

# QUÉBEC'S GOVERNMENT POLICY OF PREVENTION IN HEALTH

An Ambitious Health Policy to Strengthen Dialogue Across Government

*Health in All Policies: A key approach in progressing the Sustainable development Goals*  
International Conference, Adelaide, South Australia  
Steam two : Getting Health in All Policies on the Agenda: Strategy and Tactics.  
March 31, 2016



Louise St-Pierre, National Public Health Institute  
For the Ministry of Health and Social Services, Québec, Canada  
louise.st-pierre@inspq.qc.ca

# Government Policy of Prevention in Health

## Context



One of the 13 provinces/territories of the Canadian federation

French-speaking population

Health care under provincial /territorial jurisdictions

8 million inhabitants

Government is made up of 19 ministries

# Government Policy of Prevention in Health

## at a glance

- A whole-of-government approach
- Endorsed by the Quebec Premier
- Coordinated by the Minister delegate for Rehabilitation, Youth Protection, Public Health and Healthy Living
- A ten year policy, launched in October 2016
- Developed in partnership with sectors who detain Social Determinants of Health levers
- Includes **28 measures** (department commitments) from **15 ministries/agencies**
- With CAN\$ 76,1 million as an initial investment

# Government Policy of Prevention in Health

## Targets by 2025

- Increase to **80%** the proportion of children who **start being without being considered vulnerable** in a developmental domain
- Ensure that **90% of municipalities** with populations of 1,000 or more people adopt measures to develop communities that **foster sustainable mobility, safety, healthy living, and a good quality of life** for their residents.
- Increase **affordable, social and community housing by 49%**.
- Lower the number of daily and occasional **smokers to 10%** of the population.
- Achieve a high level of **emotional and psychosocial well-being** among at least **80%** of the population.
- Increase the percentage of seniors **receiving homecare services by 18%**.
- Achieve a minimum consumption of **five fruits and vegetables** per day, by at least half of the population.
- Increase by **20% the percentage of young people** aged 12 to 17 who are **active** during their leisure activities and choose active modes of transportation.
- Reduce **by 10% the gap** in premature mortality between the lowest and highest socio-economic groups. (Premature mortality refers to death at a relatively young age.)



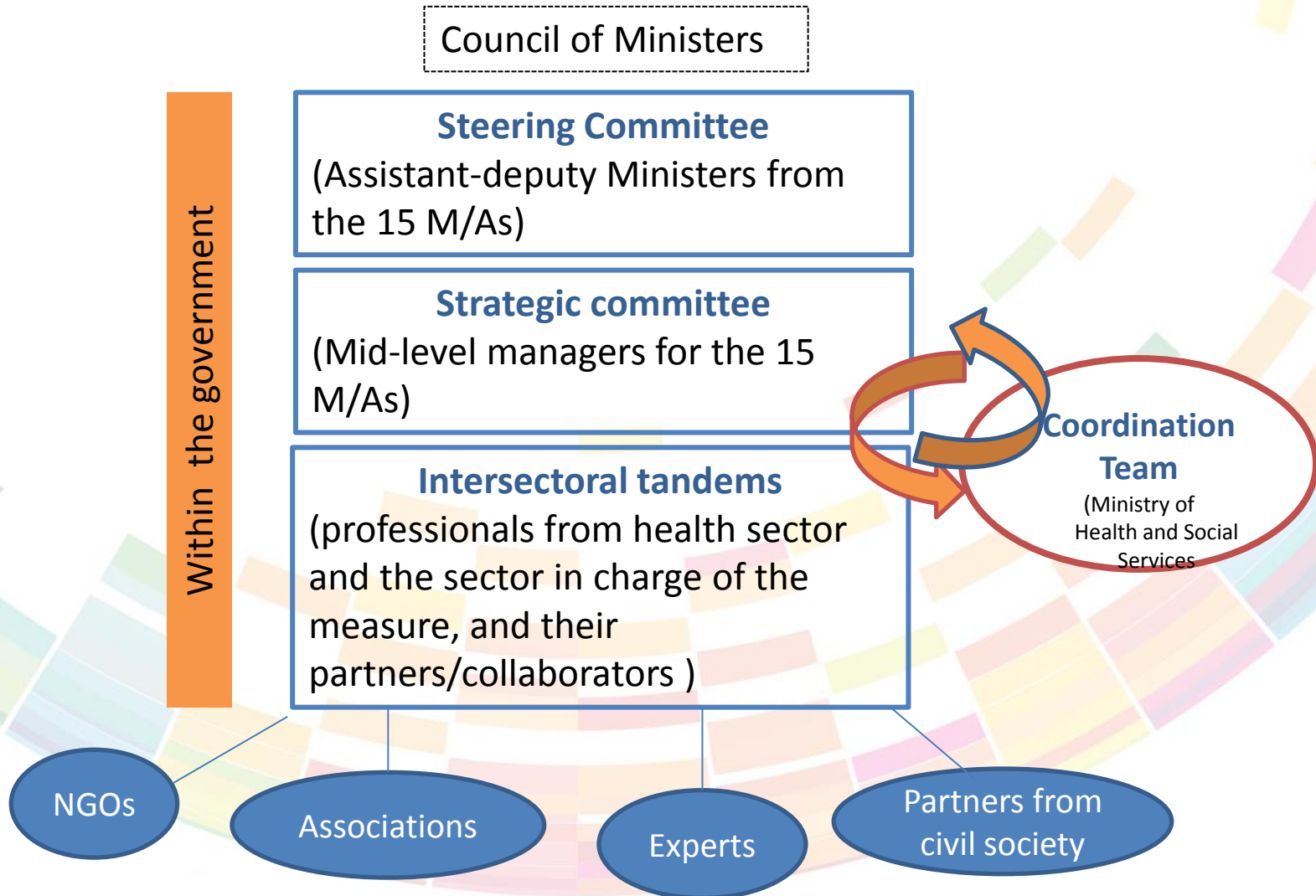
# Government Policy of Prevention in Health

