National Collaborating Centre for Healthy Public Policy

# HEALTH IMPACT ASSESSMENT IN QUEBEC: WHEN THE LAW BECOMES A LEVER FOR ACTION

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# INTRODUCTION

In December 2001, the Quebec Government took a step toward affirming the relevance of health impact assessment (HIA) when it adopted the *Public Health Act* (Québec, 2001). The latter constitutes an update of the *Public Health Protection Act* of 1972 (Québec, 1972). One of the specific characteristics of the 2001 Act is that it integrates the various public health functions, including health prevention and promotion. To this end, sections 53 to 56 define the roles of the ministre de la Santé et des Services sociaux—MSSS (Minister of Health and Social Services), Public Health Directors, and local institutions.[1]

Section 54, which came into effect in June 2002, assigns the Minister the title of:

> "[…] advisor of the Government on any public health issue. 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.
>
> In the Minister's capacity as government advisor, the Minister shall be consulted in relation to the development of the measures provided for in an Act or regulation that could have significant impact on the health of the population." (R.S.Q. Chapter S-2.2)

The second paragraph aims at ensuring that any government department or agency involved in formulating a bill, regulation or any other measure assesses the potential impact of its actions on the population's health and consult with the Minister of Health and Social Services if this impact appears to be significant.

Six years after its adoption, what can be observed about the implementation of this legal measure and, more specifically, about its implications for the development of HIA in Quebec? The objective of this article is to examine how impacts on health and welfare are taken into account during the decision-making process, or more precisely, during the formulation and adoption of public policies.[2] This analysis falls within the context of research on the problematics of healthy public policy in Quebec which proposes a conceptual framework (Gagnon, Turgeon and Dallaire, 2007) inspired by *The Advocacy Coalition Framework* developed by Sabatier and Jenkins-Smith (1999). The purpose of this framework is to allow for better understanding of the formulation and adoption of public policy by taking into account, on the one hand, the institutional, political, normative and cognitive dimensions that characterize the decision-making process of the various sub-systems linked to a given subject area and, on the other hand, the groups of actors taking a stance in the public sphere regarding an issue addressed by a given subsystem. A subsystem represents "the group of people and/or organizations interacting regularly over periods of a decade or more to influence policy formulation and implementation within a given policy

[1] Note on the translation: for ease of reading in English, Government of Québec Ministries, Departments, Agencies and Titles have been translated. In every case, the first use of the translated expression will include the official French language name or title. Where commonly used acronyms based on the French language name occur, (as, for example, with la ministère de la Santé et des Services sociaux (MSSS), the acronym MSSS will be used. Where possible, all translated names are based on the translations found on Government of Québec web sites.

[2] The term public policy is here used in its broad sense and includes all of the various governing instruments, whether these are, for example, action plans, programs or formal policies.

area/domain." (Sabatier, P.A. and Jenkins-Smith, 1999, 135). To favour the adoption of healthy public policy, HIA should "ideally" be taken into account during the decision-making process.[3]

This article, in essence, presents the results of case studies conducted in four (4) departments of the Government of Quebec, using a collaborative research approach. These case studies were carried out in the fall of 2005, within the ministère de l'Agriculture, des Pêcheries et de l'Alimentation du Québec— MAPAQ (Ministry of Agriculture, Fisheries and Food); the ministère du Développement durable, de l'Environnement et des Parcs— MDDEP (Ministry of Sustainable Development, Environment and Parks); the ministère de l'Emploi et de la Solidarité sociale— MESS (Ministry of Employment and Social Solidarity); and the ministère des Transports du Québec— MTQ (Ministry of Transport). They are based on documentary research carried out in each of the departments concerned[4] The cases studied focus on proposed regulations, bills, policies, action plans or measures, such as the Pesticides Management Code or the use of photo radar (speed cameras) in Quebec. The main objective of these case studies is to piece together the decisional dynamics of the sub-systems that guided the formulation of solutions and their adoption by Government actors.[5]

Table 1 lists the four (4) cases retained for the purposes of this article, as well as the period covered by each of the studies, which starts from the time Government actors took the problem under consideration and continues until the adoption of regulating measure(s). Each of these issues was active at the time section 54 came into effect in June 2002.

**Table 1. Cases under study and periods covered**

| Case under study | Period covered |
|---|---|
| 1. *Act Respecting Commercial Aquaculture* | 1998-2004 |
| 2. *Pesticides Management Code* | 1997-March 2003 |
| 3. Government Action Plan to Combat Poverty and Social Exclusion | 1998-2004 |
| 4. Speed cameras | 1999 - (Dec. 2007)[6] |

In the following pages, we will focus first on the institutional context surrounding the implementation of section 54; that is, the actions and strategies employed by public health actors, who carry the burden of responsibility in this matter (institutional dimension). To this end, we will briefly describe the organization of the health system in Quebec, situating the organization of the public health apparatus within this structure. Next, we will attempt to draw out the point of view of other departments regarding the fact that the impacts of their actions on health and welfare must be taken into account prospectively; that is, during the formulation of their policies (normative dimension). Then, we will examine the political dimension (namely, changes of government, of ministers, partisan positions, etc.) to see if this influences how health and welfare are taken into consideration during the formulation or adoption of policies. Finally, the circulation of knowledge (cognitive dimension) within the politico-administrative apparatus will be considered; HIA requiring, first of all, the availability of knowledge and its assimilation

[3] For a presentation of the conceptual framework relating to the problematic of HIA, see Turgeon, Gagnon, Bourgault and Garant (2005).

[4] The data gathered was taken from written sources such as ministerial working papers, reports, meeting minutes, newspaper articles, papers submitted to parliamentary commissions, and other sources of public documentation (green book, bills, etc.)

[5] For a summary of these case studies, see Gagnon and Turgeon (under the direction of). *Santé, bien-être et formulation de politiques publiques au Québec*. 2007, GÉPPS, 104 pages. Also available at: www.gepps.enap.ca.

[6] In this case, since the issue was still active after the collection of data in the fall of 2005, the period covered extends until December 2007, when a law covering speed cameras was adopted.

by those responsible for formulating public policy and, finally, its transfer to politicians who, when policies are adopted, ultimately decide on their content.

The results of the analyses of the institutional, normative, political and cognitive dimensions of the decision-making processes characterizing each of the sub-systems under study reveal much about the demands and challenges of integrating HIA into the Quebec politico-administrative apparatus.

# 1 IMPLEMENTATION OF SECTION 54: THE INSTITUTIONAL CONTEXT

In Quebec, since the 1970s, responsibility for the organization of health care, health services and social services has fallen under the aegis of a single department. In recent decades, the health system has undergone numerous structural transformations. The administrative structure of the health and social services network comprises three levels.

