To the Editor:

I read with interest Richard G. Mathias’ editorial, “Realigning Health Canada: Form Before Function?”, in the May/June issue of your journal and would like to offer a few comments. Dr. Mathias concludes that in undertaking its Realignment, Health Canada has placed form before function. In fact, the Realignment we announced on April 17 is the culmination of a thorough, but perhaps less visible, process we undertook last summer – an analysis of functional issues that was reported in a series of documents called, “Program Impact Assessment Reports.” We would be pleased to provide copies to anyone who is interested.

These reports, the result of multi-disciplinary and multi-branch reviews, enabled us to conclude that we needed to strengthen the linkages between health protection and promotion, between surveillance and intervention, and between regulation and public involvement. We also found that our links with external stakeholders and with provincial and territorial governments were not as coherent and strategic as they could be. And finally, we saw a need for greater coordination among our internal operations.

Injury prevention and mental health – two issues that Dr. Mathias himself raises in his editorial – are good examples of how the process worked. Our analysis last year showed the need to focus more attention on these areas. This, in part, led to our decision to bring surveillance and interventions closer together.

Having realigned the Department to strengthen it and improve horizontal management, we have now begun to identify our strategic priorities for the next year, and will share them with Canadians later this year. Health Canada’s mission is to help the people of Canada maintain and improve their health. That mission has not changed, nor have our legal obligations and limitations. Any assistance the public health community can give us to fulfill this mission is gratefully accepted.

David A. Dodge, Deputy Minister
Health Canada

Author’s reply:

The response from David Dodge, Deputy Minister of Health, states process in arriving at the change of the Health Protection Branch but, even as the original documentation was weak, gives no information on outcomes that are to be achieved by the realignment or how the changing of names and groups without specifically changing the tasks and responsibilities is sufficient?

A quote from Mr. Dodge – “we have now begun to identify our strategic priorities for the next year” – is indicative of the form before function approach rather than the determining of strategic priorities and realigning to meet the strategic needs of Health Canada. The Emperor’s new clothes are not very substantial and certainly will not give protection from the winds of change without purpose-specific design.

Richard G. Mathias
University of British Columbia

REFERENCES


7. Roos NP, Mustard CA. Variation in health and health care use by socioeconomic status in Winnipeg, Canada: Does the system work well? Yes and no. Milbank Quarterly 1997;75:89-111.


Received: June 28, 1999
Accepted: January 12, 2000

LETTERS/CORRESPONDANCE