

Portrait of Health in All Policies in Canada: The Grey Bruce Public Health Experience in Fostering Healthy Communities



CASE SUMMARY

2025

FOREWORD

This publication introduces the Healthy Communities Partnership led by Grey Bruce Public Health, in Ontario, as an example of Health in All Policies (HiAP). This case summary is part of a series developed by the Canadian Network for Health in All Policies to document the current state and variety of HiAP initiatives being implemented in Canada. It is intended for public health actors and other actors interested in HiAP, and aims to advance knowledge of HiAP, highlight effective practices, and promote the exchange of ideas across Canada.

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KEY MESSAGES

- The Healthy Communities Partnership's Health in All Policies (HiAP) approach highlights the importance of collaboration, advocacy, and community engagement in promoting health equity and fostering healthy communities.
- The Healthy Communities Partnership's guiding principles involve equitable community engagement, intersectoral partnerships, political commitment, healthy public policy and asset-based community development.
- The Healthy Communities Partnership uses a Collective Impact Model that brings together municipalities, nongovernmental organizations and the community to address complex community health challenges through coordinated efforts and shared goals, breaking down silos.
- The Healthy Communities Partnership's advocacy efforts include engaging community members, conducting educational campaigns, and influencing municipal decision-making in key areas like active transportation, poverty reduction, housing, and access to healthy food.



1 ABOUT THIS SERIES

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

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

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

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

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

1.1. Methodology

Case Selection

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

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

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

Documentation

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

2 ABOUT THE HEALTHY COMMUNITIES PARTNERSHIP

2.1. Origin and Objectives

The Healthy Communities Partnership (hereafter, the Partnership) was launched in 2010 by Grey Bruce Public Health, which is one of the 29 public health units in the province of Ontario, encompassing two counties and 17 lower-tier municipalities in the Grey Bruce region. The Grey Bruce Public Health HiAP approach focuses on fostering partnerships to create healthy and safe communities. Through intersectoral collaboration across community members, municipalities, and nongovernmental organizations (NGOs), the Partnership advocates to ensure the health and wellbeing of the population are considered in upper and lower-tier municipal and county policies and programs (Grey Bruce Public Health [GBPH], 2024).

The origins of this initiative trace back to meetings initiated in 2008 by the Directors of Health Protection and Health Promotion at Grey Bruce Public Health, along with the Director of Community Services at the City of Owen Sound. These discussions were guided by the Ontario Public Health Standards (OPHS), which called on Public Health Units across the province to incorporate consideration of the built environment into their mandates. The meetings highlighted the potential for inter-organizational cooperation to enhance community health outcomes. As a result, Grey Bruce Public Health embarked on a significant initiative intended to influence healthy community development and municipal decision making by launching the Operation Safe Strong Clean (OSSC) pilot project. This effort aimed to foster collaboration between Grey Bruce Public Health and the City of Owen Sound, building on the principles of community health promotion and optimal policy impact. The project had several objectives, including identifying and developing innovative approaches to health and wellness, integrating health and wellness into municipal planning and operations, and documenting results, lessons, and recommendations for application in other communities (Croft, 2008).

A pivotal moment of the OSSC pilot project came with the embedding of a Health Promoter within Owen Sound City Hall for a six-month pilot project. The Health Promoter collaborated closely with the Director of Community Services, aligning the work of both organizations to advance their shared objectives (Croft, 2008). This early partnership laid the groundwork for ongoing efforts to integrate health considerations into municipal policies and decisions, acting as a precursor of the Partnership. After a successful pilot project with the City of Owen Sound, Grey Bruce Public Health implemented a municipal alignment strategy in which Public Health staff meet with upper and lower-tier municipalities twice a year. These meetings bring together Health Protection and Health Promotion staff with the goal of supporting municipalities in creating healthy communities by:

- Collaborating with municipalities and community partners to achieve a shared vision of communities that promote and protect health
- Identifying evidence-based policies to guide municipalities, community stakeholders and the private sector in the planning and design of new development
- Encouraging the revitalization of existing communities so as to make them sustainable and supportive of the complete physical, mental and social wellbeing of citizens.

