

# Quebec's Public health system

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October 6<sup>th</sup> 2016

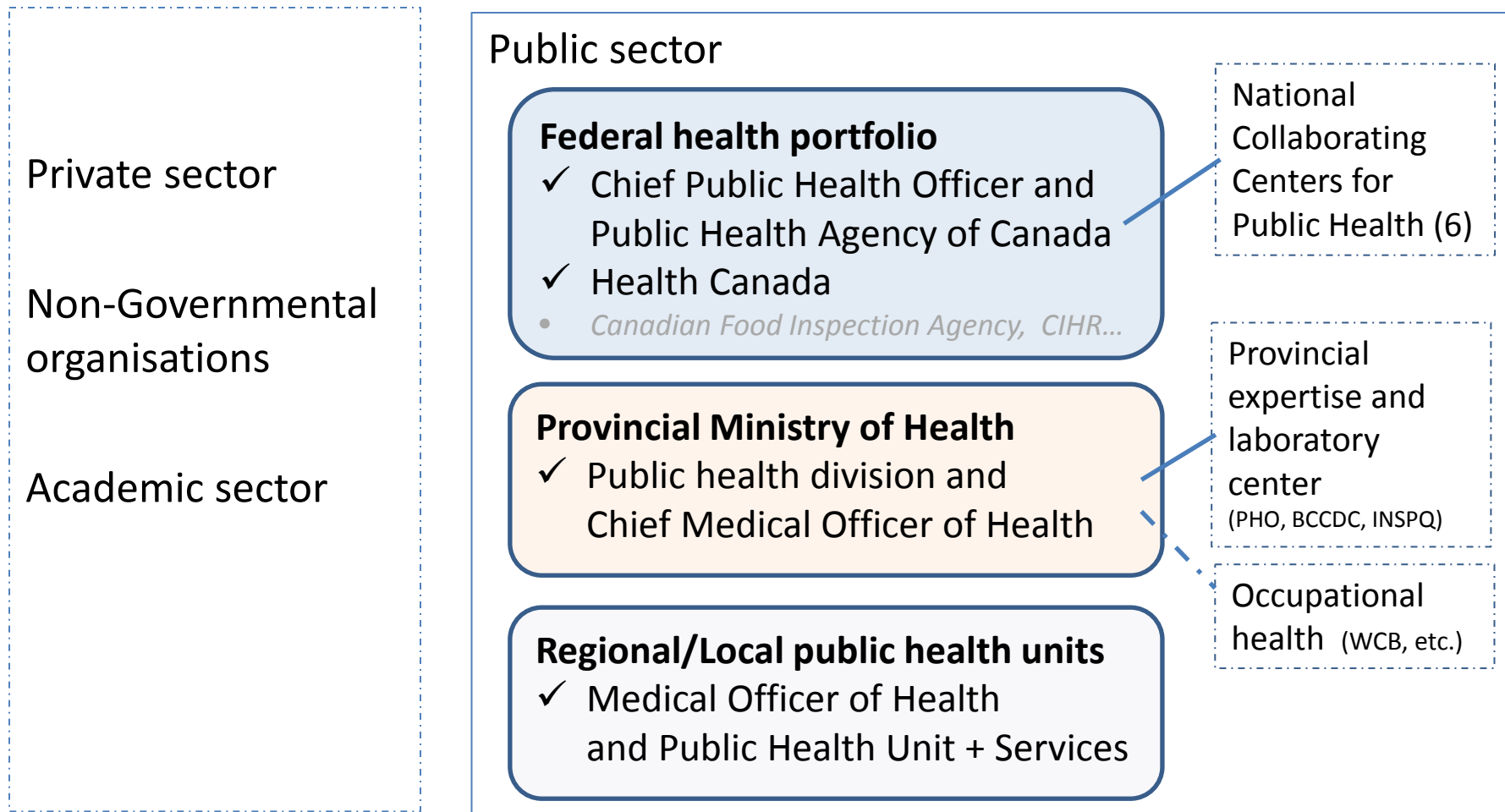
CPHA-PHPC webinar on Canadian public health systems

# itinerary

- Public health systems
- Quebec's public health system: highlights
- Extra material for keeners !