At the local level, the June 2004 creation of 95 réseaux locaux de services— RLSs (Local Services Networks) across Quebec was aimed at grouping together the services offered to the public and making them more accessible, better coordinated and seamless.[7] Each of these networks includes a Centre de santé et de services sociaux— CSSS (Health and Social Services Centre). These centres were created by merging the centres locaux de services communautaires— CLSCs (Local Community Health Centres), the centres d'hébergement et de soins de longue durée— CHSLDs (Residential and Long-term Care Centres) and, in the majority of cases (75/95), a Hospital Centre. The Health and Social Services Centre (CSSS) must ensure the accessibility, the seamlessness and the quality of services offered to the public in a given local territory, acting in conjunction with its partners in the Local Services Network (RLS),[8] with whom it shares responsibility for that population. Since the CSSSs are responsible, among other things, for promoting health and well-being, they are concerned with the potential or actual consequences of public policies that are under development, have been adopted or are being implemented by decision makers at the various territorial levels.

The regionalization of the social health system began in 1971, with the creation of the conseils régionaux de santé et de services sociaux (Regional Health and Social Services Councils),[9] which have since been transformed into régies régionales (Regional Health and Social Services Authorities) in 1991 and into agences régionales (Regional Health and Social Services Agencies) in 2004, and whose mission is to improve the health and well-being of a regional population. At the regional level, there are 15 health and social services agencies, two regional councils and one regional board, which are responsible for regional planning, resource management and institutional budgetary allocations. Each of these agencies has a Direction régionale de santé publique— DSP (Regional Public Health Department), whose role is defined by the agency's mission. The Public Health Director is responsible, in his or her region, for[10]: informing

[7] Information taken from the MSSS website at: http://www.msss.gouv.qc.ca/en/reseau/lsn.php. Consulted on January 19, 2008.

[8] Its partners are: medical clinics, family medicine groups, university hospital centres (centres hospitaliers universitaires) (CHUs), youth protection centres, rehabilitation centres, community organizations, social economy enterprises working in these sectors, etc.

[9] Observatoire de l'administration publique (OAP), with the collaboration of Jean Turgeon and France Gagnon (2006). Le rôle de l'État dans la dispensation des services de santé. OAP/ENAP. *L'État québécois en perspective*. Québec. Available at http://www.etatquebecois.enap.ca/etatquebecois/docs/pp/sante/a-pp-services-sante.pdf . The information about the organization of the health system presented here is drawn from this document.

[10] Information taken from the website of the Agence de santé de la Capitale nationale: http://www.dspq.qc.ca/SP_mission.html. Consulted on January 19, 2008.

the population on its general state of health and of major health problems, the groups most at risk, the principal risk factors, the interventions considered to be most effective, monitoring the evolution of these interventions and conducting studies or research required for that purpose; identifying situations which could pose a threat to the population's health and seeing to it that the measures necessary for its protection are taken; ensuring expertise in preventive health and health promotion and advising the agency on prevention services conducive to reducing avoidable mortality and morbidity; identifying situations where intersectoral action is required to prevent diseases, trauma or social problems which have an impact on the health of the population; and, where the public health director considers it appropriate, taking the measures considered necessary to foster such action.

Finally, the ministère de la Santé et des Services sociaux— MSSS (Ministry of Health and Social Services) allocates budgetary resources and is responsible for strategic functioning and evaluation. At the provincial level, the public health organizational structure has been formally integrated within the MSSS since the 1990s; it is endowed with several governing mechanisms (an Act, programs, various authorities). Thus, since 1993, the MSSS has included a Direction générale de santé publique— DGSP (Public Health Departmental Branch), headed by an Assistant Deputy Minister. In 2001, still within the framework of the *Public Health Act*, the position of Directeur national de santé publique— DNSP (National Public Health Director) was created. The latter carries both administrative responsibilities, in his or her capacity as Assistant Deputy Minister, and professional responsibilities, in his or her capacity as the DNSP.

In addition, in 1998, the Institut national de santé publique du Québec— INSPQ (National Public Health Institute) was created. Its role is to support the MSSS and the regional agencies in matters of public health. Its mission consists, notably, of: "1) contributing to the development, consolidation, dissemination and application of knowledge in the field of public health; 2) informing the Minister of the impact of public policies on the health and well-being of the population of Québec" (Québec, 1998). There is a formal agreement between the MSSS and the INSPQ regarding development and knowledge transfer activities to be carried out in support of the application of section 54. Since 2005, the institute has hosted the National Collaborating Centre for Healthy Public Policy (NCCHPP), which is funded by the Public Health Agency of Canada.

Within the MSSS, the implementation of section 54 falls under the responsibility of the Service des orientations en santé publique of the Direction du programme de santé publique (Public Health Advisory Service of the Public Health Programs Branch) within the DGSP (MSSS, March 2007). Since 2002, this departmental branch has relied on a strategy involving two axes: the establishment of an intragovernmental HIA mechanism (axis 1), and the development and transfer of knowledge related to healthy public policy (axis 2).

### Axis 1. Establishment of an intragovernmental HIA mechanism.

Various initiatives have been undertaken for this purpose. The DGSP created a committee of interministerial respondents to spread awareness in other departments about the implementation of section 54. According to the information gathered from the DGSP, representatives from nearly all ministries sit on the committee (16/19), with the exception of the ministries of Finances (Finance), Revenu (Revenue)

and Relations internationales (International relations), which view section 54 as of little relevance to themselves and choose to leave their seats vacant (Bourgault and Dupuis, 2007).

A respondent was named for each of the departments in which the case studies were carried out. The documentary research conducted in the departments in the fall of 2005 revealed a certain amount of turnover among representatives. Moreover, there was only one case, that of the *Act Respecting Commercial Aquaculture*, where the ministerial respondent for section 54 initiated the MSSS's involvement in the issue under study. In the other cases, no direct intervention on the part of the respondent for section 54 was noted for the issue in question.

Since December 2004, an information bulletin on section 54 of the *Public Health Act* has been distributed for the benefit of the network of interministerial respondents. A practical guide to HIA was also published in December 2006 to support those responsible for developing bills and proposed regulations and for analyzing their health impact (MSSS, 2006). This guide presents basic essential information about HIA and includes health impact assessment grids for detecting potential impacts, as well as for framing and summary analysis (Appendices A and B of the Guide, available at www.msss.gouv.qc.ca). This assessment is intended to be strategic in the sense that it emphasizes screening and summary analysis, and thus allows potential impacts to be identified. Use of these tools is voluntary. The MSSS (2007) has also published a document aimed at building awareness about health determinants with an impact on health and well-being among Departments and Agencies (D/As), municipalities and community organizations.

According to the data available and the observations of persons involved in the implementation of section 54,[11] there is growing awareness and an increasingly widespread assimilation of the process by D/As. Requests concern measures other than those provided for in Acts and regulations (as stipulated by section 54). However, some bills or proposed regulations may be submitted to the Secrétaire général du Conseil exécutif— SGCÉ (Secretary General of the Executive Council) without having been the subject of an HIA. This is the case particularly among the D/As with an economic vocation, whose participation in the implementation of HIA remains weak.