To further support and expand this strategy, Grey Bruce's Partnership was established in 2010. The Partnership is a collaborative initiative focused on promoting health and wellness in the Grey Bruce region, and involves various stakeholders, including local governments, health organizations, and community groups, working together to create healthier environments and improve the quality of life for residents. The Partnership operates at a regional level mainly through advocacy and technical support. Its mission is to create healthy and safe communities for all by bringing together community members, municipalities and businesses to work together to create policies and environments that make it easier for Grey Bruce residents to be healthy. Its guiding principles involve equitable community engagement, intersectoral partnerships, political commitment, healthy public policy and asset-based community development. The Health in All Policies approach provides the foundation for this partnership (GBPH, 2024).

2.2. Governance and Implementation

The Partnership is led by two co-chairs from the leadership level, typically a program manager from Grey Bruce Public Health and an organizational decision maker from a community organization actively engaged in and committed to supporting healthy community development. Since the Partnership's inception, Grey Bruce Public Health has consistently served as one of the co-chairs, while the community co-chair position usually rotates every two years. The co-chairs oversee different aspects of the initiative, including coordinating meetings, managing follow-up actions, and organizing bi-annual conferences. They seek input from members of the Partnership on key community priorities and make decisions regarding meeting themes.

The Partnership gathers community leaders and decision makers from all communities within Grey Bruce and a variety of sectors with a common agenda. Collaboration is integral to the partnership, with members contributing to the HiAP agenda, actively participating in monthly meetings, and contributing to themed discussions and presentations. Table 1 shows some of the Partnership members.

BOX 2. OVERVIEW OF THE HEALTHY COMMUNITIES PARTNERSHIP MEMBERS

Non-governmental: Community Council on Aging, Southwest Ontario Aboriginal Health Access Centre, Bluewater Canadian Cancer Society, YMCA of Owen Sound Grey Bruce, Keystone Child, Youth & Family Services, United Way, Canadian Mental Health Association, Grey Bruce Poverty Task Force, M'Wikwedong, South East Grey Community Health Centre, Community Foundation Bruce Grey

Governmental: Grey Bruce Public Health, Grey County, Bruce County and 17 lower-tier municipalities, Bruce Grey Catholic District School Board, Bluewater District School Board, Grey Sauble Conservation Authority, police services

The roles of NGOs and GOs are balanced, with all members having equal opportunity to contribute based on their capacity and expertise. Each member identifies their level of involvement, using [Tamarack's Wheel of Involvement](#), whether as a core member actively participating in meetings and delivering on defined objectives, or as a supportive member seeking updates and contributing feedback.

Decision making is based on a consensus model. Each participating organization is represented at monthly meetings by an organizational decision maker, a high-level manager with delegated authority to make autonomous decisions. Although this committee is not designed for front-line staff, they may attend based on the meeting topic. The Partnership also relies on working groups to advance specific areas of work. Depending on established priorities, these working groups are tasked with working on different themes/issues to find solutions and propose projects and recommendations. All members can take part in the working groups, depending on their capacities and the relevance of the priorities and themes to their interests. Calls for working group volunteers are initiated, when necessary, at which time objectives and deliverables are determined. For example, groups may meet over a period of 12 months to plan a bi-annual conference or partners may come together to discuss topic-specific work such as Indigenous reconciliation or climate change. Working groups report to the larger group at their monthly meetings. The co-chairs are not automatically involved in working groups, but they act as liaison between any working groups and the larger committee, ensuring effective communication and collaboration.

Collective Impact Approach as a Guiding Framework

The Partnership has adopted a Collective Impact approach, relying on multisectoral action to solve complex issues on a large scale (see Box 2; GBPH, 2024). Collective Impact is based on the idea that large-scale, sustainable change requires the coordinated efforts of multiple stakeholders, such as government agencies, NGOs, businesses, and community members. The approach involves five key conditions (Tamarack Institute, 2017):

1. **Common Agenda:** All participants have a shared understanding of the problem and a joint approach to solving it.
2. **Shared Measurement Systems:** Agreement on how to measure and track progress towards the shared goals.
3. **Mutually Reinforcing Activities:** Each participant's activities are distinct but coordinated in a way that supports the overall plan.
4. **Continuous Communication:** Regular, open, and honest communication is essential for building trust and ensuring alignment of efforts.
5. **Backbone Support Organization:** A dedicated organization or team that coordinates the initiative and supports the efforts of all partners involved.

