

HOW CAN POLITICAL ACTION BY A LINGUISTIC MINORITY INFLUENCE HEALTH SYSTEM REFORM?



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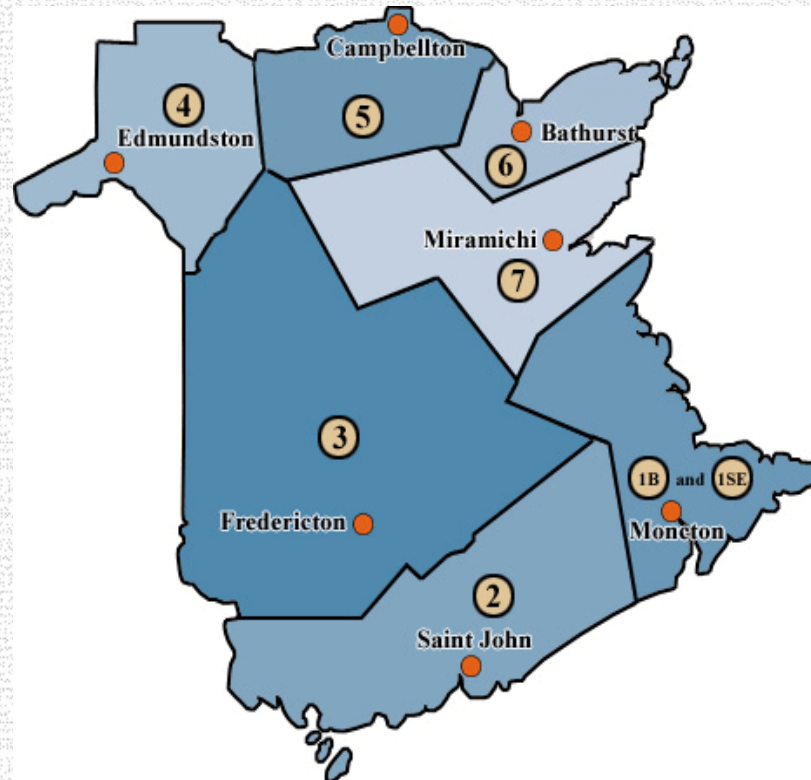
Objectives

- ◆ Explain the relationship between the issues of the presence of the official language communities and the organization of equitable health care for each one
- ◆ Show how health policy and the management of a reform process to improve the delivery of health services can be influenced by the political action of a minority subgroup

Outline

- ◆ Reform of the New Brunswick (NB) health system initiated in 2008:
 - Background
 - Objectives of the reform
 - Structural changes announced
- ◆ Implementation and management of the reform process:
 - Political action by the francophone minority subgroup
 - Consequences of this political action
- ◆ Conclusion
 - Lessons to be learned from the effects that the grassroots action had on the reforms

Background: Structure of the health care system (before 2008)



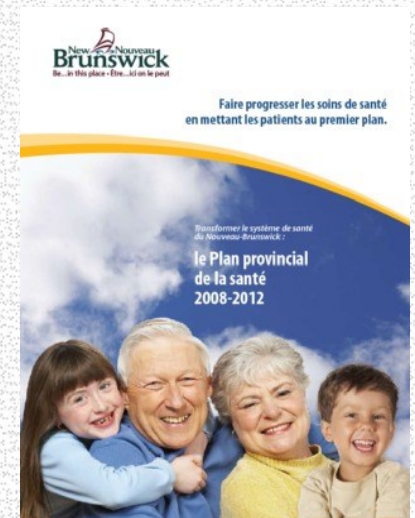
Source: Province of New Brunswick (2011)

