

Portrait of Health in All Policies in Canada: Advancing Public Health and Equity Through the Vancouver Coastal Health Healthy Public Policy Unit



CASE SUMMARY

2025

FOREWORD

This publication introduces the Healthy Public Policy Unit of Vancouver Coastal Health in British Columbia, 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 implementations of the HiAP approach 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 Public Policy Unit (HPPU) of Vancouver Coastal Health works with regional and local governments and non-government partners to co-develop policies aimed at improving public health and health equity.
- The HPPU aims to build trusted relationships, inform public policy, and support innovation in HiAP initiatives, offering a variety of policy services.
- The HPPU has developed tools like the Policy and Monitoring (PAM) Framework to monitor policy shifts and identify windows of opportunity for influencing public health.
- Since its inception, the HPPU has influenced local government initiatives and contributed to significant policy changes addressing determinants of health.



1 ABOUT THIS SERIES

This case summary is part of a series of cases prepared by the NCCHPP as part of the Canadian Network for Health in All Policies' (CNHiAP)¹ activities. It is intended to document the diversity of 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 create 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., federal, 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 PUBLIC POLICY UNIT

2.1. Origin and Objectives

Vancouver Coastal Health (VCH) is one of the five regional health authorities in the province of British Columbia. In 2022, VCH adopted a HiAP approach by creating its Healthy Public Policy Unit (HPPU), composed of a multidisciplinary team that supports and provides public health knowledge to local and regional governments to develop healthy public policy. The HPPU collaborates with non-government and government partners to co-develop policy initiatives, monitor policy shifts, and bridge capacity gaps to advance healthy public policy practices in the Vancouver Coastal Health region (Regan et al., 2024).

The HPPU evolved from an initiative known as the Healthy Public Policy Renewal Process. In 2018, the Office of the Chief Medical Health Officer (CMHO) at VCH began to enhance practices and advance the professionalization of healthy public policy and HiAP as health promotion approaches in the VCH region. While this renewal process was delayed by the onset of the COVID-19 pandemic, the pause created an opportunity to reflect and move forward with more resolve (Regan et al., 2024).

The Office of the CMHO at VCH administers the region's Public Health program, dedicated to improving the health and wellbeing of populations across its jurisdiction. Under the [BC Public Health Act](#), Medical Health Officers (MHOs) provide leadership for Public Health programs, assessing and monitoring community health while addressing social, environmental, and structural factors that impact population health. MHOs are legally required to advise local governments on public health issues, and local governments must consult with MHOs on these matters. This approach includes addressing health inequities by building collaborative partnerships, fostering supportive environments for positive health outcomes, and advocating for groups impacted by those inequities (Province of BC Ministry of Health, 2024).

The Healthy Public Policy Renewal Process stemmed from a desire to leverage these collaborative efforts to enable policy adjustments targeting determinants of health (DOH). The Executive Director of Population Health led the process, with support from senior leadership including the CMHO and the Deputy CMHO. They refined the roles and competencies needed to support MHOs in their legislated mandate to advise on and protect population health (Regan et al., 2024). They identified effective staffing models through a national scan of governments, leading non-governmental organizations (NGOs), think-tanks, foundations, and institutes known for their influence on policy.

The HPPU was established in 2022 when the CMHO transferred resources from various program areas to create the Unit, coinciding with VCH Public Health's transition from pandemic emergency response operations (Regan et al., 2024). The HPPU primarily operates at the municipal and regional levels but collaborates with provincial and federal governments and organizations on some matters. With a vision of healthy communities supported through healthy public policy, the overarching mission of the HPPU is to improve community health and equity through collaboration, advocacy, and policy change to address the DOH (VCH, n.d.).

The Unit's strategic goals include (Regan et al., 2024):

- Build trusted, mutually beneficial relationships with partners and communities.
- Inform public policy through knowledge exchange, synthesis, creation, and curation.
- Anticipate, create, and act on policy opportunities to improve community health.
- Cultivate collaborative leadership and innovation in healthy public policy.

