

January 2016



BUILDING SUSTAINABLE HEALTH IN THE 21ST CENTURY

POSITION STATEMENT

ABOUT THE QUEBEC PUBLIC HEALTH ASSOCIATION

(ASSOCIATION POUR LA SANTÉ PUBLIQUE DU QUÉBEC (ASPQ))

Our mission

The ASPQ is an association of citizens and partners working together to prioritise sustainable health.

Our vision

Sustainable health for all!

The Association pour la santé publique du Québec supports social and economic development through the promotion of the concept of sustainable health and well-being. *Sustainable health* is based on a long-term vision aimed not only at providing care and services for all, but also at ensuring that people stay healthy through prevention of negative health outcomes.

The ASPQ would like to thank the more than 500 professionals in public health, education, urban planning, economics, and philanthropy, as well as the many representatives of the municipal and community sectors, who took part in three consecutive rounds of consultations led by Drs. Jean Rochon and Richard Lessard over the fall of 2014 and the winter of 2015. Their contribution helped advance and enrich the process of reflection on health and prevention at the heart of this document.

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PREAMBLE

Building sustainable health calls for a special type of teamwork. It requires the mobilization of society as a whole.

There currently exist several examples of this sort of synergy:

- Municipalities create environments that promote health and quality of life.
- Businesses invest in the health of their employees and communities.
- Other businesses develop healthier products.
- Community groups work to strengthen social cohesion.

In order to build sustainable health in the 21st century, it is crucial to acknowledge Quebec's strengths, particularly in the field of public health. Generally speaking, the role of the province is to keep a watchful eye on the health of a very complex patient: the population. Aside from monitoring the population's health status, the province also endeavours to promote health, to prevent illness, trauma and injury, and to protect the population against infectious diseases and both environmental and occupational hazards.

Quebec is renowned and envied for its proven ability and capacity to take action. Moreover, it has provided itself with a set of laws (including *An Act Respecting Health Services and Social Services*, the *Public Health Act*, *An Act Respecting Occupational Health and Safety*, the *Tobacco Act*, *An Act Respecting the Health and Welfare Commissioner*, the *Sustainable Development Act*), institutions (provincial public health director, regional public health directors, the *Institut national de santé publique du Québec*) and programs (especially the *Programme national de santé publique*) that are held up as references both nationally and internationally.

These factors allow citizens to be informed about the health status of their communities, about real and potential health risks, and about what can be done to address these.

HEALTH CHALLENGES



HEALTH CARE COSTS: Government spending on health care will amount to **\$32.9 billion in 2015-2016, which corresponds to 49.4% of the provincial budget**¹. Upward pressure is exerted by a constantly rising demand for services and care paired with the growing cost of medical technology and medication. As a result, resources previously allocated to prevention have been diverted to curative care. In other words, the emphasis is more on treating than on preventing.



CHRONIC ILLNESSES: More than half of Quebec's population over the age of 12 suffers from a chronic illness, and a quarter suffers from two or more². Although treatment for these illnesses has become more effective, more and more cases are being diagnosed in younger age groups.



AN AGING POPULATION: Life expectancy is increasing and, by 2041, Quebec will be home to one of the oldest populations in the western world, with nearly 30% of its citizens 65 years of age or over³. However, health-related quality of life has stagnated.



NEGATIVE IMPACT OF CLIMATE CHANGE: On a global scale, the negative impacts on health due to climate change and environmental decline are becoming more and more pronounced. Because of the interdependence between environmental quality and sustainable health, the 21st century has seen the emergence of new threats to health and economic growth⁴.



SOCIAL INEQUALITY⁵: One of the fundamental goals of Quebec's health and social service system is to reduce the health status gaps across socioeconomic groups. These inequalities are of concern for Quebec, but existing public policies lack concrete commitment, as evidenced in particular by the absence of any inequality reduction targets. What's more, the gap between the rich and the poor continues to widen in all developed nations, and Quebec is no exception to this phenomenon⁶.