In addition, many of the requests received by the MSSS come from the Comité ministériel du développement social, éducatif et culturel (Ministerial Committee on Social, Educative and Cultural Development) of the Secrétariat des comités ministériels de coordination (Secretariat of the Departmental Coordinating Committees) within the ministère du Conseil executif— MCÉ (Department of the Executive Council),[12] which means that the paper on the planned action was written by the department or agency concerned and submitted to the SGCÉ, who judged it necessary to advise the MSSS. Consequently, the latter must reply very rapidly. Given this context, the impact analysis is at risk of being less thorough. For their part, D/As hesitate to introduce changes to their bills or proposed regulations at an advanced stage of the decision-making process. In order to prevent duplication of work among departments (MCÉ, MSSS and D/As), it is now suggested that D/As specify whether an HIA has been performed and forwarded to the MSSS, at the time a paper is submitted.[13]

[11] Data obtained from the Service des orientations en santé publique, DGSP, January 2008.

[12] If needed, the organizational chart of the MCÉ can be viewed at the following address: http://www.mce.gouv.qc.ca/publications/organigramme_mce.pdf, consulted March 31, 2008

[13] On the existing form, to be filled out as part of the administrative procedure, D/As must specify whether their project has implications, either for regional territories, the metropolis (Montreal) or the capital (Québec), or for youth. In the section, *Consultations entre les ministères*, they must specify whether the proposed measures affect other government departments or agencies or if they have a particular effect on the status of women or on access to information. Health is not explicitly mentioned in this list. However, some D/As tend to systematically note in the *Consultations entre les ministères* section whether they have conducted an HIA.

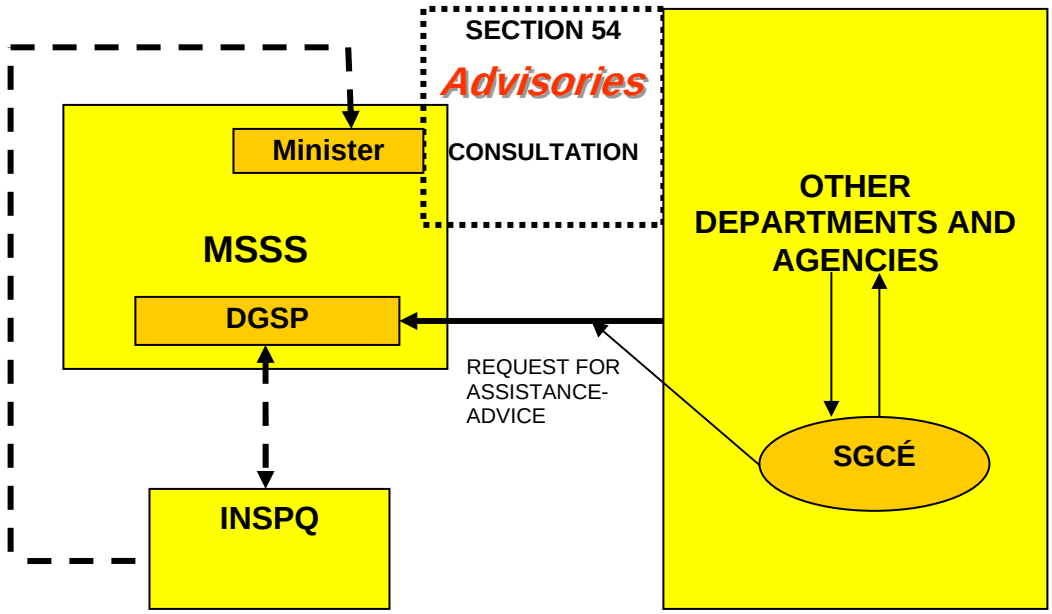
Figure 1 provides an overview of the interactions between institutional actors involved in the production of advisories within the context of section 54. As illustrated by the figure, the Minister of Health and Social Services holds the power of initiative, allowing him or her to issue advisories, including those pertaining to the projects of other D/As. In accordance with section 54, the latter must consult the Minister, or request the assistance of the DGSP, who in turn may call on the expertise of the INSPQ, which retains a pool of public health experts in various fields.

Formally, the SGCÉ plays a strategic role in the implementation of section 54, representing a coordinating hub for the objectives being pursued and the actions being undertaken by the government. The challenge consists of generating concern among all government actors for taking health impacts into account, so that this does not remain a cause that public health actors are often alone in advancing.

### Axis 2. Knowledge development and transfer.

In order to meet the requirements of the first paragraph of section 54, the DGSP relies on the expertise of the INSPQ to produce advisories that favour "health promotion and the adoption of policies capable of fostering the enhancement of the health and welfare of the population." Within the context of this agreement between the MSSS and the Institute, the latter has produced and delivered to the Minister of Health four (4) reports based on scientific knowledge, including two knowledge syntheses, one on work-family balance and one on speeding; and two advisories, one on the ventilation of residential buildings and one on cell phone use while driving. Three of these reports were presented in the context of public consultations or parliamentary commissions and have informed legislative work carried out with respect to various issues (MSSS 2007). The Institute has also assisted the MSSS in responding to departmental requests (or those of the SGCÉ) concerning the HIA of measures being considered (2nd paragraph of section 54).

Figure 1. Production of advisories within the context of section 54 of the *Public Health Act*.



In addition, the DGSP funds research in order to build expertise and to support the development of HIA tools and their provision to potential users. To this end, the MSSS has formed associations with funding agencies, such as the Fonds québécois de la recherche sur la société et la culture— FQRSC (Québec Research Funds for Society and Culture) and the Fonds de la recherche en santé du Québec— FRSQ (Health Research Funds of Québec), so as to contribute to the Programme des Actions concertées (Program for Concerted Action). This program allows the MSSS to invite the scientific community to submit proposals for research projects focused on targeted subjects. There are several possible scenarios. The invitation to submit proposals may involve the assessment of a particular program, research on a given issue, or development of research programs, including team building. In the context of this strategy, one call for applications, focused on *Concepts et méthodes pour l'analyse des actions gouvernementale ayant un impact sur la santé et le bien-être des populations* (Concepts and methods for analyzing government action with an impact on public health and well-being), is aimed at improving understanding of the development of healthy public policies.[14]

The information above provides an overview of the institutional context in which section 54 is being implemented and of the means used to promote its application by those responsible for this issue at the MSSS. The case studies that were conducted present the reality of this situation from a different angle, prompted by the following questions: How do the other departments targeted by this legal measure view the obligation to take health and well-being into account? How do various political and cognitive dimensions influence the formulation and adoption of their policies, regulations, acts or action plans? What attention is focused on HIA during this process as a result? The following sections attempt to answer these questions.

