 2001: *Public Health Act* and HIA
 - Development of an implementation strategy within the Government, the INSPQ and the Universities
- 2002: *Act to combat poverty and social exclusion*
 - *Act on sustainable development*
 - *Governmental Action Plan - Promoting Healthy Lifestyles*
- 2005: Creation of the National Collaborating Centre for Healthy Public Policy (NCC-HPP), supported by PHAC, with renewed financing

Public Health Act (sect. 54)

“The Minister ... shall give the other ministers any advice he or she considers advisable for health promotion and the adoption of policies capable of fostering the enhancement of the health and welfare of the population.

“... the Minister shall be consulted in relation to the development of measures provided for in an Act or regulation that could have significant impact on the health of the population.”



Application strategy for Section 54 by MSSS and QG

1. **Establishment of an intra-governmental Health impact assessment mechanism (HIA)**
 - Leadership within the MSSS (intersectoral mandate)
 - Creation of a network of inter-ministerial authorities
 - Training of HIA respondents within each ministry
 - Development of assessment guides and tools
 - Environmental scanning of legislations and regulations
 - Development of an internal procedure to facilitate the treatment of consultation requests
 - Establishment of a support relationship with the Executive Council



Application strategy for Section 54 by MSSS and QG (cont.)

2. Creation of a research program focusing on healthy public policy and HIA

- Funding by MSSS of a research group on the development of healthy public policies (Groupe d'étude sur les politiques publiques et la santé)
- University based
- Through a peer-review agency (FQRSC)
- Basically a concept and method research team
- Working in a network of collaboration with the Ministry, INSPQ and CCN-HPP



Application strategy for Section 54 by MSSS and QG (cont.)

3. **MSSS/INSPQ agreement in which the INSPQ contributes to the evaluation of the impact of public health policies on health, such as:**
 - **Producing advisory notices and syntheses based on scientific knowledge likely to be used by the Health Minister in his role as counsellor to other ministers**
 - **Facilitating access to scientific information and expertise at the provincial level and also at the regional / local level**
 - **Database of studies**
 - **Scientific and public watch + Internet portal**
 - **Directory of resource persons**
 - **Conferences and scientific meetings**
 - **Collaboration in training sessions on HPP and HIA: methods and tools**

An Act respecting Institut national de santé publique du Québec (1998)

Section 3.2

“3. The mission of the institute is to provide support to the Minister of Health and Social Services, to the regional boards...

More specifically, the mission of the institute shall involve: ...

*2) **informing the Minister** of the impact of public policies on the health and well-being of the population...”*

INSPQ  Health Minister

INSPQ and quality assurance:

Development of a procedure for producing public policy reports (3)

Objective:

→ Provide a framework for and strengthen the production of reports by equipping ourselves with common quality standards

Largely inspired by an examination of the standardized approach used by the National Institute for Health and Clinical Excellence (NICE) in the UK

A procedure that involves:

- a process: identifying the steps, actions to be undertaken and the individuals who are responsible for them
- methods: proposing the approaches to guide those responsible for each step

Recent advisory notices and syntheses produced by INSPQ on HPP

More than 20 publications and syntheses published in the last 2 years

1. **Windmill and PH (2009)**
 - Concerning the energetic policy of QG 2006-2015
2. **Alcohol consumption and PH (2010)**
 - Concerning legislation and regulations on alcohol
 - Related to the commercial activities of the Québec Liquor Board
3. **Fire-arms control in Canada and mandatory registration (2010)**
 - Bill C-391
4. **Memory brief to the Parliamentary Commission on swimming pool security (2010)**
 - Concerning the new regulations on the security of private swimming pools
5. **Balancing work and family (in progress)**
6. **Built environments and health (published this week)**
 - Concerning impact of BE on nutrition, physical activity and weight
7. **Food safety (to be completed this fall)**
 - Concerning food contamination by pesticide residues and other contaminants
8. **Noise (to be completed this fall)**
 - Impact on health: control & mitigation

National Collaborating Centre for Healthy Public Policy (NCC-HPP)

Basically a KT Centre, anchored within INSPQ, regionally based but with a national scope, financially supported by PHAC

Objectives:

- Broaden the expertise of public health actors in the area of healthy public policy
 - Through the development, sharing and use of knowledge based on evidence
 - Collaboration with other NCC on national and regional PH priorities

Subjects of interest:

- Public policies and their impact on health
 - Policies other than those affecting the health and social services system (Lodging, transportation, diet, education, income support, taxation, etc.)
 - At various levels of government or authority

NCC-HPP projects

Health impact assessment (HIA)

- Documents and syntheses
- Development of tools and methods
- Support of expertise development through training workshops
- International monitoring and collaboration