# Public health systems

## Key stakeholders across Canada



# Quebec's Public health system

## Highlights

- Quebec: population of 8.3M (23% of Canada's 36.2M)
- “Most comprehensively developed provincial public health system”
  - Modern comprehensive **PH legislation**
  - Clearly articulated **core functions**, operationalized into the expected activities at each level of the system
  - **Provincial public health institute** with comprehensive functions and expertise
  - Public health involvement at **senior government level**
  - Explicit encouragement of **inter-sectoral partnership**
  - **Workforce development**

CIHR 2003

See also : Frank & Di Ruggiero 2003, Allin 2004, Bernier 2006,  
Manuel 2009, Guyon Perreault 2016

# Quebec's Public health system

## Summary

Governance	Regional
Structure <sup>2015</sup>	18 Regional public health units + 1 Provincial public health direction Institut National de Santé Publique (expertise + PH laboratories) Frontline public health mostly through 22 territorial health authorities + 7 non amalgamated institutions + 5 nordic health authorities
Highlights	<ul style="list-style-type: none"><li>• Among canadian leaders in terms of PH capacity</li><li>• Modern Public health law (2001) including health impact assessment / health in all policies approach</li><li>• CMOH is assistant deputy minister</li><li>• Provincial public health standards since 1997</li><li>• Multiple inter-regional concertation networks</li><li>• 40% of Canadian MDs specialized in public health work in Quebec</li></ul>
Public health interventions	<ul style="list-style-type: none"><li>• Frontline occupational health is part of PH interventions</li><li>• Food inspection is not part of PH interventions</li><li>• Limited environmental inspection within PH activities</li></ul>

NCCHPP 2015, CIHR 2003

# Quebec's Public health system

## 2015 drastic public health cuts + health care reform



The Great Wave off Kanagawa, Hokusai

### 33% cuts to Quebec regional public health, 2015

<http://www.ledevoir.com/societe/sante/433265/sante-publique-coupes-majeures-en-regions>

<http://www.cpha.ca/en/about/media/qcletter.aspx>

<http://montreal.ctvnews.ca/marchers-condemn-cuts-to-public-health-1.2302104>

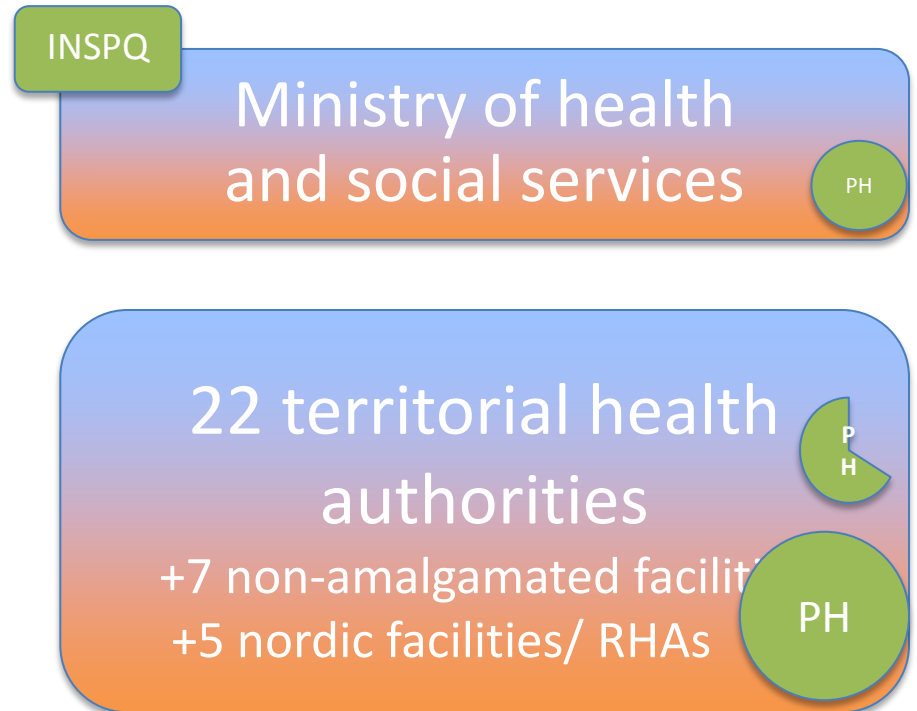
See also: Potvin, 2014  
Guyon & Perreault, 2016

