

# Health Promoting Health and Social Services Centers and Social Inequalities in Quebec

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# 1. Context

- Health inequalities tend to increase in Quebec (Pampalon et al., 2008)
  - In the last decade, premature mortality has decreased among deprived and privileged.
  - This decrease was, however, more marked among privileged



In the end, differences in mortality between deprived and privileged increased.

# Context

- However, reduction of gaps between social groups is one of the main objectives of the Quebec Health and Social System



## *Act respecting Health and Social Services*

(Acting on health and welfare determining factors ; attaining comparable standards of health and welfare in the various strata of the population and regions)



## *Public Health Act (2001)*

“Minister shall, as much as possible, focus on the most effective actions as regards health determinants, more particularly actions capable of having an influence on health and welfare inequalities in the population and actions capable of decreasing the risk factors affecting, in particular, the most vulnerable groups of the population”.

- The National Program of Public Health 2003-2012 (MSSS, 2008) also highlights the importance of reducing health and well-being inequalities.

# Context

- In Quebec, multiple strategies:
  - **Pro-poor strategies** targeted on low-income groups
    - To ensure a minimal income
  - **Pro-equity health policy**
    - To decrease the effects of poverty on health
      - Focus on determinants of health (e.g. water fluoridation, at-home visits with low income young parents and families, community gardens, Quebec Plan against Tobacco 2006-2010, Assistance Program for Community Housing Organization).

# Context

- The latest data led to an increased focus on inequality and poverty.
- To better support decision-making and intervention in public health and other sectors involved in health inequalities



*Need of better understanding*



Monitoring at the national level

# Context

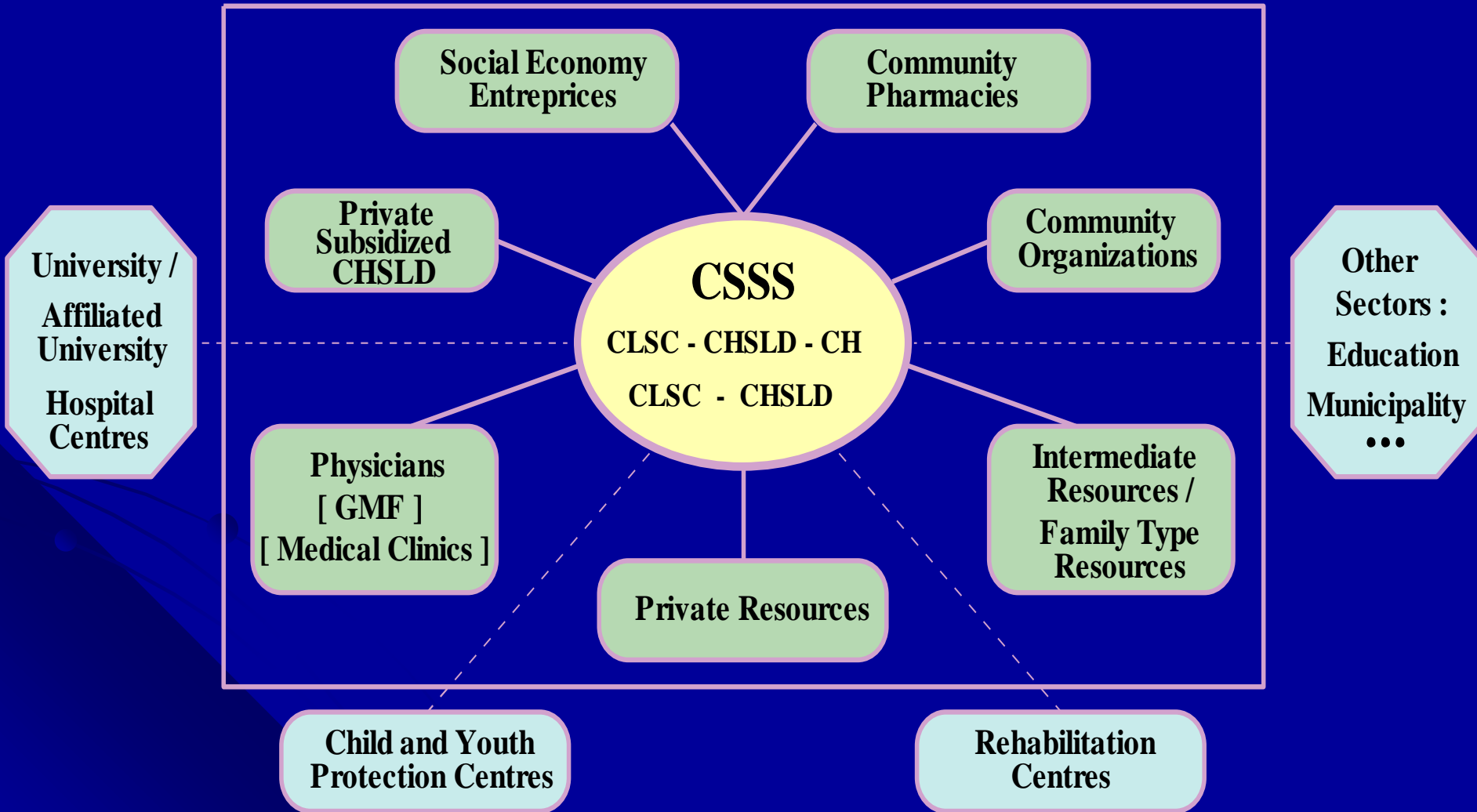
- The Quebec Bill 25 provided for a major structural reorganization in 2003 and 95 Health and Social Services Centres (HSSC) were created.