Supporting Implementation

In accordance with its guiding principles and framework, the Partnership developed multiple activities to support the implementation of its approach. Most of these activities operate through advocacy and with technical support provided by the Public Health team who facilitate the integration of health considerations into partners' policies and programs.

As part of its advocacy efforts, the Partnership creates tools to engage various stakeholders in discussions about the factors influencing health and wellbeing. One example is the [*Let's Start a Conversation About Health*](#) project, launched by Grey Bruce Public Health, which includes a video and an informational pamphlet designed to raise awareness and drive dialogue. It invites different community and municipal actors to act together to build healthier communities (GBPH, 2013). The period surrounding an election was also identified as a strategic opportunity to share knowledge with key partners, including election candidates, about Health in All Policies. Therefore, as part of its municipal election strategy, the Partnership distributed tailored resources to candidates via an election document. This approach was implemented during the last two municipal election campaigns, most recently in 2022.

The advocacy strategy relies on strong community engagement and community capacity building. Through monthly knowledge exchange opportunities, the Partnership aims to build the capacity of community leaders and organizations to take collaborative action on health and community safety priorities, while increasing opportunities for alignment and collaboration. Strategies could include the scheduling of educational sessions, guest speakers and presentations and the sharing of sector-specific best practices, policies and research. As part of its broader advocacy strategy, the Partnership organizes conferences every two years. The topics for the conferences are chosen based on agreed-upon needs and issues. A planning committee of 6-8 Partnership members is responsible for organizing the conferences (GBPH, 2024).

To complement advocacy efforts, Grey Bruce Public Health has also worked closely with local partners (including social housing managers, officers responsible for enforcing municipal regulations, housing services, homelessness prevention agencies, women's shelters, tenants and owners) to support them in addressing complex community issues (Diallo, 2020). As an example, in partnership with the Grey Bruce Poverty Task Force, the [Above Standard Housing Project](#) (ASH) was launched in 2014. In the short term, ASH sought to tackle housing inequities and promote social justice and community health by better understanding the local factors that contribute to the persistence of substandard social housing conditions and targeting resources to vulnerable populations. In the long term, it is hoped that this understanding will enable the development of strategies/initiatives that will improve and maintain housing conditions.

Grey Bruce Public Health, along with other partners, also assisted Grey County in developing its [Transportation Master Plan](#), a strategic plan that will direct policies and infrastructure initiatives for the County's transportation system over the next 25 years. The resulting Plan encourages and advocates for active transportation across the county. These partners also worked together to organize a workshop on "Solutions for Active Transportation" focused on rural communities (Diallo, 2020).

Broader efforts by the Partnership seek to raise community awareness and address underlying factors contributing to inequity, facilitating the development of targeted interventions to promote community health, wellbeing and equity. Some efforts also seek to directly coordinate alignment between various government agencies and community organizations.

BOX 3. HEALTHY COMMUNITIES PARTNERSHIP KEY ACTIVITIES

1. Provide monthly knowledge exchange opportunities to build the capacity of community leaders and organizations. Strategies could include educational sessions, guest speakers, presentations and discussion, as well as the sharing of sector-specific best practices, policies and research.
2. Create/support collaborative action as determined by the Partnership to address community priorities.
3. Hold conferences approximately every two years, rotating between a single-session (half-day seminar) and a multi-session (evening and full-day) format. Conference topics will be based on agreed upon needs/issues. The conference planning committee will be comprised of 6-8 Healthy Communities Partnership members.
4. Educate members on relationship and shared histories with Indigenous peoples. Create opportunities for sharing and learning about activities, policies and practices that can promote reconciliation within their organizations and their communities.
5. Participate in and support the development of the Bruce Grey Data and Information Sharing Collaborative (BGDISC) platform.
6. Support the Grey Bruce Community Safety and Well-Being Table and the work of its Action Tables through collaboration, coordination of programs, information sharing, surveys, local data collection and dissemination and community engagement.