# 2 HEALTH AND WELL-BEING AS NORMS: PERSPECTIVES OF OTHER DEPARTMENTS

Studies carried out within the Canadian and Quebec civil services (Lavis et *al.*, 2003; OAP, 2003) have revealed a discrepancy between departments with an economic vocation and those with a social vocation with regard to their awareness of the potential impact of their actions on public health and welfare. Thus, departments with an economic vocation appear convinced that the question of the relationship between their actions and public health and welfare does not fall within their area of concern. Rather, it concerns… other departments, chief among these being the MSSS.

The results of the case studies we conducted in various departments tend to confirm these findings, but also invite a more nuanced view. It seems that every department views the problem under study first and foremost through the lens of its own mission; health impacts are addressed to the extent that they tie in with the department's institutional vision. Moreover, within a sub-system related to a given area of intervention, there are usually confrontations not only between different visions of the problem, but also, and above all, between different visions of the solution. Different perspectives are advanced by various departmental actors, as well as by outside experts and those active in civil society. A more subtle analysis of the dynamic of the sub-systems studied reveals that, in each case, the problem and the potential solutions envisioned may be health oriented, but may also have an economic, an environmental, a safety or an administrative orientation.

Thus, to take one case, the mission of the MAPAQ (Ministry of Fisheries, Agriculture and Food) is "to influence and support the sustainable development of the Quebec bio-food industry" [Translation]

[14] The GÉPPS is funded in relation to this. For a description of its research program, please go to www.gepps.enap.ca.

(MAPAQ 2005, cited in Michaud and Turgeon, 2007:1). Some branches of the department are therefore concerned with the economic aspect of agricultural or aquacultural activities. On the other hand, another branch is responsible for monitoring food products to ensure their harmlessness. It is evident that different branches of a single government department may have different views of the significance of their department's role with respect to public health; and these views do not correspond to those of public health actors.

In the case of the *Act respecting Commercial Aquaculture* (R.S.Q., chapter A-20.2), three different visions of the problem and of potential solutions confronted each other: an economic vision promoting the development of aquaculture, which represents regional development; an environmental vision concerned with safeguarding ecosystems and biodiversity; and finally a third vision, related to health protection and promotion, calling for the establishment of strict regulations concerning the use of drugs and additives, as well as the inclusion in the Act of requirements regarding the levels of omega-3 in farmed fish destined for human consumption.

The MAPAQ must ensure that aquacultural products do not pose any risk to human health; however, no requirements for producers concerning levels of omega-3 have been introduced into the Act. The socioeconomic impacts of development in this sector are a key issue for a certain number of departmental actors, as well as for other actors involved in aquacultural production. As stated by a key actor (#9): *It's really a question of economic development and the right to produce, and only that* [translation]. Actors in favour of the adoption of the *Act Respecting Commercial Aquaculture* were concerned about possible application of the principle of ecoconditionality[15] which, in the end, was not included in the Act. In response to environmental concerns and those related to health protection and promotion, the Act's preamble states the following: "The activities must be carried out with due regard for public health and safety, the environment and wildlife" (Québec, 2003a).

Within the MTQ (Ministry of Transport), health is primarily associated with road safety. Every year, the department is involved in activities to promote road safety. Its mission is: "to ensure the mobility of people and goods throughout Québec on safe, efficient transportation systems that contribute to the sustainable development of Québec" (MTQ 1999, cited in Gagnon, Michaud and Turcotte, 2007: 93). This implies, among other things, fluid circulation.

However, the case of speed cameras[16] provides a good illustration of how various other issues are woven in with this concern and shows that, beyond highway records and the effects of speeding on the roads, other considerations prevail. In Quebec, speed cameras have several times, going back to the 1970s, been considered as a potential solution for managing speeding on the roads. At the end of the 1990s, a proposal to use speed cameras was again put forward. This was one of five (5) measures proposed by the Minister of Transport in a green paper on road safety (MTQ, 1999). In February and March 2000, a parliamentary commission was held on the subject. The INSPQ came out in favour of using this tool. Speed cameras were one of the proposed actions included in the *Politique de la sécurité routière dans les transports*, 2001-2005 (Transportation and Road Safety Policy, 2001-2005). In May 2001, the Minister of Transport tabled a bill (No. 17) aimed at modifying the *Highway Safety Code* and the *Code of Penal Procedure* to allow the use of speed cameras in specific locations. Specific consultations were held. About ten associations and organizations were invited to set forth their views on Bill No. 17. These consultations

[15] This principle involves tying **government financial aid** to the achievement of **environmental objectives**. Thus, producers must respect the provisions of environmental legislation and regulations to receive government financial aid. The purpose of this **instrument** is to ensure the consistency of governmental action in the areas of economics and the environment, to guarantee sound management of public funds, and to encourage environmental protection through sustainable development (Michaud and Turgeon, 2007:3).

[16] A speed camera is a device combining *Doppler* radar and a 35mm computer-controlled camera. This device is also referred to as photo radar.

revealed a lack of consensus. Consequently, the Minister suggested limiting the experiment in time, limiting the number of speed cameras installed and establishing selection criteria for locations. These restrictions were not sufficient to convince opponents of the relevance of the project. In October 2001, the Minister withdrew the bill.

In March 2003, at the suggestion of the Société d'assurance automobile du Québec— SAAQ (Quebec's automobile insurance agency), a round table focused on the management of speeding was created. This round table included experts from various departments and agencies. Once again, speed cameras emerged as a solution. In October 2005, a speed camera installation project reappeared as a working hypothesis (Gagnon, Michaud and Turcotte, 2007: 96). In December 2005, preliminary to the revision of the *Politique de la sécurité routière (Road Safety Policy)*, a working committee focused on road safety was formed: the Table québécoise de la sécurité routière (Quebec Table on Road Safety) In March 2006, a commission on road safety was held. In the fall of 2006, the Minister of Transport restated his intention to introduce a road safety policy including speed cameras as a means of regulating driving speeds.

Thus, a confrontation between two visions was produced by this proposed solution for managing speeding and improving the road safety record. A group of actors has been in favour of the proposal since the 1990s, basing their support on the device's proven effectiveness at improving the road safety record, as demonstrated in many countries (Groupe de recherche en sécurité routière, 1998). Those who oppose the measure point to the automatic nature of this means of control and the administrative and ethical difficulties raised by its use. For their part, public health actors have shown support for the use of speed cameras.

Finally in November 2007, the Minister of Transport tabled a Bill modifying the *Highway Safety Code* and the *Regulation Respecting Demerit Points* (Québec 2007), which included the implementation of pilot projects for testing the use of speed cameras. On December 19, 2007, this Bill was passed by the Legislative Assembly. Thus, this tool was adopted almost ten years after being proposed as a measure in a green paper.