2.2. Governance and Implementation

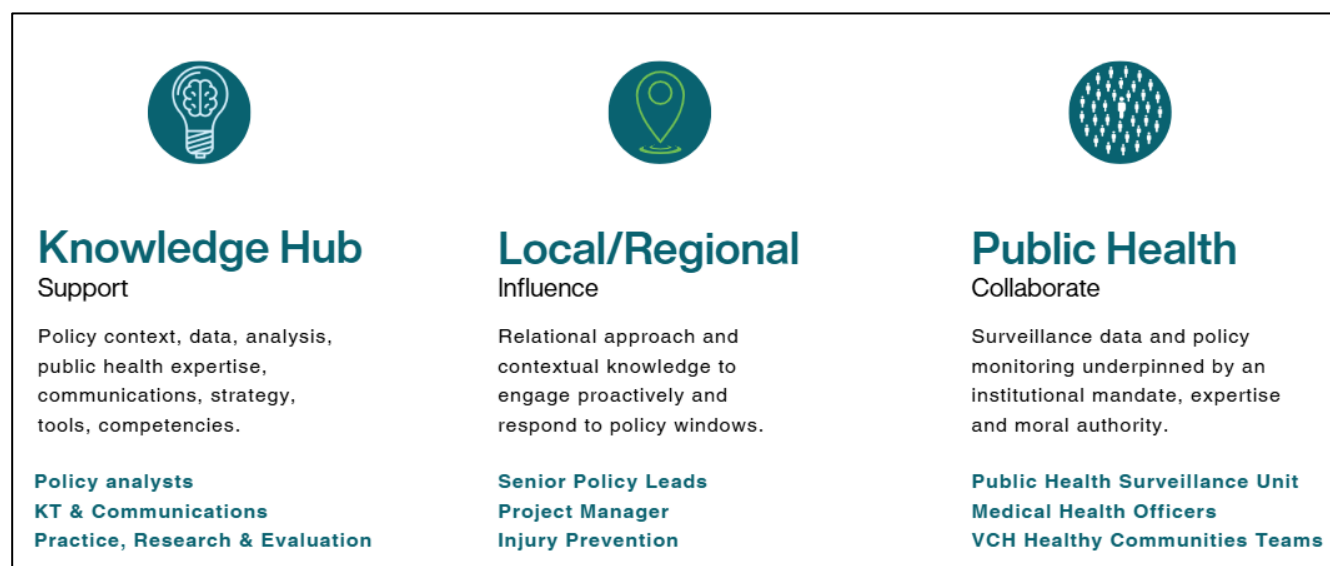
The HPPU operates within a collaborative governance structure where priorities are determined both regionally and locally. Regional priorities are set by MHOs, who base their decisions on surveillance and population health assessment. Local priorities are informed by the needs and concerns of local governments and communities. Decisions about policy actions and/or which projects to engage in are made through collaboration between senior HPPU staff and the lead MHO for a specific geography or topic.

The work of the HPPU is overseen by the team of VCH MHOs and the Executive Director of Population Health, who reports to the CMHO. Accountability is maintained through transparent and evidence-informed decision-making processes that consider regional and local priorities. This collaborative approach fosters shared responsibility and ensures that the Unit remains responsive and relevant to the communities it serves. In many communities, the HPPU has established "Healthy Communities Agreements," which are formal partnerships that bring together local governments, health organizations, and community groups to address shared health goals. In some instances, these agreements take the form of formal memoranda of understanding (MOUs), while in others, they represent broader strategies, such as the [Healthy City Strategy](#) in Vancouver. These agreements focus on creating supportive environments, fostering collaborative efforts, and implementing evidence-informed strategies to enhance community well-being.

The HPPU team is structured around the themes of "Support," "Influence," and "Collaborate," depicted in Figure 1. In terms of support, a knowledge hub actively works to assist regional and local efforts to advance healthy public policy change. The KT and Communications Lead supports impactful message framing and presentation, while the Research, Practice, and Evaluation Lead enhances staff capacity and workflows through strategic retreats, workshops, and tools designed to foster professional growth.

In terms of influence, Policy Analysts and Senior Policy Leads collaborate closely with Medical Health Officers (MHOs) on regional portfolios spanning various sectors (e.g., local government), settings (e.g., schools), and topics (e.g., climate change). In terms of collaboration, they contribute to policy development by working with partners to monitor and analyze policy trends, co-developing strategic approaches for policy advocacy, and sharing contextualized data and evidence to support informed decision-making (Regan et al., 2024).