GBPH, 2024

Funding

From 2010 to 2012, the initiative received approximately \$80,000 in direct funding from the Ontario Ministry of Sport and Health Promotion as part of a province-wide effort to support health units in addressing the following key priority areas: Physical Activity, Nutrition, Mental Health, Injury Prevention, Tobacco Use, and Substance and Alcohol Misuse. Health units across Ontario used this funding to establish healthy community partnerships. Members of the Partnership helped determine which initiatives to advance within each priority area.

For the last decade, the initiative has been operating sustainably without the Ministry's funding, relying on the resources and capacity of participating organizations. Grey Bruce Public Health manages a small fund from conference profits to cover minimal expenses, although new projects must align with programs already supported by Grey Bruce Public Health.

2.3. Achievements

The Partnership has successfully implemented several specific actions addressing public health priorities to advance its objectives. A selection of these actions is detailed in the table below.

Table 2 Healthy Communities Partnership Actions

Priority Topic Area	Actions
Poverty Reduction	- Facilitated community partnerships to advocate for poverty reduction by addressing access to food, housing, transportation and income security issues under the leadership of the Bruce Grey Poverty Task Force. - Established collaborative linkages with a community poverty initiative and the Métis Nation of Owen Sound. - Led the development of the locally adapted Above Standard Housing Project by implementing the HiAP approach.
Safe Communities	- Supported the Grey Bruce Community Safety and Well-Being Table and the work of its Action Tables through collaboration, coordination of programs, information sharing, surveys, local data collection and dissemination and community engagement. - Partnered with Bruce Power to provide car seats and bicycle helmets to under-resourced families.
Supportive Environments	- Collaborated with Western University to complete a planning exercise using Geographical Information System (GIS) mapping of opportunities for healthy eating and healthy physical activity within walkable distance of residential settings across Grey and Bruce County to identify areas of poor access. - Offered a “Solutions for Active Transportation” workshop that presented road professionals with ways to advance active transport in both rural and urban areas. - Launched a Photovoice project that engaged community youth to use photographs of their community to identify strengths and issues and work for solutions. - Hosted the 2022 Healthy Communities Conference “Fostering Sustainable Communities in Grey Bruce.”

Table 2 Healthy Communities Partnership Actions (cont'd)

Priority Topic Area	Actions
Advocating for Healthy Public Policy	• Sent several letters to the Premier of Ontario and opposition leaders on a variety of proposed bills, discussing their relation to healthy community development in the province. • Held monthly knowledge exchange opportunities to build the capacity of community leaders and organizations. Strategies include educational sessions, guest speakers, presentations and discussion as well as the sharing of sector-specific best practices, policies and research. • Established a municipal election strategy. The period surrounding an election was identified as an opportunity to share knowledge about HiAP with election candidates and other stakeholders. Two local election campaigns were implemented - most recently during the 2022 municipal election. • Hosted the 2020 Healthy Communities Conference that focused on Climate Change. This conference brought together municipal leaders, organizations, community action groups and passionate individuals to discuss, brainstorm and strategize solutions that will support climate change adaptation and mitigation in Grey and Bruce Counties.
Reducing Substance Related Harms	• Enabled Grey Bruce municipalities to work together to develop a joint municipal alcohol policy template. • Enabled Smoke-Free Outdoor Spaces initiatives in Grey and Bruce Counties and at the municipal level to support healthy communities.
Improving Access to Healthy Food Choices	• Launched a local Community Food Advisor (CFA) program. This local model was developed in coherence with the goals of the provincial CFA program to improve and promote safe and nutritious food selection, preparation and storage practices in Ontario by increasing individual and group access to reliable information and education using trained volunteers. • Provided support for local community gardens, for the Good Food Box Program which offers fresh produce at affordable rates and for the Grey Bruce Eat & Learn Student Nutrition Program which is available in every Grey Bruce school.