With regard to the MDDEP (Ministry of Sustainable Development, Environment and Parks), its mission is "to protect the environment and natural ecosystems for the benefit of current and future generations" (MDDEP 2005, cited in Turgeon and Talbot, 2007: 25). The physical environment is a determinant of health and this department already has a long tradition of performing environmental impact assessments. In the case of the *Pesticides Management Code* (Québec, 2003b), it is possible to identify, within the pesticide management sub-system in Quebec, a confrontation between two visions: one advocating the banning of pesticides and the other in favour of integrated pest management. For the actors who favour banning pesticides in urban environments (environmental groups), the data concerning the possible health effects of certain products currently being used in landscape maintenance call for prudence. According to these actors, current data, along with factors that are less well understood, justify application of the precautionary principle. In opposition, supporters of integrated pesticide management (the majority of pesticide manufacturers and distributors, as well as green space maintenance companies) favour education and increasing public awareness. They recommend an integrated pest management approach to reduce the use of pesticides. This method involves using pesticides as a last resort. These actors believe the Quebec Government should respect the Canadian system of approval.

Concern for public health was very present in this case and was championed by the Minister, who declared himself against the use of pesticides for aesthetic purposes in 2001 at the Canadian Council of Ministers of the Environment (CCME). In 2001, the Minister created a study group to examine the use of pesticides in urban environments. In the INSPQ's view, there was much uncertainty about the real risks linked to certain pesticides used in urban environments and enough factors at play to favour application of the precautionary principle. However, the Institute suggested instead a public awareness campaign, and

progressive intervention leading to a ban on pesticide use. This position took a step toward an integrated pest management perspective.

In this case, the solution approved went further than that officially promoted by public health actors. The adoption of the *Pesticides Management Code* marked a ban on the application, on the lawns of public, parapublic and municipal grounds, both of pesticides whose harmful effects on public health have been confirmed by scientific data and of other pesticides whose harmfulness has been less clearly established. Thus, Quebec adopted the highest standards in North America in this area, basing their action on the precautionary principle.

Lastly, the mission of the MESS (Ministry of Employment and Social Solidarity) is to "contribute to Québec's social development and economic prosperity by encouraging individuals to realize their full potential, by promoting employment and supporting economically-disadvantaged people" (MESSF 2004, cited in Michaud, Gagnon and Gauthier 2007: 63). Paradoxically, although many actors point to the negative impacts of poverty on health and well-being, the measures contained in the *Government Action Plan to Combat Poverty and Social Exclusion* adopted in April 2004 have not been explicitly assessed to determine their impact on health and well-being. With regard to this action plan, it should be recalled that the *Act to Combat Poverty and Social Exclusion* adopted in December 2002 (Bill 112) (Québec, 2002) required the Government to adopt such a plan.

Two visions, proposing different pathways toward potential solutions, are advanced. One promotes work integration as a way to avoid the trap of poverty, and the other advocates the prevention of economic distress, denouncing the economic model that produces social inequalities. According to the first point of view, it is necessary to focus on integrating people into the job market as rapidly as possible; thus reducing government expenditures on social welfare. This view is upheld by actors in the MESS and by representatives of the economic sector including the Chambre de commerce du Québec (Quebec Chamber of Commerce); the Conseil du patronat du Québec (Quebec Employer's Council) and the Association des économistes du Québec (Association of Quebec Economists). Proponents of the second view point to government redistribution as the way to enhance collective wealth. This point of view is upheld by the Collectif pour un Québec sans pauvreté (Collective for a poverty-free Quebec), by a team of university researchers and various government agencies such as the Conseil de la Santé et du Bien-être (CSBE), concerned with health and well-being, the Conseil permanent de la jeunesse (CPJ), concerned with youth issues, stakeholders in the health sector, unions, and the Canadian Religious Conference.

Various elements are worthy of emphasis here. Adoption of the *Act to Combat Poverty and Social Exclusion* was preceded in June 2002 by a National Strategy to Combat Poverty and Social Exclusion, *The Will to Act, The Strength to Succeed* (MESS, 2002). As several authors have pointed out (Dufour, 2004; Noël, 2002; Ulysse and Lesemann, 2004), the latter resulted from the mobilization of a significant number of civil society actors grouped together in the Collectif pour une loi sur l'élimination de la pauvreté. This collective, in fact, submitted to the Minister of Employment and Social Solidarity a proposal for an Act aimed at eliminating poverty. The *Act to Combat Poverty and Social Exclusion*, adopted in December 2002 contains an impact clause broadly inspired by section 54, but which pertains to the effects of government actions on poverty and social exclusion.[17] Finally, when this problem emerged within the MESS, various actors were present who had worked within the MSSS and, consequently, were aware of the effects of poverty on health and well-being; and the influence of this factor on the dynamic of this sub-system must be considered.

[17] Section 19 of this Act assigns the Minister of Employment and Social Solidarity the role of advisor to the government on all questions related to poverty and social exclusion. Section 20 deals with the direct and significant impacts on the incomes of individuals or families that could be produced by every minister's legislative proposals.

Thus, although section 54 was in force while each of these issues was being processed, no thorough health and welfare impact assessment was performed. According to the information obtained, in only one case did the ministerial respondent for section 54 come forward with health-related concerns. In addition, public health actors, specifically actors from within the INSPQ, intervened in two cases to encourage the consideration of health impacts.

In three of the four cases, contrasting visions of the problem and the proposed solutions often saw economic arguments in opposition to environmental and social justice arguments. While such economic visions generally rely on the logic of productivity and profitability, do they not also take into consideration the economic health of the society and, by extension, population health, if one takes into account the importance of income as a health determinant? Analysis of the various sub-systems operating in these cases reveals a dynamic that is more complex than the simple opposition of an economic vision upheld by actors from departments with an economic orientation versus a social vision upheld by actors from departments with a social orientation.

For one thing, during policy formulation, actors within a single department may hold different views regarding potential solutions. Secondly, civil society actors can influence which solutions are adopted to regulate a problem and, in certain cases, they may bring forward a solution. To better define the factors that influence whether health and welfare are taken into account during policy formulation, two other dimensions will be examined here: the political dimension, including governmental and departmental changes, as well as partisan positions, and the cognitive dimension, meaning the availability and use of knowledge documenting "significant" impacts on health and welfare, and the transfer of this knowledge to decision makers.

# 3 HEALTH AND WELL-BEING: POLITICAL PERSPECTIVES

The *Public Health Act* was adopted in December 2001, under a Government formed by the Parti Québécois. Table 2 presents the changes in government that took place during the period covered by the four (4) cases under study, as well as the departmental changes that occurred during each period. From 1997 to April 2003, the government was formed by the Parti Québécois (PQ) and from April 2003 to December 2007, by the Parti Libéral du Québec (Quebec Liberal Party). During this period, a total of three Premiers held office: two under the Parti Québécois and one under the Liberal Party. The same table shows the relatively high number of departmental changes that occurred during the period covered by each case. In two of the four cases, three different ministers succeeded one another while the issue was active and in the two other cases, four and even five different ministers held office.