## Inclusive Objectives

### 4 orientations

- 1. Develop people's capacities from an early age**  
E.g. : Support improvements in the quality of educational child care  
→ **Ministry of Families**
- 2. Develop healthy and safe communities and regions**  
E.g.: Increase healthy and affordable housing  
→ **Ministry of Municipal Affairs, Regions and land Occupancy**
- 3. Promote healthy living conditions**  
E.g. : Promote the nutritional food in Quebec  
→ **Ministry of Agriculture, Fisheries and Food**
- 4. Strengthen the role of prevention in the health and social services system**
  - E.g. : Implement a strategy aimed at reducing tobacco use  
→ **Ministry of Health and Social Services**

# Intersectoral governance structures for the development of the Intersectoral Action Plan



# Government Policy of Prevention in Health

## Ambitious in many ways

<b>High-reaching targets ,</b>	<b>and evaluation challenges</b>
<b>Maintaining political interest over time;</b>	<b>prevention will always be at the margin of governmental priorities</b>
<b>Multiplication of actors, interests, values, ideas;</b>	<b>developing common understanding and convergence</b>
<b>Ensuring the cohesion with the multiplication of other Intersectoral policies;</b>	<b>complex matrix</b>
<b>Change in governmental working culture;</b>	<b>collaborative decision-making , win-win strategies and compromises</b>
<b>Managing diverse (and sometimes conflicting) logics;</b>	<b>political vs administrative; horizontal vs vertical</b>

# Getting HiAP in the agenda

## - Strategy and Tactics -

- ✓ **Long history of strong leadership from the Health (Public Health) sector**
- ✓ **Involvement of ambassadors and champions at the political level**
- ✓ **Role of Intersectoral health promotion groups at national and local levels– citizen mobilisation**



# - Strategy and Tactics -

## Strong leadership from the Public Health sector

- . Long tradition in advocating for working on Social Determinants of Health
- . Development and wisely use of organizational and legal levers (E.g. HIA for law and regulations)
- . Knowledge development and transfer strategies (E.g. support of academic researches on healthy public policy and on decision-making processes)
- . Building Public Health skills, abilities and culture: from authoritative and/or silos approach to collaborative and win-win strategies; communication adapted to the other sectors and to government goals; ...
- . Recognizing and relying on allies within and outside the government

## - Strategy and Tactics -

### Involvement of ambassadors and champions at the political level

- Political commitment to HiAP at the highest possible level is an imperative
- Pressure from inside the government (public administrative management) is essential, but not enough
- Political decision-makers are sensitive to well known and highly appreciated advocates