# Public health and healthcare (re)organization in Quebec

## Before 2015



## Since 2015



# Quebec's Public health system

## Hope + perspective

### Some lessons being learned

- Similar challenges across Canada in terms of PH systems
- Public health independence always in need of protection
- Occupy parliament hills...with public health successes

### Hope

- Citizen and professional movements for public health  
[www.jmpsp.org](http://www.jmpsp.org)   [www.mieuxvautprevenir.org](http://www.mieuxvautprevenir.org)  
CPHA 2016 presentation : <http://ph2016.isilive.ca/presentation/364>
- Ontario did reinvest in PH after Walkerton and SARS
- Extraordinary know-how and public health expertise in Quebec and across Canada
- Your (future) research on public health systems can have great impact

# discussion

Should PH services be based in municipalities ?	?		What evidence should guide public health reforms ?
	Do public health units always need to be led by MDs?	?	Are Quebec PH doctors employees ?
Which % of a health budget should go to PH?	?	Can we compare Canadian public health systems to systems abroad?	?

Comments, questions  
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# Appendix 1

## Public health systems : Data (relatively) available across Canada

Context	Structure	Process	Outcome
<b>Historical &amp; political</b>  <b>Key public health stakeholders</b>	<b>Infrastructure</b> ✓ <b>Legal</b> ✓ <b>Administrative and organisational</b> <ul style="list-style-type: none"> <li>Informational</li> <li>Physical and technical</li> <li>...</li> </ul> <b>Resources</b> ✓ <b>Human</b> ✓ <b>Financial</b> <ul style="list-style-type: none"> <li>Capacity for professional development</li> <li>...</li> </ul>	✓ <b>Essential functions</b> <ul style="list-style-type: none"> <li>Surveillance</li> <li>Promotion</li> <li>Prevention</li> <li>Protection</li> </ul> <b>Interventions</b> <ul style="list-style-type: none"> <li>Direct services</li> <li>Advocacy/ strategic influence</li> <li>Partnerships</li> <li>Support/ Expertise</li> <li>Authority</li> </ul> <b>Settings</b> <ul style="list-style-type: none"> <li>Municipal</li> <li>Healthcare</li> <li>...</li> </ul>	<b>Determinants</b>  ✓ <b>Health status</b>  <b>Health disparities</b>

Sources of data: NCCHPP, CIHI, Naylor report, Public health norms, standards...

# Appendix 2

## Quebec's Public health system : context

### Long history of strong institutional public health capacity

- 1840- 1972 : Public health based in ≥800 municipalities Rochon 2014
- 1972 – 1993 : Public health based in 32 regional hospitals Bergeron, Gaumer 2003
- 1993 – current: 18 public health units based in regional/territorial health authorities
- 1996 – current : Annual Provincial public health conference (JASP)
- 1997 - First publication of a series of Public health standards (1997, 2003, 2008, 2015)
- 1998- Institut National de santé publique
- 2001: Modernization of the Public health act (including HiA, HiAP)

### Strong academic capacity

- Strong public health capacity at :Université de Montréal (ESPUM, IRSPUM, etc.); Université Laval; McGill University, Sherbrooke University, among others

# Appendix 3

## Features of high-performing public health systems

Features	↑Productivity (improved processes)	↑Efficiency (improved outcomes)
<b>Financial resources</b> Hyde 2012, Singh 2014 10% increase in public health spending is significantly associated with decreased mortality between 1.1 and 6.9% Mays 2011	X	X
<b>Workforce</b> Hyde 2012 Increased in local public health staffing significantly associated with decreased cardiovascular mortality Campbell Erwin 2011	X	X
<b>Population size</b> Optimal population size for a public health jurisdiction: beyond 50,000 and up to 500,000 Hyde 2012, Mays et al 2009	X	
<b>Evidence-based administrative practices</b> Ex. workforce development, leadership, organizational climate, partnerships, financial processes Brownson 2012	X	

Guyon & Perreault 2016

# Appendix 4

## Public health within health authorities

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- **Fluidity** during public health emergencies requiring healthcare response
- **Population lens** into healthcare rests on public health expertise

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- **Public health focus** easily displaced by healthcare
- **Over-solicited** public health senior management during healthcare transitions
- *Arduous focus on upstream determinants*
- *Boundary mismatch with municipalities + schools*

More on this: Breton et al. 2010, Graham 2014,  
Moloughney 2016