Neither a change in the party forming the government, nor a change within a department necessarily indicates a change in direction for an active issue. The *Act Respecting Commercial Aquaculture* adopted in December 2003 by the Liberal Government elected in April 2003 had been drawn up under the Parti Québécois Government. On the other hand, the same Liberal Government delayed the tabling of an action plan to combat poverty and social exclusion the following autumn, despite the fact that the PQ Government had already developed a version of the plan (Michaud, Gagnon and Gauthier, 2007: 65). Between the fall of 2003 and the winter of 2004, three versions of the action plan circulated. The Government was faced with the following dilemma: how could it announce both tax cuts and investments in social measures? The solution adopted was to financially support low-income households through tax measures. The ministère des Finances (Ministry of Finance) was involved in formulating the final version of this "Government" action plan.

## Table 2. Cases under study and governmental and departmental changes

| **Case under study -1997 to 2007 -** | **Governmental changes**<br>3 elections: 1994/PQ; Nov. 1998/ PQ<br>April 2003/ QLP.<br>Premiers under the Parti Québécois Government:<br>[---] 1996 to 2001: Lucien Bouchard<br>8 March 2001 – 2003: Bernard Landry<br>Premier under the Liberal Government:<br>April 2003 to April 2007 [---]: Jean Charest |
|---|---|
| | **Departmental changes** |
| 1. *Act Respecting Commercial Aquaculture* /1998-2004 | - File held by three Ministers:<br>M1 / PQ: Dec. 1998 – March 2001<br>M2 / PQ: March 2001 – April 2003<br>M3 / QLP: May 2003 – September 2004 |
| 2. *Pesticides Management Code* /1997-March 2003 | - File held by three Ministers:<br>M1 / PQ: Jan.1996 – August 1997<br>M2 / PQ: August 1997 – March 2001<br>M3 / PQ: March 2001– April 2003 |
| 3. *Government Action Plan to Combat Poverty and Social Exclusion* /1998-2004 | - File held by five Ministers:<br>M1 / PQ: Jan. 96 – December 98<br>M2 / PQ: Dec. 98 – March 2001<br>M3 / PQ: March 2001– January 2002<br>M4 / PQ: Jan. 2002 – April 2003<br>M5 / QLP: April 2003 – February 2005 |
| 4. Speed cameras /2002-2007 | - File held by six Ministers:<br>M1 / PQ: Jan.96 - December 98<br>M2 / PQ: Dec. 98 - January 2002<br>M3 / PQ: Feb. 2002 - March 2003<br>M4 /QLP: April 2003 – Feb. 2005<br>M5 / QLP: Feb. 2005 – April 2007<br>M6 / QLP: April 2007- |

In certain cases, a ministerial change under the same government may result in progress on an issue. Thus, during his first days in office, in March 2001, Premier Landry announced that the fight against poverty would be one of his priorities; whereas his predecessor, from the same party, had been hesitant to commit to this line of action. In another case in point: over the course of many years, neither governmental nor ministerial changes influenced the decision not to adopt speed cameras to regulate speeding.

A minister and his or her entourage can play a decisive role with respect to certain issues. This was the case when the issue of the fight against poverty and social exclusion emerged within the MESS at a time when a core group of actors, including the Minister, the Deputy Minister and one professional, had already worked within the MSSS and were therefore aware of the impact of poverty on health and well-being. In the case of the *Pesticides Management Code*, the interest taken by the Minister in office again helped advance the issue.

Alternatively, consultation (parliamentary commissions or specific consultations) may be the means favoured for validating a preferred orientation, whether or not it promotes health and well-being. The case of the progression of the issue of speed cameras is, in some ways, exemplary for the number of

consultations and consensus-building mechanisms to which it gave rise. In this case, experimentation involving pilot projects in 2007 was the preferred path toward the adoption of speed cameras to regulate the problem of speeding. It should be noted that, in Canada, the removal of speed cameras was the subject of election promises kept in Ontario in 1995, and in British Columbia in 2001 (Gagnon, Michaud and Turcotte, 2007: 101).

Thus, elected officials remain attentive to the reactions that proposed solutions may evoke within social groups. The disclosure in the printed media of the first version of the *Government Action Plan to Combat Poverty and Social Exclusion* is an illustration of this sensitivity. In any case, since the adoption of section 54, neither of the two Governments in power has sent a clear signal indicating that due respect for and proper application of this section is one of its priorities.

The last dimension to be considered is the role played by knowledge in relation to HIA and, more broadly, to the decision-making process. If we assume, like various authors (Cole & Fielding, 2007; Davenport, Mathers & Parry, 2006; Kemm, 2005) that HIA can influence decision making, how is it that this might effectively be realized within the context of the Quebec politico-administrative apparatus, and can links be established between the availability of knowledge, its use, and the decisions that are made?

# 4 THE CIRCULATION OF KNOWLEDGE WITHIN THE POLITICO-ADMINISTRATIVE APPARATUS [18]

To begin with, let us specify that for purposes of these case studies, we have focused on various actors' "use of knowledge" relating to impacts on health and well-being during the formulation of the policies concerned. The goal is to determine what knowledge it was that informed the decisions made. Thus, HIA can be considered as a source of knowledge that can influence the decision-making process.

One question remains: what knowledge are we talking about? That of a general nature regarding the relationship between certain determinants and the population's health, with which public health actors are more familiar? The statistics relating to a given issue that are available to departmental professionals? The results of research published in scientific journals? The positions taken by various actors having presented papers during parliamentary commissions? The reports of any study group(s) created at the Minister's request? The results of a departmental consultation regarding a bill? Or should only evidence-based knowledge be taken into account?

In reality, all of these possibilities may intervene. It is important to note that available knowledge is not always accessible to those who make or decide on policy. Of the available and accessible knowledge, only a portion is effectively transferred to decision makers. And finally, as one of our respondents remarked (#16): *"there are those who know and those who decide."* These two worlds come together at times, but the accessibility, use and transfer of knowledge is no guarantee that it will be taken into account during the decision-making process. Other demands – at times economic, at times environmental or administrative – come to bear. As rational and reassuring as the cognitive dimension may appear, its outcome is just as uncertain as the political and normative dimensions.

[18] There is a significant body of literature on knowledge transfer. Our goal here is to give an account of the relationship to knowledge of those making and deciding on policy in the cases under study. We will use the general term of knowledge circulation to refer to the various stages at which knowledge may be accessed within the politico-administrative apparatus, the use of this knowledge by policy makers and the transfer of this knowledge to decision makers.