## - Strategy and Tactics –

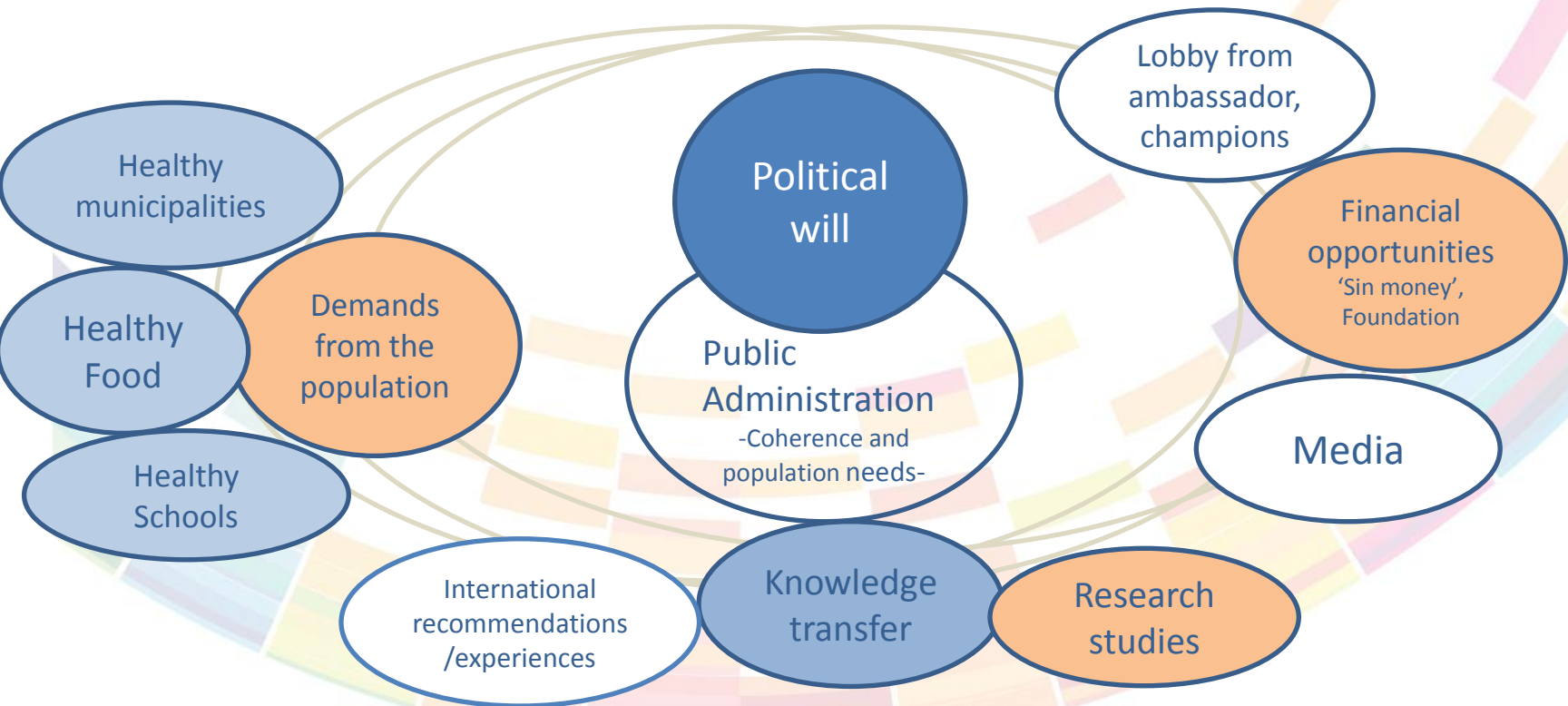
### Role of Intersectoral health promotion groups at national and local levels– citizen mobilisation

- The number of community groups involved in promoting healthy living, and their vitality, gives a clear signal, both to ministries and political decision makers, about the population will
- The message must be carried by a large number and a wide variety of messengers, not only by public health actors

# Getting HiAP on the agenda

## A web of interconnected factors -

Public health sector as 'policy entrepreneur' to spur and make connections





**THANK YOU**

**PREVENTIONSANTE@MSSS.GOUV.QC.CA**