# Quebec Public Network of Health and Social Services



\* CHU, CHAU, CHR, Institutes

# Local Health and Social Services Network



# Context

- **Each network**

- has to provide the people in its territory with **access, continuity and integration** of a broad range of primary health and social services, including prevention, assessment, diagnostic, treatment, rehabilitation and support services.
- through agreements, has to provide access to specialized and ultra-specialized services.
- leads all stakeholders within a given territory to **become collectively responsible for the health and well-being of their population.**

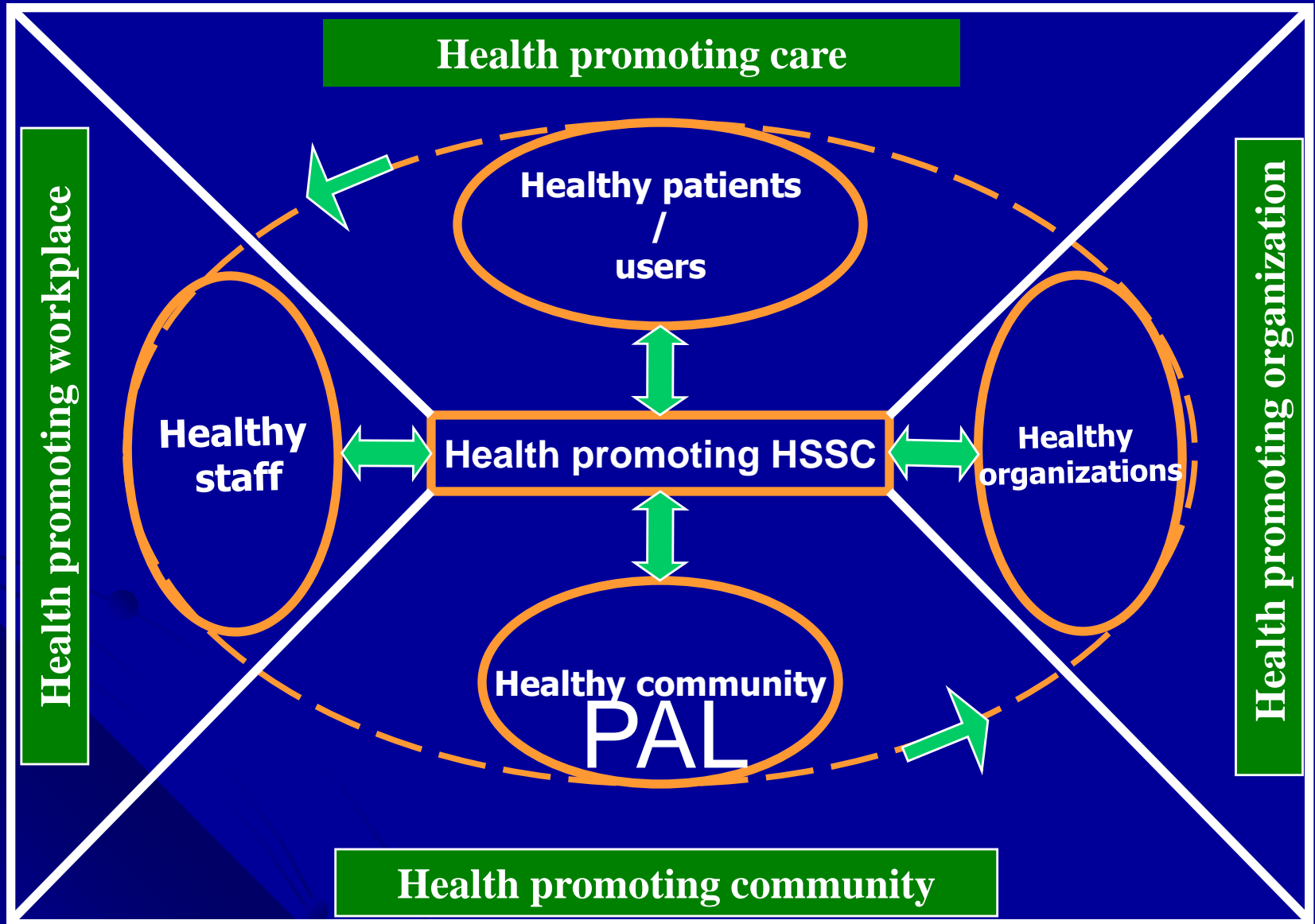


Population approach

# Context

- A WHO network of hospitals and HSSSC has been created in Montreal.
- Subsequent to a study in Montérégie (Quebec), a self-assessment tool (2007) was adapted to the needs and realities of Health Promoting HSSCs.
- As a guide we used the WHO self-assessment tool developed for health promoting hospitals.