Thus, with regard to the cases under study, what can be said about the circulation, within the politico-administrative apparatus, of knowledge relating to concerns about health and well-being? In the case of the *Pesticides Management Code*, the regulation is based on both scientific certainty and the precautionary principle. A study group was created by the Minister in October 2001. As mentioned earlier, it was in this context that the INSPQ pointed out that there was much uncertainty about the real risks of using pesticides in residential environments. According to the institute, there were, however, enough factors to justify application of the precautionary principle (Turgeon and Talbot, 2007: 28). Many organizations, particularly those representing manufacturers, expressed their opposition to a ban on the use of certain pesticides, citing the absence of evidence justifying such a move. The method they suggested using, integrated pest management, is recognized by some scientists. According to these actors, a ban on the use of pesticides in urban environments is not systematically supported by solid scientific evidence. Nevertheless, following submission of the study group's report (March 2002), a regulation was adopted that was more restrictive than what the Institute had proposed.

The case involving the adoption of speed cameras to regulate the problem of speeding on the roads is exemplary for having had a long period of incubation, despite the availability of data, as early as 2001, demonstrating the effectiveness of this tool for reducing speeding on the roads (Commission permanente des transports et de l'environnement, 2001). The economic concerns of the road transport industry and the administrative, ethical or political concerns of numerous other actors took precedence over data showing the positive results of using speed cameras in several other countries. The inclusion of this tool in the Act adopted in 2007 remains tied to experimental pilot projects in targeted zones. The absence of consensus or the social unacceptability related to this tool are, thus, still very present.

In the case of the Government Action Plan to Combat Poverty and Social Exclusion, there is scientific data demonstrating the relationship between income level and health and well-being. However, experts do not agree on the type of measures to adopt: some favour incentives, while others favour coercive measures. These two types of measures are associated with different visions of the State's role and of the collective management of poverty. One of these visions advocates integrating people as quickly as possible into the labour market to prevent economic distress and limit government expenditures; the other vision, which is more long term, advocates the reduction of social inequalities.

Finally, with respect to the *Act Respecting Commercial Aquaculture*, economic imperatives took precedence, but were accompanied by guarantees that products would be safe for consumption. There were inroads for health relating to section 25, which provides for the exchange of information between departments (MDDEP, the MSSS, and the Société de la Faune et des Parcs du Québec— [Parks and Wildlife Society]) on matters relating, among other things, to the prevention of risks to public health and safety (Michaud and Turgeon, 2007:5). As for the MSSS's request for improvement of the nutritional value of aquaculture products, it was not considered due to, among other things, its "innovative" nature. Neither Quebec nor Canadian legislation contains any obligation regarding the maintenance of nutritive value, except for certain categories of foods with special uses (for diets, dietetic, neutriceutical or new foods), (Michaud and Turgeon, 2007:9). Requiring producers of farmed fish to respect such a standard (levels of omega-3) would have negatively affected their ability to compete on a national and international level. In this case, economic imperatives and the limits of the Quebec government's will to regulate this sector, which is jointly governed by federal and provincial jurisdiction, took precedence.

Thus, each case has its specific characteristics. Also, in the absence of a formal procedure making HIA mandatory during the development of public policy, policy and decision makers tend to rely on a very wide range of knowledge, and the transfer of knowledge does not necessarily lead to an enlightened decision.

# 5 DISCUSSION AND CONCLUSION

Based on case studies involving the formulation and adoption of public policies related to a variety of topics emerging from various sectors, we have attempted to analyze how concerns about health and well-being were taken into account during the decision-making process and what consideration was given to HIA. We have sought to sketch a portrait of the reality "in the field" as it relates to the legal context represented by section 54.

This does not purport to be an exhaustive portrait, these studies having been carried out in only four departments, with the measures studied representing only a sub-set of the measures adopted by the Quebec Government during this period. Moreover, the results presented are based mainly on documentary sources. However, the proposed perspective has the merit of offering an examination of the issue of HIA based on a model for analyzing public policy that takes into consideration four structuring dimensions of the decision-making process (Gagnon, Turgeon and Dallaire, 2007).

Thus, on an institutional level, public health actors have at their disposal various governing instruments (acts, agencies, mechanisms, interdepartmental committees, etc.) that support the application of section 54, but both political and collective will must be added if the objectives of this legal measure are to be fully met. Section 54 certainly acts as a lever for action and it represents a significant, but not a sufficient incentive, in itself, for ensuring that health and well-being are taken into account during the formulation of public policies. In other words, legal "constraint" is a necessary, but not a sufficient condition. It must necessarily be accompanied by political and administrative leadership (Turgeon, Gagnon, Bourgault and Garant, 2005). While administrative leadership exists among public health actors, there seems to be little interest among high-level political leaders.

Nevertheless, section 54 is not the only avenue leading toward HIA. For example, the regional public health departments carry out impact assessments in the environmental sector. However, additional efforts are required at the politico-administrative and methodological levels to allow for the realistic and harmonious integration of HIA during the formulation of public policies.

On a normative level, the dominant vision within a sector and the practices developed within each departmental culture tend to prevail. While there is generally agreement about the existence of a problem and the need for intervention, the question of which solution to prefer often provokes a confrontation involving different ways of regulating the problem based on different intervention rationales (for example, economic, administrative, health-based, or environmental). The existence of a legal measure does not, in itself, change the perspective of those acting on behalf of the public, or the priorities of departments or their ways of doing things.

In the case of section 54, neither of the two parties that have held office has shown a sustained political will to ensure that the spirit and letter of this Section are respected, nor have they demonstrated any real interest in HIA. In reality, governmental or departmental changes can confirm an existing direction, just as they can help establish a new direction for an issue. Political changes do not necessarily represent an impediment, but decisions seem to be based on the values of those elected, as well as on those of policy makers, parties and the collectivity.

Section 54 should allow for positive impacts on health and well-being to be promoted during policy formulation and for negative impacts to be limited. This presupposes a rational institutionalized process governing HIA in a context where knowledge is available to and understood by all concerned. However, individual and collective behaviour is not guided by rationality alone. In reality, the development of HIA takes place within an institutional context where departmental orientations and practices come to bear,

along with political priorities (position of a minister, electoral deadlines and gains, absence of social consensus concerning a given solution, etc.).

Two other factors that have not been discussed in this article may work in favour of section 54 and HIA: events external to given sub-systems and time. For one thing, developments in HIA in various countries since the 1990s may positively influence its integration, just as practices implemented elsewhere may influence practices within a given sub-system. Alternatively, time may favour a change in perceptions of health and well-being and of their determinants, both within the collectivity and within political parties, as well as among those who make policy and determine its direction and foundations.

# BIBLIOGRAPHY


Bourgault, J. and S. Dupuis. (2007). *Les conditions de succès des dispositifs interministériels*. Survey conducted in six (6) provincial governments and in the government of Canada. Unpublished.

Cole, B.L. and J.E. Fielding (2007). "Health Impact Assessment: A Tool to Help Policy Makers Understand Health Beyond Health Care." *Annual Review of Public Health*, 28: 393-412.