Figure 1 VCH Healthy Public Policy Unit team structure

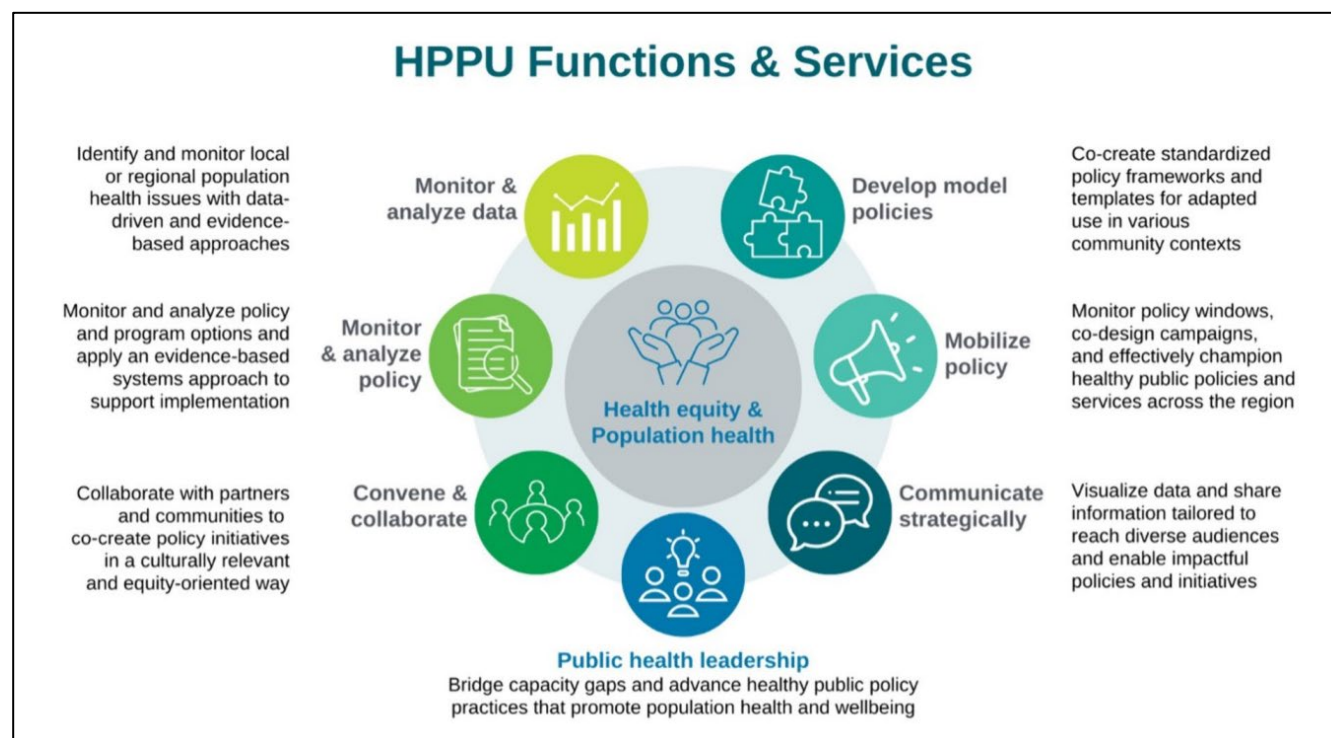


Source: Solorzano, 2023

While the HPPU is not a policy-making entity, it provides a wide range of policy services, as depicted in Figure 2. The HPPU team plays a key role in raising awareness of issues and perspectives to foster “readiness for change,” which is the extent to which an individual or individuals are cognitively inclined to accept, embrace, and adopt a particular plan to purposefully alter the status quo (Rafferty et al., 2012). They engage partners to bridge capacity gaps,² empowering them to apply new knowledge effectively. Additionally, the team works directly with other collaborators to integrate this new knowledge into policies, programs, and actions. Successful policy influence depends on the active dissemination of targeted, tailored messages that clearly communicate “what” the issue is, “why” it matters, and “how” partners can take action to drive meaningful change (Regan et al., 2024).

² “Capacity-bridging” is a term proposed by the Aboriginal HIV & AIDS Community-based research Collaborative Centre that moves away from the implied deficits that accompany the term ‘capacity-building,’ and aims to instead acknowledge that all parties bring skills and knowledge to a collaborative experience. To learn more about this term: <https://paninbc.ca/2017/07/25/capacity-bridging-reciprocity-work-research/>.