# A Health Promoting Network



## 2. OBJECTIVES

- To examine actions to reduce health inequalities in a Health Promoting HSSC;
- to examine the links between actions to reduce health inequalities and standards for a Health Promoting Hospital and Health Promoting HSSC;
- to examine the links with standards presented in an accreditation program in Canada.

# 3. Methods

- A content analysis was conducted of the standards presented in the the WHO self-assessment tool for HPH, the self-assessment tool for HPHSSC and the Qmentum 2010 Program of Accreditation Canada.

# Normes

Normes du programme  
Qmentum 2010 d'Agrément  
Canada

Normes de l'OMS, 2006

Normes et guide d'auto-  
évaluation pour CSSSPS  
(test pilote dans 3 CSSS,  
Montréal, 2007).



# The Health Promoting Health and Social Services Center: Self Assessment Tool



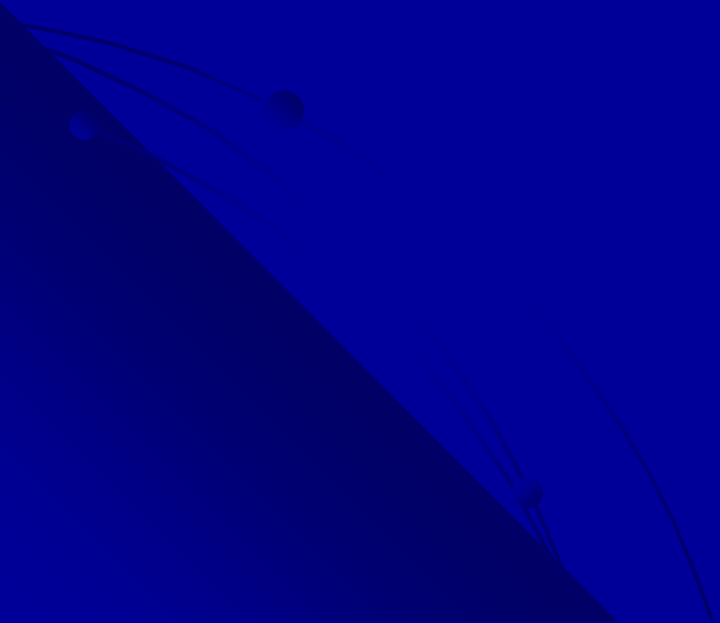
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# 4. Findings



# HSSC

- Prevention and health promotion are one of the HSSC's major responsibilities.



It must provide PH services and deploy the required PH interventions for the entire population on the territory, and for the more vulnerable population groups



# PAL

- Monitoring and basket of services in prevention, promotion and protection
  - Targeting vulnerable populations and social determinants of health

Centre de santé et de services sociaux  
de la Haute-Yamaska

# PAL

Plan d'action local  
de santé publique 2004-2007  
du CSSS de la Haute-Yamaska

Le présent document est le fruit de l'élaboration du Plan d'action local de santé publique 2004-2007, adopté par le CSSS-CHS de la Haute-Yamaska le 10 mai 2004. Grâce à votre contribution, au Plan d'action régional et aux autres actions renouvelées en santé publique pour la Montérégie, il constitue les priorités stratégiques qui guideront la Haute-Yamaska. Tout avec l'implication des différents partenaires de la communauté sera l'objectif de ces actions stratégiques en Montérégie afin d'améliorer la santé et le bien-être de la population de service du CSSS de la Haute-Yamaska. Nous vous invitons à ce premier colloque et à relire ce document stratégique pour plus d'informations. Ce document a été largement inspiré des 11000 personnes âgées et produites par l'Agence de développement de réseaux locaux de services de santé et de services sociaux de la Montérégie, ainsi que d'un document stratégique élaboré par le CSSS-CHS de la Haute-Yamaska qui sera également présenté lors de la prochaine réunion de concertation au CSSS-CHS de la Haute-Yamaska qui sera l'occasion de discuter de plus d'actions locales et de vos interventions dans le domaine de la santé et de services sociaux de la Haute-Yamaska (2004-07).