Commission permanente des transports et de l'environnement (2001). Specific consultations on Bill No. 17. *Journal des débats.* Parliamentary Proceedings, 36th legislature, 2nd session, September 6, 2001. National Assembly of Québec.

Dufour, P. (2004). "L'adoption du projet de loi 112 au Québec : le produit d'une mobilisation ou simple question de conjoncture politique ?" *Politique et sociétés,* 23 (2-3):159-182.

Davenport, C., Mathers, J., and J. Parry. (2006). "Use of health impact assessment in incorporating health considerations in decision making." Journal of Epidemiology and Community Health, 60: 196-201

Gagnon, F., Michaud M. and V. Turcotte (2007). "Le cinémomètre photographique," in Gagnon F. and J. Turgeon (under the direction of). *Santé, bien-être et formulation de politiques publiques au Québec.* 2007, Groupe d'étude sur les politiques publiques et la santé (GÉPPS), pp.93-103.

Gagnon, F., Turgeon, J. and C. Dallaire (2007). "Healthy public policy. A conceptual cognitive framework." *Health Policy*, 81: 42-55.

Gagnon F. and J. Turgeon (under the direction of). *Santé, bien-être et formulation de politiques publiques au Québec.* 2007, GÉPPS, 104 pp.

Groupe de recherche en sécurité routière (1998). *Le cinémomètre en sécurité routière : synthèse des pratiques et des études recensées à travers le monde en regard de son implantation éventuelle au Québec.* Sainte-Foy, Université Laval: 145 pp.

Groupe de réflexion sur les pesticides en milieu urbain (2002). *Pour la protection de la santé et de l'environnement, la gestion environnementale en milieu urbain*. Québec, 63 pp.

Health Canada (September 1998) *Integrated Pest Management in Food Processing*, brochure published by the PMRA on behalf of the Methyl Bromide Industry Government Working Group, 2 pp. Consulted January 20, 2008 at: http://www.pmra-arla.gc.ca/english/pdf/spm/spm_s9802-e.pdf.

Kemm, J. (2005). "The future challenges for HIA." *Environmental Impact Assessment Review*, 25: 799-807.

Lavis, J.N., Ross, S.E., Stoddart, G.L., Hohenadel, J.M., McLeod, C.B., & Evans, R.G. (2003). "Do Canadian civil servants care about the health of populations?" *American Journal of Public Health*, 93(4): 658-663.

Michaud, M. Gagnon F. and J. Gauthier (2007). "Le Plan d'action gouvernemental en matière de lutte contre la pauvreté et l'exclusion sociale", in Gagnon F. and J. Turgeon (under the direction of). *Santé, bien-être et formulation de politiques publiques au Québec.* 2007, GÉPPS: pp. 63-75.

Michaud M. and Turgeon J. (2007). "La loi sur l'aquaculture commerciale" in Gagnon F. and J. Turgeon (under the direction of). *Santé, bien-être et formulation de politiques publiques au Québec.* 2007, GÉPPS: pp.1-11.

Ministère de l'Emploi et de la Solidarité sociale (MESS, 2002). "The Will to Act, The Strength to Succeed." *National Strategy to Combat Poverty and Social Exclusion.* Policy statement, Québec, MESS, 56 pp.

Ministère de l'Environnement (MENV, 2003). "Québec adopte les plus hauts standards en Amérique du Nord pour diminuer l'exposition aux pesticides." Press release, March 5, Québec: MENV.

Ministère de la Santé et des Services sociaux (MSSS, 2007). *Health, in other words… The desire to live longer and healthier.* Québec, Government of Québec, 21 pp.

MSSS (2007). *Le 54. 1* (3) May.

MSSS (2006). *Guide pratique. Évaluation d'impact sur la santé lors de l'élaboration des projets de loi et règlement au Québec.* Québec, Government of Québec, 27 pp.

Ministère des Transports du Québec (MTQ) (1999). *Livre vert. La sécurité routière au Québec : un défi collectif.* Québec. MTQ: 69 pp.

Québec (2007). *An Act to Amend the Highway Safety Code and the Regulation Respecting Demerit Points.* Bill No. 42, chapter 40, Québec, Québec Official Publisher.

Québec (2003a). *An Act Respecting Commercial Aquaculture* R.S.Q., chapter A-20.2. Québec, Québec Official Publisher.

Québec (2003b). *Pesticides Management Code* R.S.Q., chapter P-9.3. Québec, Québec Official Publisher.

Québec (2001). *Public Health Act*, R.S.Q., chapter S-2.2. Québec, Québec Official Publisher.

Québec (2002). *An Act to Combat Poverty and Social Exclusion*, R.S.Q., chapter L-7. Québec, Québec Official Publisher.

Québec (1998). *An Act Respecting the Institut national de santé publique du Québec*. R.S.Q. chapter 1-13.1.1. Québec, Québec Official Publisher.

Québec (1972). *Public Health Protection Act.* R.S.Q., chapter P-35. Québec, Québec Official Publisher.

Noël, A. (2002). *A law against poverty: Quebec's new approach to combatting poverty and social exclusion*. Ottawa. Canadian Policy Research Networks: 9 pp.

Observatoire de l'administration publique (OAP) with the collaboration of Jean Turgeon and France Gagnon (2006). Le rôle de l'État dans la dispensation des services de santé. OAP/ÉNAP. *L'État québécois en perspective.* [online]
http://www.etatquebecois.enap.ca/etatquebecois/docs/pp/sante/a-pp-services-sante.pdf

Observatoire de l'Administration Publique. (2003). *Identification des enjeux sociétaux et sectoriels pour l'opérationnalisation du programme de transfert de connaissances et de recherche sur les politiques publiques favorables à la santé.* [online] http://www.enap.ca/documents-pdf/observatoire/R-MSSS-INSP09-03.pdf

Sabatier, P.A., & Jenkins-Smith, H.C. (1999). The advocacy coalition framework. An Assessment. In Sabatier, P.A. (Ed.), *Theories of the policy process* (pp. 117-166). Boulder, Co: Westview Press.

Turgeon J. and D. Talbot (2007). "Le Code de gestion des pesticides en milieu urbain," in Gagnon F. and J. Turgeon (under the direction of). *Santé, bien-être et formulation de politiques publiques au Québec.* 2007, GÉPPS, pp.25-34.

Turgeon, J., Gagnon F., Bourgault, J. and S. Garant (2005). " Politiques publiques et santé : Les dilemmes de l'évaluation prospective." *Canadian Public Administration,* 48 (3): 328 – 347.

Ulysse. P.-J. and F. Lesemann (2004). *Citoyenneté et pauvreté. Politiques, pratiques et stratégies d'insertion en emploi et de lutte contre la pauvreté*. Sainte-Foy, Les Presses de l'Université Laval, 307 pp.