Figure 2 VCH HPPU core functions and services



Source: Regan et al., 2024

The HPPU works closely with internal teams such as the Public Health Surveillance Unit (PHSU), the Health Promotion Community Investments team, and other Public Health programs such as Prevention Services and Health Protection. The team also works with public health and academic partners to monitor data trends and policies, build networks, and generate knowledge to support the development and implementation of healthy policy options. The HPPU collaborates with local, regional, and First Nation governments as well as with school districts, NGOs, and other community organizations to assess health trends, co-create solutions, and advance policies that support community health and wellbeing (Regan et al., 2024).

Funding

The HPPU is supported through regular funding provided by the British Columbia Ministry of Health to regional health authorities. In addition, funding is received ad hoc by third parties, foundations, grants, and other sources. The Unit operates with an annual budget allocation of \$1.19 million for wages and approximately \$245,000 for operating expenses.

2.3. Achievements

The HPPU has successfully implemented several actions to advance its objectives. A selection of these actions is detailed in the table below.

Table 1 HPPU Actions and Influence

Actions	Influence/Impact
<ul style="list-style-type: none"> • Reducing Alcohol-Related Harms: Advocated for local, provincial, and national policy strategies to reduce the harms associated with alcohol consumption and raise awareness among non-governmental organizations to strengthen support for advocacy efforts. • Policy Monitoring and Response: Proactively monitored shifts toward policy liberalization at the local level, identifying risks to health and equity, and synthesized this evidence for community impact. • Targeted Messaging: Hosted an educational webinar "Alcohol & Safety: A Conversation on Community Policies" with the BC Alliance for Healthy Living. • Framed messages in advance of key city council meetings to reflect shared concerns and priorities. • Enabled a VCH MHO to speak on community alcohol policies. The webinar was timed to be held in advance of several key council decisions. • Supported the development of evidence reviews and letters to three urban local governments about wine on shelves, alcohol in parks and changes to minimum distancing rules. Delivered these letters as part of a policy package in advance of council decisions on each matter. • Provided literature reviews, posters, policy liberalization visualization timelines and other data to local government staff. • Community Mobilization: Coordinated information-sharing efforts to ensure key partners were informed about opportunities to engage in local council meetings, amplifying community voices in policy discussions. 	<ul style="list-style-type: none"> • Policy Influence and Public Discourse Shifted the policy ecosystem and public discourse (even though movement toward liberalization continues). Uptake was reflected in unanimous amendment to municipal council motion that incorporated Public Health stance, health messages were added to signage about new alcohol consumption locations, municipal council agreed to monitor health outcomes, and health issues were highlighted in media coverage. • Relationship Building: Strengthened networks including decision-makers, influencers, and affected communities to reinforce our advocacy efforts.

Actions	Influence/Impact
<ul style="list-style-type: none"> • Mobilizing knowledge to promote safe and secure housing while addressing climate change impacts: In 2021, an unprecedented Heat Dome in BC resulted in the preventable deaths of 669 people. Subsequent analysis indicated that 98% of the victims died indoors due to extreme heat exposure, and that mortality was significantly correlated to material and social deprivation. This event, along with others, opened a policy window and several local governments indicated an interest in advancing safer indoor temperatures in residential buildings. • HPPU, in collaboration with internal colleagues in Healthy Environments and Climate Change (HECC) built on (1) a previous VCH scan of policy avenues to ensure safer indoor residential temperatures and (2) VCH-led engagement of community members with increased need for extreme heat protection with additional equity-oriented analysis and a healthy public policy lens. • Convened cross-sector partners to co-develop local and regional policy options for thermally safe residential spaces and protection from extreme heat and wildfire smoke for all residents. • Collaborated with building retrofit experts to identify promising technical options to cool multifamily residential buildings, and policies and programs that have potential to enable the broad-scale deployment of these approaches—while maintaining alignment with social equity and climate protection goals. 	<ul style="list-style-type: none"> • Equity Focused Policy Analysis: Equity-based analysis of policy options identified potential outcome disparities that became part of the policy discourse. • Strengthened Intersectoral Collaboration: Intersectoral collaboration between Public Health, government, and the private sector increased the feasibility of options by providing specialized insights and technical expertise. • Advocacy Pathways for Climate Resilient Housing: The project shed light on advocacy and action pathways that local governments can take to ensure existing multifamily residential buildings are retrofitted to equitably protect residents from extreme heat. The pathways are likely to include actions at the downstream, mid-stream and upstream levels. Upstream actions may include prioritizing subsidies for high-efficiency heat pumps based on health and social equity criteria, and/or macro-level structural changes that would contribute to fulfilling the right of community members to safe and secure housing, and to a safe climate. • Climate Adaptation Grant Program for Equity: The collaborative process led to a grant program for climate adaptation health promotion projects to complement HPP initiatives. These grants are administered through the VCH Health Promotion Community Investments team. Funded projects focused on the promotion of health with/for equity-denied communities in the face of climate change-driven extreme weather events and helped community organizations develop tools and resources to adapt their systems and programming for extreme weather response.