LITERACY: There is an observed decrease in the ability of individuals to find, understand, assess and share information for the purpose of dealing with diverse situations. In Quebec, 66% of people 16 and over have a literacy level below the desirable minimum standard level⁷. Low-level literacy is associated not only with unhealthy behaviours, such as smoking, a sedentary lifestyle and a poor diet, but also with increased risk for morbidity and premature death⁸. Individuals with low-level literacy visit the emergency room more often and are less likely to manage their long-term health status successfully, which translates into higher health care costs.

¹ Finances Québec (2015). *Economic Plan in Brief. A Balanced Budget in 2015-2016 for Building Our Economy*. http://www.budget.finances.gouv.qc.ca/budget/2015-2016/index_en.asp

² Cazale, L., P. Laprise et V. Nanhou (2009). *Maladies chroniques au Québec et au Canada : évolution récente et comparaison régionales*, Série Enquête sur la santé dans les collectivités canadiennes, Numéro 17, Québec : Institut de la statistique du Québec.

³ <https://iss.uqam.ca/la-recherche-a-liss/poles-de-recherche-et-dexpertise/vieillessement-des-populations.html>

⁴ Jalbert, Y. (2015). *Changements climatiques et maladies chroniques: même combat, mêmes causes, mêmes solutions!*, Mémoire présenté à la Commission des transports et de l'environnement, Montréal : Association pour la santé publique du Québec,

⁵ The Lancet Commissions- Health and climate change : policy responses to protect public health, Vol 386 – November 7, 2015 – www.thelancet.com

⁶ Pampalon, R., D. Hamel, C. Alix et M. Landry (2013). *Une stratégie et des indicateurs pour la surveillance des inégalités sociales de santé au Québec – Suivre les inégalités sociales de santé au Québec*, Québec : Institut national de santé publique du Québec.

⁷ Bernèche, F., I. Traoré et B. Perron (2012). *Littératie en santé : compétences, groupes cibles et facteurs favorables*. Résultats québécois de l'Enquête internationale sur l'alphabétisation et les compétences des adultes, 2003, No 35, Québec : Institut de la statistique du Québec.

⁸ Public Health England (2016). *Local action on health inequalities – Improving health literacy to reduce health inequalities*, London: UCL Institute of Health Equity.

THE SOLUTION SUSTAINABLE HEALTH, A TRUE GENUINE PROJECT FOR ONE AND FOR ALL!

A SUSTAINABLE HEALTH APPROACH



As a collective right and a social and economic asset, sustainable health entails both a collective and an individual responsibility. This is why governments, businesses, communities and individuals must assume, jointly and severally, the greater responsibility of creating, maintaining and improving the health of one and all across the entire life cycle, including for future generations.

Sustainable health means being HEALTHIER for LONGER!

SUSTAINABLE HEALTH CAN BE ACHIEVED ONLY IF IT BECOMES A PRIORITY AT THE VERY HEART OF GOVERNEMENT'S POLICIES

Since the State has a direct impact on population health, its priority should be to take action upstream from health care delivery. The global vision of health as a common value and a fundamental right would stand to gain from being promoted and implemented as broadly as possible across all government structures and throughout society⁹. Though the maintenance and improvement of health are a shared responsibility, governments, businesses and organizations must assess the health risk of each and every decision they make on a daily basis.

We recommend that sustainable health be mentioned and treated as a priority in all government decisions by adopting a framework law¹⁰ on prevention that integrates sustainable health in all policies¹¹. This law would be applied by the highest-ranking ministerial authorities under the Premier's supervision.

⁹ For more on health as a fundamental right, refer to Fact Sheet no. 323, *Health and Human Rights*, published by the World Health Organization in December 2015: <http://www.who.int/mediacentre/factsheets/fs323/en/>

¹⁰ <http://www.assnat.qc.ca/fr/patrimoine/lexique/loi-cadre.html>

¹¹ World Health Organization (2010). *Adelaide Statement on Health in All Policies: Moving Towards a Shared Governance for Health and Well-being*. http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf

TARGETS AND TIME FRAMES

Political will must be accompanied by specific targets with measurable goals. This is essential in order for prevention strategies to contribute to improve the health and quality of life of citizens and thereby reduce the strain on the health and social services system.