Background: Public involvement in the development of the reform

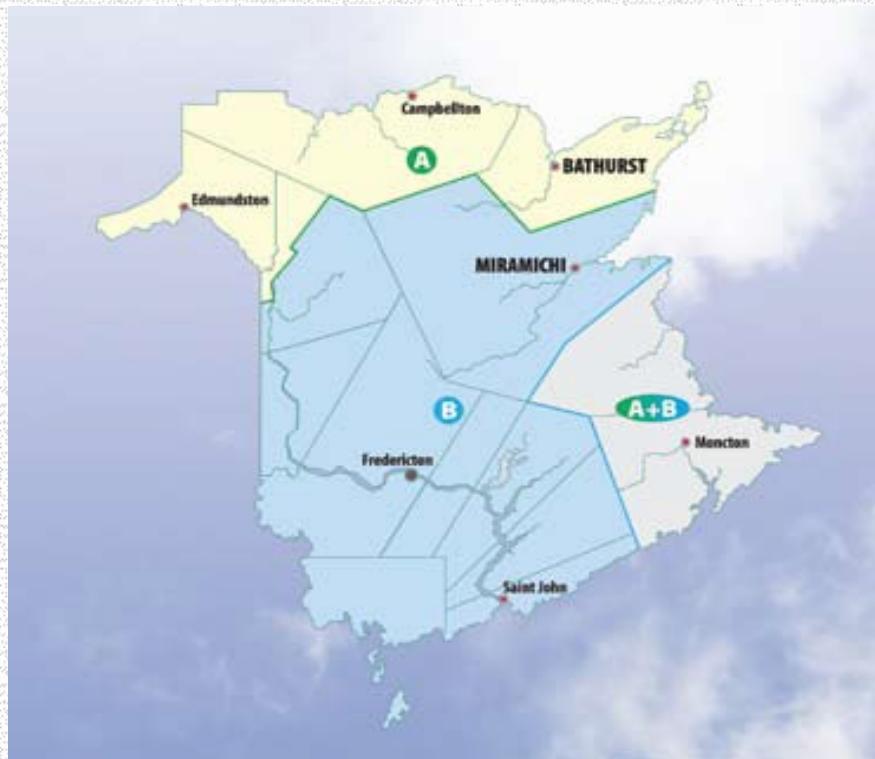
- Reform developed in a vacuum
- Strategic decision not to consult the public and the regional health authorities
- The government did not want to consult for fear of a backlash from stakeholders

Health system reform (2008): Objectives

- Improve the health system's efficiency
- Address patients' needs
- Engage the public
- Implement a single, results-based health system



Health system reform (2008): Structural changes



Source: Province of New Brunswick (2008)

Implementation of the reform and the issue of two language communities

- Ambiguity in the Act
- Legal action by *Égalité santé en français*
- The province's francophone and Acadian community took action because it felt threatened
- The media became an actor in the reform process
- The Vitalité Health Network alone had to manage the media storm

Management of the reform process and the issue of two language communities

- In December 2009, the government initiated broad consultations with the francophone population
- ◆ Consequences:
 - Updated a number of issues associated with access to and organization of care
 - Altered health policy and the associated reform

Consequences of the public consultation (I)

- ◆ Highlighted issues associated with access to and organization of care
- Disparity in the allocation of services (specialized care) between the two health networks
- Language barriers still present in NB



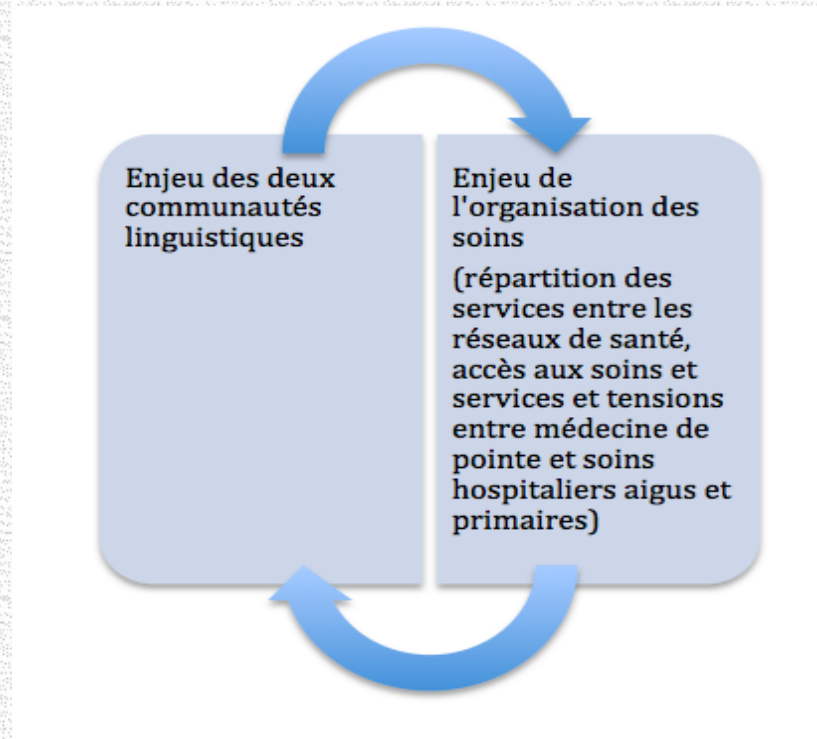
Five-Year Plan for the Equitable Distribution of Health Services