Multisectoral strategy for public policy and health

- Documentary notes on Canadian experiences and intersectoral collaboration (WHO)
- Support initiative with community organizations at the regional / local level

Tools and analyses on the policy processes themselves

- Documents, workshops
- Multimedia tools to train public health stakeholders

Analysis of policy options to prevent obesity

- Methodology/analysis of policy measures
- Deliberation process

Reference frame for policy analysis and synthesis ⁴ :

6 dimensions

- **Impacts**
 - Efficacy, undesired impacts, equity
- **Application**
 - Costs, feasibility, acceptability

4 steps

- **Inventory of policies & choice of the object of synthesis**
- **Determination of the logic model**
- **Literature review on the six dimensions**
- **Completeness and contextualization: deliberative process**

Difficulties in the application of the framework

Ref. 4- Source: NCC-HPP 2010

EG: Cell phone use when driving

- Québec's Transportation Safety Policy 2001-2005
 - Concertation meetings concerning road safety (2005)
 - Specific consultations by the *Commission des Transports et de l'Environnement* on the document entitled:
 - “*La sécurité routière au Québec: les cellulaires au volant, la vitesse excessive, les motocyclistes et les conditions hivernales*” (March 2006)
 - Report of the Commission with recommendations (June 2006)
- * N.B: Confidentiality of the information specifically given to QG for 25 years, but publication of all scientific evidence and reports developed in the process

Cell phone use when driving (con't)

Key players: MSSS & INSPQ

- Department of Transport (MTQ)
- Québec Automobile Insurance Board (SAAQ)
- CAA
- Police forces
- Municipalities
- Medical community

What we know

- Systematic review of the literature that demonstrates the risk and the impact on health :
 - Rates of cell phone use behind the wheel
 - Effect of cell phone use behind the wheel on driving performance
 - Cell phone use behind the wheel and risk of collisions
- Many laws in various countries aim to restrict or forbid the use of cell phones behind the wheel

Consequences:

- Participation at the inter-ministerial roundtable that has the responsibility for reviewing the transportation safety policies
- Advisory notice picked up by other bodies planning to use it in their arguments
- Change in the regulations: banning the use of cell phones (hands-on but not hands-free) when driving

EG: Asbestos

- Creation of the Chrysotile Institute (1984)
- France bans asbestos (January 1st 1997)
- Creation of an asbestos advisory committee by the MSSS (1997)
- Decision of the European Union to completely ban the use of asbestos on its territory (1999)
- Policy Concerning the Increased and Safe Use of Chrysotile in Québec (2002)
- International Labour Organization's resolution (June 2006)
- World Health Organization's resolution (Sept 2006)
- Canada's opposition towards adding chrysotile asbestos to a list of undesirable substances (October 2006, Rotterdam Convention)

Asbestos (cont.)

Key Players: MSSS & INSPQ

- Ministry of Natural Resources, Transport and Labour
- Unions and employer organizations
- Medical community → MSSS, Health Canada, DEA
- International organizations (ex: WHO, ILO, EU)
- Involved communities

What we know...

- An array of scientific studies demonstrating the impact of different types of asbestos fibres on health and the diseases related to the exposure to asbestos: asbestosis, lung cancer, mesothelioma)
- The synergistic effect of smoking and asbestos exposure on the risk of lung cancer
- The progressive shift of the burden of diseases from mining operations to construction workers

Consequences:

- Multiple reports from INSPQ describing the risks of those products and the difficulties of mitigation procedures
- Continued financial support from Quebec and Canadian Governments in spite of a growing number of organizations insisting on limiting or banning those products

Challenges and development perspectives

- Anticipate issues / prospective thinking: «just in time»
 - Develop strategic monitoring, support respondents, work with Executive Council so as to act earlier on in the decision-making process and include scientific evidence
- Beyond Article 54 (HIA), develop broader expertise in healthy public policies
 - Target also regional and local levels of government and organizations
 - Not limited to draft laws and regulations but rather include projects, programs and action plans
- Ensure the quality of HIAs as well as public policy reports
- Increase the diffusion (KT) of analysis & synthesis developed (training, summary reports, translation...)

Challenges and perspectives (continued)

- Revive a governmental intersectoral Policy on Health
- Give visibility to the outcomes of efforts aiming to influence public policy
 - Strengthen knowledge sharing and exchanges with decision-makers
- Development of an integrated impact evaluation: equity, health, poverty, gender, youth, handicapped...
- Expand partnerships with universities and research settings
- Expand Canadian and international collaboration
- Maintain the financial support by the federal and provincial governments

«Researchers and experts, most of the time, don't take the decisions, but should support them as Honest Brokers»

THANK YOU!

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