Actions	Influence/Impact
<ul style="list-style-type: none"> • Building partnerships to expand access to licensed child care and strengthen community support systems: Access to affordable, quality child care spaces is an ongoing challenge across VCH communities. Partnerships are crucial for creating purpose-built child care facilities that meet the needs of families in the region. • A recent collaboration between a coastal government and a local non-profit housing society has resulted in the integration of a child care centre into Phase Two of the society's affordable housing project. Scheduled for completion in fall 2025, this phase will provide affordable family, workforce, and independent seniors rental housing. With funding from two provincial programs, Phase Two includes a 24-space child care centre and 33 housing units ranging from studios to three-bedroom homes, with at least 20% of units rented at 20% below market. Additionally, three housing units are being dedicated to Early Childhood Educators (ECEs) working at the child care centre, addressing critical workforce shortages in the region. • The HPPU played a pivotal role in bringing together diverse stakeholders to ensure this integration of housing and child care became a reality. HPPU staff convened local government officials, non-profit housing and childcare providers, the local School District, university representatives from the ECE program, and members of the local Nation. This cross-sector gathering also included insights from the Ministry of Education and Child Care (MoECC) and BC Housing, fostering information-sharing and funding exploration. 	<ul style="list-style-type: none"> • Initiating and Sustaining Cross-Sector Engagement: Because HPPU staff sit on both the Joint-Childcare Council and Housing Action Table, they were able to identify shared priorities between the two sectors, where there was previously no connection. HPPU connected the leads of the two groups and then brought in the MoECC to provide an overview of policy and funding levers available to address the problem. • The MoECC crafted a narrative about what was possible, to make next steps for funding and implementation concrete for all participants. There was a readiness within local government to address workforce shortages in ECE, which are exacerbated by the rural housing crisis. • As a result, new housing is being built with three dedicated units for ECE, who will staff the new child care centre. • Catalyzing New Collaborations: This cross-sector event spurred new collaborations, resulting in three emerging partnerships and funding applications to support ongoing integrated housing and childcare initiatives. It also strengthened policy alignment across sectors and highlighted the importance of prioritizing affordable housing solutions for ECEs and other essential workers. By bridging gaps between housing and childcare sectors, HPPU is driving innovative models to address the interconnected challenges of workforce shortages, rural housing crises, and access to child care.