Consequences of the public consultation (II)

- ◆ Modification of health policy and the associated reform
 - Language of operation of the two health networks
 - Governance of the two health networks
 - Governance of the non-clinical services agency (FacilicorpNB)
 - Designation of university hospital centre and affiliated university hospital centres
 - *New Brunswick Health Council Act*

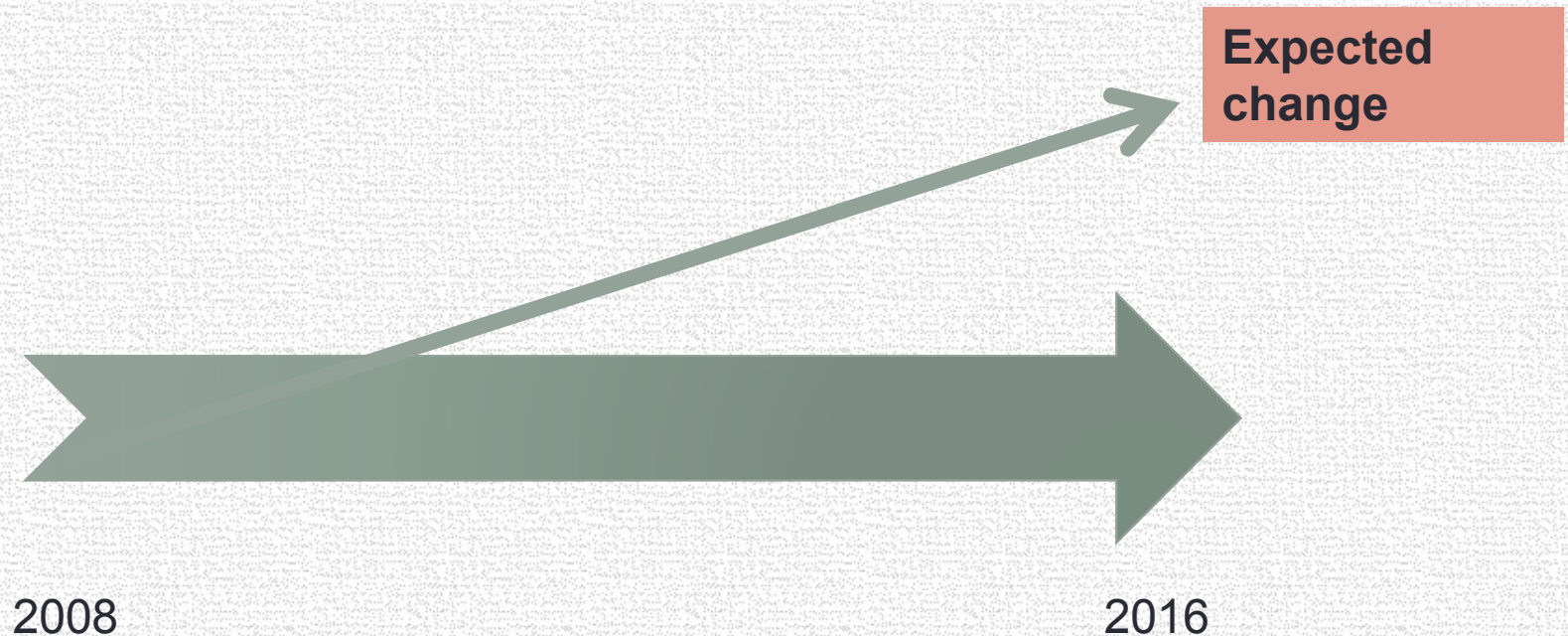
Conclusion (I)

- ◆ Relationship between the issues of the presence of the two language communities and the organization of care



Conclusion (II)

- ◆ Political action by a minority subgroup can influence the course of a large-scale change project such as a reform



Effects that grassroots action have on reforms: Lessons

- Consultation processes are important when difficult choices have to be made (O'Hara, 1998)
- They help
 - 1) encourage citizen engagement
 - 2) legitimize difficult decisions made by the government (Abelson et al., 2003; Li et al., 2015)
- ◆ **Hence, in a society where there is a sensitive issue such as equity of care between two language communities, such processes simply cannot be avoided.**

References

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