Vers une action renouvelée en santé publique

# HSSC Haute Yamaska



## Nos Valeurs

*Cohérence*

### *Cohérence*

Développer une logique d'ensemble, garder le caractère global de nos décisions, leur application et le partage des valeurs de l'organisation.

*Respect*

### *Respect*

Faciliter la communication entre les intervenants des diverses disciplines et avoir les regards de tous les côtés.

*Écoute*

*Équité*

### *Écoute*

Garder une oreille attentive pour ceux le guerd de vos de faire. Chercher à comprendre les besoins et les demandes. Tenir de soutenir les intérêts divergents.

### *Équité*

Prendre des décisions justes, appropriées, impartiales et objectives pour toutes choses équivalentes, un tenant compte de la diversité des membres de la collectivité.

### *Responsabilisation*

Reconnaître les devoirs et les obligations dans l'exécution de nos tâches. Assumer l'impérabilité de nos actes errés ceux qui dépendent de nous tout en livrant un engagement personnel.



Centre de santé et de services sociaux  
de la Haute-Yamaska

Notre mission  
nos Valeurs



Ensemble pour la santé  
« le mieux-être » de la population !

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# HSSC of Haute Yamaska

## Monitoring population health

### Transversal action targets

- Improvement of living conditions and support for community development
- Support to preventive clinical practices

### Targets in HP and P across the life course

- Early childhood (e.g. global and integrated approach in schools, optimal development of children, particularly in vulnerable families)
- 6-17 years old (e.g. pregnancy, personal and social skills, STD and HIV, mental health and suicide, particularly in vulnerable families)
- Adults (e.g. alcohol and drugs, partner violence and sexual violence, HIV, unwanted pregnancy, healthy lifestyle, injury prevention, mental health and suicide, particularly among vulnerable).
- Elderly ( mental health and suicide, healthy lifestyle, falls, breast cancer, immunization).

### Protection targets

- Environmental health
- Infectious diseases
- Protection in working life

# WHO standards for HPH

Management policy

**Patient assessment**

Patient information and  
intervention

Promoting a healthy  
workplace

Continuity and  
cooperation

*Availability of procedures  
for all patients to assess  
their need for HP*

*Patients' needs  
assessment ensures  
sensitivity to social and  
cultural background*

# HPHSSC standards

- Actions to reduce inequalities are linked to the four standards proposed for a Health Promoting HSSC: a health promoting organization, health promoting care, a health promoting workplace and a health promoting community.
- Sub-standards and operational elements were developed in the context of the population approach set forth by the Government of Quebec. The population approach recognizes the various factors influencing health and seeks to reduce social inequalities.

# HPHSSC standards

Health promoting organization

Health promoting care

Health promoting workplace

Health promoting community

**HP policy** (*recognize differences of needs, values and cultures*)

**Performing and learning organization** (*values of equity, solidarity, ethics, respect of differences*)

**Needs assessment** (*information on socio-cultural characteristics, risk factors, social representations*)

**Information** (*appropriate language, simple, easy-to-understand, respectful of beliefs*)

**Intervention** (*decision-sharing, support to patients/family participation, respect for clients needs, interests*)

**Healthy life styles strategies** (*addressing risk factors*)

**Partnerships** (*decision-sharing, support to community participation, respect for community needs, interests*)

# AC system wide standards

Effective organization

**Adapting to the environment**

*(Information about the community health status, capacities and needs; meeting the community needs; collaboration with a broad network of stakeholders)*

**Strengthening culture and values**

*(Suggestions of values such as equity).*

Sustainable organization

**Building the infrastructure to**

**achieve positive outcomes** *( Equal opportunity employment).*

**Maintaining positive relationships with stakeholders and the community**

*( Includes marginalized populations, example of support to healthy public policies to address determinants of health).*

# AC population-based standards

## Public Health Services

**Building knowledge and understanding health issues** (*identify health determinants*).

**Creating networks and mobilizing partners** (*involve community diversity*).

**Developing policy and designing services** (*contributes to healthy public policy; meets community needs, target health inequities, higher risk groups*).

**Engaging prepared and proactive staff** (*developing intercultural and other competencies for working with diverse populations*).

**Delivering PH services** (*empowers and builds capacity*).

**Research, evidence and best practices** (*social determinants of health*).

# Conclusions

- Progress in Quebec in the last decade
  - Need to highlight the issue of inequalities in the clinical project of HSSC.
- Need of new developments in the WHO HPH and HPHSSC standards.
- Standards of Accreditation Canada to be taken into account.

# Conclusions

- Quebec's April budget
  - Increases in taxation (e.g. sales, fuel, electricity), postsecondary tuition fees.
  - Change of paradigm in the Health and Social Services System ?

“ patient seen as a revenue”



Per person \$25 “contribution” in 2010, rising to \$100 in 2011, \$200 in 2012, with low income people exempted.



Photo: La Presse  
Canadienne /Ryan Remiorz