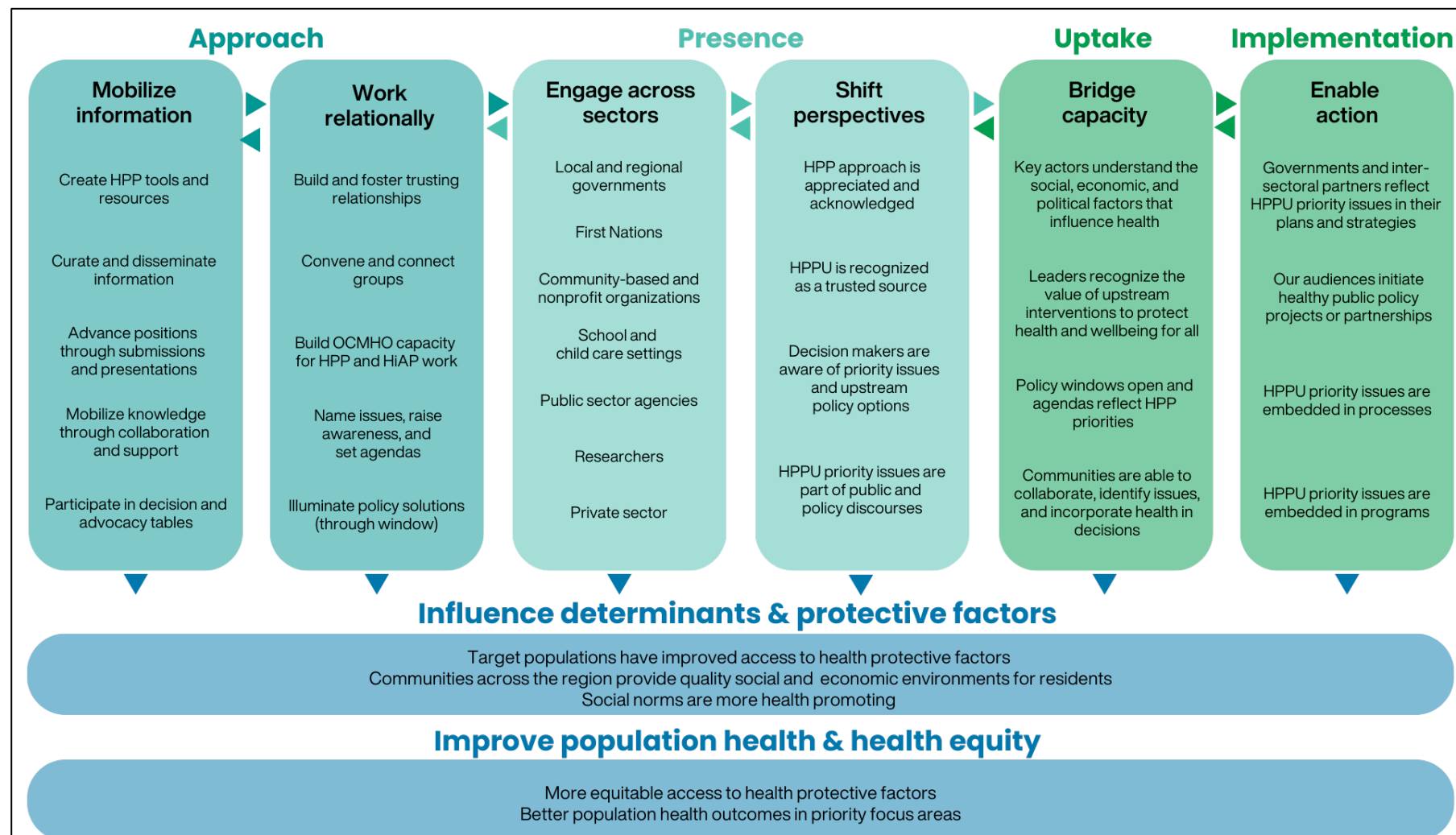
Actions	Influence/Impact
<ul style="list-style-type: none"> • Leveraging Data for Policy and Health Integration: The Policy and Monitoring Framework (PAM): In response to the growing complexity and volume of media and policymaking information, the HPPU and PHSU co-developed a Policy and Monitoring (PAM) Framework and Dashboard to monitor local government agenda and meeting minutes to identify and anticipate policy windows of opportunity. • PAM is an innovative tool designed to support a HiAP approach. Utilizing data science techniques such as web scraping, natural language processing, and Artificial Intelligence, PAM efficiently gathers and analyzes public data, such as city council agendas and meeting minutes, transforming it into an accessible dashboard for immediate use by HPPU staff. 	<ul style="list-style-type: none"> • Improving monitoring capacity and the impact of VCH actions: Enhanced VCH's capacity to monitor the political and policy environment by testing and refining the PAM approach to identify priority issues and windows of opportunity for mobilizing knowledge and advocating for healthy public policies.
<ul style="list-style-type: none"> • Child and Youth Mental Wellbeing: Synthesized knowledge from across disciplines and sectors about the connections between child and youth mental wellbeing and healthy, vibrant communities; shared information about challenges to mental wellbeing, protective factors, tools for action, and case studies of interventions. • Partnered with BC Healthy Communities on a webinar series and produced a series of guides to highlight the ways local governments impact the mental wellbeing of children and youth. The guides are focused on four protective factors: 1) participation, 2) play, 3) safety, 4) social connection and belonging. • Convened local government staff to assess capacity, identify shared priorities and co-benefits, highlight roles and actions for local governments, and facilitate policy borrowing opportunities that support child and youth mental wellbeing. • Led data sessions for each school district across the region to share local health data relevant to student health and planning for the school year. 	<ul style="list-style-type: none"> • Building Local Partnerships for Youth Mental Wellbeing: Bridging capacity and facilitating knowledge-generation activities that highlight the roles that local governments and schools can play in promoting the mental wellness of children and youth. • Shaping Mental Health Priorities in Schools: Helped identify priority areas for mental health action in a new school district strategy. • Advancing Inclusion for Youth with Disabilities: Partnered with researchers who will conduct an environmental scan to understand the experiences of children and youth with disabilities in a small rural community; learnings will be included in the 2024 Official Community Plan update and will guide the City's policies and program planning under the Accessible BC Act.