To this day, the main indicators used to evaluate the performance of the health and social services system continue to be treatment-related.

We recommend that new health indicators (such as the *Indice de progrès véritable du Québec* and the *Canadian Index of Wellbeing*) be added to those currently in use in order to better respond to existing and emerging health issues. These indicators will provide a better picture of the determinants of the population's sustainable health status across the entire life cycle.

We recommend that, at the end of their mandate, governments should be able to report on changes in the population's sustainable health status in order to determine and propose action and intervention priorities.

In addition, it will be necessary to publish and disseminate these indicators and to mobilize society as a whole so that all parties concerned can adjust their practices on the basis of the changes in the population's sustainable health status.

INVEST \$ STARTING NOW

Quebec spends 98% of its health and social services budget on treatment and service-related activities. According to the Canadian Institute for Health Information (CIHI)¹², Quebec is the Canadian province that allots the smallest percentage of its budget to prevention. In other words, financial priority is given almost exclusively to the treatment of illness.

We recommend that the government of Quebec increase its budget¹³ and guarantee support for the prevention and health promotion actions of all partners committed to the purpose.

We also recommend that civil society¹⁴, businesses and citizens gain a stronger awareness of the importance of their contribution to building sustainable health in the 21st century and that they continue to work towards the achievement of this societal project.

¹² Canadian Institute for Health Information (CIHI) (2014). *Measuring the Level and Determinants of Health System Efficiency in Canada*. https://secure.cihi.ca/free_products/HSE_TechnicalReport_EN_web.pdf

¹³ C. Busby, W.B.P. Robson, & A. Jacobs (2014). *An Aging Population Fiscal Challenge: Planning for Healthcare Costs in Quebec*. Toronto, Ontario: C.D. Howe Institute. <https://www.cdhowe.org/public-policy-research/aging-population-fiscal-challenge-planning-healthcare-costs-quebec>

¹⁴ The Bangkok Charter for Health Promotion in a Globalized World (2005). http://www.who.int/healthpromotion/conferences/6gchp/hpr_050829_%20BCHP.pdf

CONCLUSION: WE NEED TO ACT NOW

If we do not start doing prevention now, we will see both an increase in the number of cases of illness¹⁵ requiring treatment and further deterioration of public finances. This financial burden is a source of stress, and justifiably so, as it threatens our capacity to meet the needs of our fellow citizens who are struggling with illness.

Most significantly, **it is possible to act now! Experience teaches us that when Quebec authorities have embraced a comprehensive vision and demonstrated a clear political will to act, they have achieved exceptional results.** Public health interventions have played a decisive role in child health, anti-smoking, road safety, environmental health and infectious disease campaigns. The ministries, municipalities, businesses and organizations that contributed to these campaigns all deserve credit for their success.

The urgent need to act requires the adoption of a sustainable health vision and the mobilization of human and financial resources in order to implement it.

The ASPQ urges the government of Quebec to make an unwavering commitment to the promotion of sustainable health by setting measurable goals and investing as necessary to achieve them and to measure their impact on the population. The ASPQ encourages the government of Quebec, civil society, businesses and citizens to play their part and to make an unwavering commitment to sustainable health. Everyone must set measurable goals and devote the necessary time and resources to achieving them.

Such a commitment would foster the development of organizational capacities and provide the necessary impetus for Quebec to strive for sustainable health across the entire life cycle.

Sustainable health means...

Coming into the world in a loving, caring and attentive family • Breathing clean air • Living in proper housing • Growing up in a safe and pleasant environment • Participating in economic life and earning a fair income • Having access to a sufficient amount of healthy food • Benefitting from an environment that encourages physical activity • Having access to education and continuous skill development • Being happy and feeling a sense of control over one's life • Living in a tolerant society without discrimination • Having a say in decisions that affect us • Benefitting from an accessible health care system • Having access to quality palliative care and the right to die with dignity

¹⁵ Institut national de santé publique du Québec et Institut de la statistique du Québec. Guillaume Ruel. *Multimorbidité: Ampleur, impacts et défis*. Présentation lors du 4^e Rendez-vous des maladies Chroniques – 28 septembre 2012.



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