Table 2 Healthy Communities Partnership Actions (cont'd)

Priority Topic Area	Actions
Relationship Building	- Continued to educate Partnership members on their relationship and shared histories with Indigenous peoples, and create opportunities for sharing and learning about activities, policies and practices that can promote reconciliation within our organizations and our communities. - Enabled the formation of a mutual vision for healthy community development, integrating organizational visions from both the Counties, lower tier municipalities and Public Health. - Hosted the 2014 Healthy Communities Conference “Collaborative Partnerships Making Healthy Change Happen.” - Hosted the 2018 Healthy Communities Conference “Creating Partnerships for Wellbeing.”
Data Collection	Participated in and supported the development of the Bruce Grey Data and Information Sharing Collaborative (BGDISC) platform.

2.4. Evaluation

In March 2015, members recognized the importance of evaluating the Partnership to enable honest reflection on goal achievement and areas needing improvement. They opted to use the Elgin St. Thomas Public Health Partnership Self-Evaluation Survey and Assessment for its group evaluation approach, allowing all members to engage in reflective discussions collectively (Grey Bruce Healthy Communities Partnership, 2015). Subsequent evaluation efforts in 2023 assessed the Partnership, revealing general member satisfaction alongside identified areas for improvement. Partners noted several benefits to continued participation, including networking, information sharing, collaboration, and educational opportunities. Suggestions for improvement mainly focused on the timing and format of meetings, with some respondents emphasizing the value of in-person gatherings, likely reflecting the impact of the COVID-19 pandemic (Grey Bruce Healthy Communities Partnership, 2023).

KEY TAKEAWAYS

- The Partnership adopts a HiAP approach to address complex health determinants by integrating health into municipal planning, policies, and community initiatives.
- The Partnership brings together municipalities, NGOs, and the community to develop health-promoting policies and break down silos, primarily through advocacy and technical support.
- The Partnership's Collective Impact model emphasizes coordinated efforts and shared goals among partners, which is crucial for sustainable community development.
- Despite operating with limited financial support, the Partnership has sustained its efforts to promote health through innovative approaches, such as embedding health promoters in local government, engaging communities in policy discussions, creating tools and leading the development of important local projects.

REFERENCES

In addition to personal interviews with key informants, the following sources were used to help inform this case summary:

- Croft, J. (2008). *Operation Safe Strong Clean Owen Sound Alignment Project*. Grey Bruce Public Health.
- Diallo, T. (2020). *Five examples of intersectoral action for health at the local and regional level in Canada*. National Collaborating Centre for Healthy Public Policy. <https://ccnpps-ncchpp.ca/docs/2020-GouvIntGov-5-Examples-Intersectoral-Action-Health-Canada.pdf>
- Grey Bruce Healthy Communities Partnership. (2015). *Self-Evaluation Results April 2015*.
- Grey Bruce Healthy Communities Partnership. (2023). *Partnership Effectiveness Self-Evaluation Results*.
- Grey Bruce Public Health. (2013). *Let's Start A Conversation About Health*. https://www.publichealthgreybruce.on.ca/Portals/0/Topics/HealthyCommunities/Lets_Start_a_Conversation.pdf
- Grey Bruce Public Health. (2024). *Healthy Communities Partnership*. <https://www.publichealthgreybruce.on.ca/Your-Environment/Healthy-Communities/Healthy-Communities-Partnership>
- Tamarack Institute. (2017). *Tool – Collective Impact at a Glance*. <https://www.tamarackcommunity.ca/hubfs/Collective%20Impact/Tools/CI%20at%20a%20Glance%20Tool%20April%202017.pdf>
- World Health Organization & Finland Ministry of Social Affairs and Health. (2014). *Health in All Policies: Helsinki statement, framework for country action: The 8th Global Conference on Health Promotion*. http://apps.who.int/iris/bitstream/10665/112636/1/9789241506908_eng.pdf

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