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Realigning Health Canada:
Form Before Function?

Richard G. Mathias

The long-awaited transition of Health Canada has been announced. The details can be found on Health Canada’s website: http://www.hc-sc.gc.ca, in the news reports for April 17, 2000.

The news release noted, “The current Health Protection and Health Promotion and Programs Branches will be realigned into three new branches: Health Products and Food, Environmental and Product Safety, and Population and Public Health. In addition, an Office of the Chief Scientist, reporting to the Deputy Minister, will be created to bring greater leadership, coherence and expertise to the strategic direction of science in the Department.”

The activities of the Medical Services Branch will be realigned to focus exclusively on Aboriginal health issues and the delivery of health services to First Nations and Inuit communities. Health Canada will take steps to strengthen its operations in Atlantic Canada, Quebec, Ontario and Nunavut, Manitoba and Saskatchewan, Alberta and the Northwest Territories, and British Columbia and the Yukon.

Within the Population and Public Health Branch, a series of centres have been created: Centre for Surveillance Coordination and Public Information, Centre for the Promotion of Healthy Families and Social Environments, Centre for Chronic Diseases Prevention, Centre for Communicable Diseases Prevention, Laboratory for Human and Animal Health (Winnipeg), Laboratory Centre for Enteric and Zoonotic Diseases (Guelph) and Strategic Planning.

At first glance, the new centres look very much like the previous structures renamed. The dichotomy of “chronic and communicable” diseases continues without a structural acknowledgement that advances in molecular and genetic epidemiology have blurred this distinction to irrelevance in many cases. Injuries, except for those buried in the Centre for the Promotion of Healthy Families and Social Environments, appear to have disappeared, in spite of their importance as one of the specific topics noted in the Second Report on the Health of Canadians. http://www.hc-sc.gc.ca/hpb/phdd/report/stat/eng/report.html.

The transition to Population and Public Health Branch is an opportunity to change the form to reflect the needed changes in function. Changes in federal leadership will allow the implementation of such concepts as those described in the Institute of Medicine’s “Improving Health in the Community: A Role for Performance Monitoring” are not apparent in this form rather than function description. There is little evidence of a concerted attempt to measure health outcomes using such measures as years of healthy life, quality-adjusted life years or disability-adjusted life years as measures of the performance of the health system in general and the health care system specifically. How the reorganized Health Canada will assist communities in planning their health programs and evaluating the health outcomes the programs are designed to affect is not clear in this realignment. What new accomplishments are expected from the shuffle performed above? What are the expected outcomes from this tremendous expenditure of people’s energy and creativity that justifies channelling the resources into realignment rather than other activities? Are the opportunity costs reflected by this major activity justified in spending them this way rather than starting or maintaining a program to prevent child abuse, for example? Simple re-grouping of departments may permit some logistical efficiencies, but where are the outcomes outlined? The realignment is an opportunity to discuss present and future needs for implementation of health programs at the local, regional and national levels, to plan and implement the functional changes that would facilitate the accomplishment of measurable health goals and to facilitate the system that would determine whether the goals of Health Canada were being accomplished such that the health of Canadians was being improved by effective...
programs rather than in spite of ineffective ones.

The question yet to be answered for the public health community, practitioners and academics, is whether the current change in form reflects a larger plan for changes in function, or whether the changes in form reflect the status quo in new dress. All are invited to respond to identify organizational approaches, additional steps to strengthen our ability to face current and future challenges and activities and functions for the directorates by commenting to David Dodge, the Deputy Minister of Health Canada, directly at DM-Health_SM-Sante@hc-sc.gc.ca and/or through their MPs.

If the public health community needs, activities and functions are not currently identified, now is the time to work with the Canadian Public Health Association to bring a functional plan to the realigned Health Canada.

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Le remaniement de Santé Canada : a-t-on sacrifié la fonction à la forme?

Richard G. Mathias


À la Direction générale de la santé de la population et de la santé publique, on a créé de nouvelles subdivisions : le Centre de coordination de la surveillance et des renseignements, le Centre de promotion des milieux familiaux et sociaux sains, le Centre de prévention des maladies chroniques, le Centre de prévention des maladies transmissibles, le Laboratoire pour la santé humaine et animale (Winnipeg), le Laboratoire des maladies entériques et des zoonoses (Guelph) et la Planification stratégique.

De prime abord, les nouveaux centres ressemblent beaucoup aux anciennes structures rebaptisées. La dichotomie entre maladies « chroniques » et « transmissibles » persiste; les nouvelles subdivisions ne traduisent pas les progrès de l’épidémiologie moléculaire et génétique, qui ont estompé la distinction entre les deux catégories jusqu’à éliminer leur pertinence dans bien des cas. Les blessures, malgré l’importance qui leur est accordée dans le Deuxième rapport sur la santé de la population canadienne, dont elles constituaient l’un des grands thèmes (voir http://www.hc-sc.gc.ca/hppb/phdd/report/stat/fren/rapport.html), semblent avoir disparu, sauf pour la portion ensevelie dans le Centre de promotion de milieux familiaux et sociaux sains.

La transition vers la Direction de la santé de la population et de la santé publique présente l’occasion de faire évoluer celle-ci pour l’adapter à son rôle dans l’organisation. Dans la description offerte, la fonction est sacrifiée à la forme; on n’entrevoit aucun changement du leadership fédéral.