

Information Grid-Canadian HIA Initiatives Montérégie

Identification (Place and project title)	Construction of a domestic waste composting plant. /Regional County Municipality (RCM) of Haute-Yamaska, Québec.
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Background Information	The <i>Direction de santé publique</i> (DSP, or Regional Health Board) for Québec's Montérégie area (1.4 million inhabitants, located south of Montréal), led a Health Impact Assessment (HIA) pilot project in collaboration with one of the region's eleven local <i>Centres de santé et de services sociaux</i> (CSSS or Health and Social Services Centres) of its territory and its municipal partners. This project aimed to test the level of interest among municipal decision makers for this project. Another goal was to examine the organizational conditions and impacts related to the introduction of this new practice, as much for the municipal sector as for the public health sector. This project forms part of the support for new responsibilities towards population health assigned to the CSSSs during Québec's recent reforms to service organizations.
Groups/people in charge of the project	The Regional Health Board of the <i>Agence de la santé et des services sociaux de la Montérégie</i> (Québec) and the <i>Centre de santé et des services sociaux de la Haute-Yamaska</i> (CSSS) (Québec). Since this process is part of a larger pilot project, the Regional Health Board and the CSSS were supported by the <i>Institut national de santé publique du Québec</i> (INSPQ, Québec's Public health Institute), the <i>ministère de la Santé et des Services sociaux du Québec</i> (MSSS, Québec's Ministry of Health and Social Services) and the National Collaborating Centre for Healthy Public Policy (NCCHPP).
Who requested the HIA project?	The Regional Health Board and the CSSS proposed to municipal authorities that they participate in a pilot project aimed at documenting the utility and the conditions for success of the HIA approach in a local and regional decision-making context.
What kinds of tools were used? (e.g. HIA guide)	The classic 5-step HIA method was carried out. In the absence of any existing guides suitable for the Quebec municipal setting, the tools available at the Quebec provincial level and at the international level were used. One of the pilot project's objectives was to develop a guide and tools adapted to the province's municipal setting.
Screening <ul style="list-style-type: none"> ▪ How? ▪ Who was involved? ▪ Were the results communicated? 	<p>A steering committee was set up to select the project that would be subjected to an HIA from among the three projects proposed by municipal authorities. The committee was composed of two representatives from the public health sector, the prefect and the Chief Executive of the RCM, along with the person in charge of supporting the HIA process. The composting plant project was selected after a screening grid was applied to the projects. This grid was based on grids from the World Health Organization, from the MSSS, as well as one from Switzerland.</p> <p>The screening process was completed during two meetings of the steering committee.</p>



<p>Scoping</p> <ul style="list-style-type: none"> ▪ How? ▪ Who was involved? ▪ Were the results communicated? 	<p>Two professionals from the RCM involved in the development of the composting plant project joined the members of the committee for the scoping stage. A grid was developed at this stage based on project elements and the main determinants likely to require modification, according to predictions made at the screening stage.</p> <p>The scoping stage was carried out mainly by the person in charge of the HIA process and was based on the main observations made by the steering committee during the screening meetings.</p>
<p>Analysis</p> <ul style="list-style-type: none"> ▪ Literature review (yes, no, how) ▪ Stakeholder or citizen participation (yes, no, how) 	<p>Based on the available time and resources, a succinct analysis was carried out on the impacts related to six health determinants. The methodology used consisted of performing a brief review of the literature, consulting public health experts (environmental and social health) and referring to administrative data. Three scenarios, including the status quo, were examined.</p>
<p>Report</p> <ul style="list-style-type: none"> ▪ Written? ▪ With recommendations? ▪ Made public? 	<p>The written report is incomplete because it was impossible to obtain all the necessary data about the plant within the timeframe allocated to the pilot project. However, a summary report was written and submitted to the RCM. For this reason, distribution was limited to the RCM authorities, as agreed during the scoping stage.</p>
<p>Evaluation</p> <ul style="list-style-type: none"> ▪ Process evaluation? ▪ Impact monitoring? 	<p>An evaluation of the process and of the pilot project was carried out during a meeting of the members of the steering committee. In general, comments about and receptiveness toward the process were very positive, from both the municipal and public health sectors.</p>
<p>Other comments (e.g. Purpose, main values)</p>	<p>This HIA was carried out in the context of a one-year pilot project (2007-2008), whose general objective was to document the utility and feasibility, for municipal authorities, of integrating the practice of HIA into their decision-making process and, in addition, to study the organizational requirements, for both the municipal and the public health sectors, of implementing such a practice. A person, hired by the <i>Institut national de santé publique du Québec</i> and supervised by the Regional Health Authority, provided support for the process and acted as an intermediary between the different experts and municipal decision-makers. The approach adopted within the framework of this pilot project was that of supporting intersectoral action. The composting project was preferred by municipal authorities because the information produced by the HIA was seen as potentially helpful for the citizen consultation process.</p>

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