2.4. Impact and Evaluation

An initial step in evaluating the HPPU's work involved informal conversations with staff and collaborators. As a new and innovative Unit, the HPPU conducted an internal evaluation with staff, MHOs, and VCH Public Health collaborators to reflect on the systems, practices, products, and team culture established in the first year of operations. Relationship-building, trust, and effective engagement with partners emerged as core strengths. In early 2024, the HPPU took steps to address project coordination, management, and administrative needs, while also enhancing communication, role clarity, and workflow. Balancing proactive and responsive approaches to policy windows remains central, with the goal of advancing upstream policy influence and strengthening team impact and efficiency. This later progressed into a more structured formal impact assessment process.

The HPPU has since developed a Strategic Impact Framework (SIF) to assess policy influence (see Figure 3). Because the HPPU is not a policy-making entity, influence is reflected through presence and meaningful engagement, contributions, and influence rather than direct policy implementation outcomes. While policy-influencing work aims to improve population health and equity, these outcomes are often more long-term and indirect. These impacts are not captured by existing evaluation frameworks, so the SIF was created to reflect the central role of collaboration and relationships as forms of influence for the HPPU (VCH, 2024).

Figure 3 HPPU Strategic Impact Framework (SIF)



Source: VCH, 2024

This framework is based on a theory of change that incorporates a relational and evidence-informed approach to influencing policy. The framework identifies types of indicators that represent the HPPU's influence. Impacts include knowledge-mobilization, relationships, shifts in partners' perspectives and capacity, changes to policies and programs, and long-term population health and health equity gains. Implementation began in 2024 with integration of impact tracking into regular workflows. Reporting tools such as newsletters and an annual impact report will communicate the HPPU's impacts while amplifying progress led by community partners (VCH, 2024).

KEY TAKEAWAYS

- The HPPU, established in 2022 by VCH, brings together a multidisciplinary team dedicated to supporting local and regional governments with public health expertise to advance healthy public policies.
- The HPPU provides an innovative HiAP implementation example that allows for integration of health considerations into diverse policy areas beyond the traditional healthcare sector.
- The HPPU's effectiveness is built on strong intersectoral partnerships, engaging with local governments, non-profit organizations, academic institutions, and community groups to co-create policy solutions.
- Although the HPPU does not directly implement policies, its impact is measured through its contributions to public policy, partner engagement, and capacity building, underscoring the importance of influence and advocacy in public health.

REFERENCES

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

- Province of BC Ministry of Health. (2024). *Public Health Act - Province of British Columbia*. https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/08028_01
- Rafferty, A. E., Jimmieson, N. L., & Armenakis, A. A. (2013). Change Readiness: A Multilevel Review. *Journal of Management*, 39(1), 110-135. <https://doi.org/10.1177/0149206312457417>
- Regan, W., Markey, M., Solorzano, J. & Lysyshyn, M. (2024). Gaining influence: Developing a Healthy Public Policy Unit at Vancouver Coastal Health. *Canadian Journal of Public Health*. <https://doi.org/10.17269/s41997-024-00921-6>
- Solorzano, J. (2023). *VCH Healthy Public Policy Unit: Innovation for public policy capacity in the public health system*. Inaugural Meeting of the Canadian Network for Health in All Policies, Montréal. <https://ccnpps-ncchpp.ca/docs/2023-CNHIAP-JuanSolorzano-VCH-HPP-Unit.pdf>
- Vancouver Coastal Health. (n.d.). *Healthy Public Policy Unit (HPPU)*.
- Vancouver Coastal Health Healthy Public Policy Unit. (2024). *HPPU Strategic Impact Assessment Framework*.
- 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. https://iris.who.int/bitstream/10665/112636/1/9789241506908_eng.pdf

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