

Interview with Dr. Ak'Ingabe Guyon

Sidonie Pénicaud (PGY3, McGill)

I had the pleasure of meeting with Dr. Ak'Ingabe Guyon to ask her questions about the situation of public health in Quebec.

Dr. Guyon is a public health physician who has been working at the regional public health authority of Montreal since 2013. Previously, Dr. Guyon worked as a public health specialist in the Bas-Saint-Laurent region of Quebec. Recently, she was put in charge of the medical division responsible for the health of adults and the elderly at the Montreal public health authority within the health promotion and prevention sector. As part of her new role, she is responsible for programs such as the fight against tobacco, the national screening program for breast cancer and the clinical prevention of chronic diseases. She has a special interest in the influence of public policy favourable to health and serves as a representative of her public health division on the professional community of practice committee for the influence of public policy. Furthermore, she is a member-at-large of the Public Health Physicians of Canada (PHPC) council. Resident teaching and research activities further complement her practice.



According to you, what is the situation of public health in Quebec? What consequences have the public health cuts had?

Today as in the past, Quebec has an unequalled human capacity in public health. There are more public health physicians and specialized public health institutions in Quebec than anywhere else in Canada. Quebec is recognized as a leader in terms of innovation and creativity within the field of public health. The province has strong tradition of public health directors (the equivalent of medical officers of health) speaking their mind concerning public policy.

A year and a half ago in Quebec, budget cuts were carried out within the public health sector like never before. Since then, the situation of public health has been difficult due to changes in public health governance, tighter budgets and reorganization of the health care system. The

style of governance adopted in Quebec after the cuts is associated with a marked decrease in the appreciation of prevention.

The important cuts to the public health budget carried out in the spring of 2015 led to the layoffs of an important number of non-medical public health personnel. Several projects were interrupted due to a lack of personnel to carry them out. Because layoffs were seniority based, young workers who are vital to ensure the future of public health were the most penalized. Furthermore, teams were broken up and projects had to be stopped suddenly, without prioritizing or ensuring the continuation of projects considered important for the health of the population.

The reorganization of the health system eliminated the regional level where the regional public health authority operated. Before the reorganization, the regional public health authority was an intermediate authority that was independent of the minister of health. It had the mandate to ensure the public health of the region of Montreal and acted as a coordinator for the public health mandate in the twelve Health and Social Services Centres (Centres de santé et de services sociaux: CSSS) and other partners. Currently, under the new law, the twelve CSSS have been merged into five Integrated University Health and Social Services Centres (Centres intégrés universitaires de santé et de services sociaux: CIUSSS) for the region of Montreal. The public health authority of Montreal remains responsible for the regional mandate in public health, but it is affiliated only to one of the CIUSSS of the Montreal region, but not the four others. This makes it difficult for the public health authority of Montreal to establish formal links with the four CIUSSS it is not formally affiliated with. The consequences of the reorganization are real.

There has been a decrease in individuals speaking up and sharing information. This has negatively affected our capacity to put things into perspective. Each individual feels that they are the only one dealing with certain problems when in fact these challenges are shared by many people. In public health, committees for sharing information still exist, but they must work hard to rebuild themselves since they have lost many of their members and partners due to the reorganization. This makes public health work much more complex. When coupled with the budget cuts, the swift reorganization of the Quebec health system were a hard blow for public health, but all is not lost.

Can you talk to us about the citizen movement you were involved in following the announcement of public health cuts in the fall of 2014?

In September 2014, the government announced very informally that there would be cuts in public health. The amount and scale of the cuts were only made public in February 2015. In the meantime, individuals working in public health had to struggle with a lot of uncertainty. This generated a feeling of collective unrest, which led to the spontaneous creation of the citizen movement for public health (Mouvement citoyen pour la santé publique). The Mouvement citoyen brought together different citizens. Several were public health professionals that had not necessarily worked together in the past. They came together because they all believed in the importance of informing the public about the upcoming budget cuts in public health. It is

important to underline that the Mouvement citoyen was not a doctor's voice. Initially, I was the only doctor who was a member of the Mouvement citoyen. People gathered as citizens concerned about the public health services the public was going to lose and the impact that this could have on the health of the population. The Mouvement citoyen was a spontaneous movement and everyone had a support role. The members had multiple ideas as to way to increase the population's awareness. The Mouvement citoyen organized several activities: a protest march with more than 600 people, a website, a viral video that was viewed more than 6000 times and a presence in social media such as Facebook and Twitter.

Despite the opposition from citizens and several other organizations, cuts in the public health budget were carried out in April 2015. The budget of regional public health teams in Quebec was cut by more than 30%. When we know that in Quebec, only 2% of the healthcare budget is allocated to public health, it is obvious that this represents massive cuts in one of the health sectors that is the less well financed. I believe this is the first time that so many people came together to defend public health. It is also the first time that people used social media to try and influence public policy related to public health institutions in such a vocal manner. Citizens and professionals working in public health must continue to take a stand on these issues.

According to you, what does the future hold in public health?

At present, public health in Quebec is going through rough times. We are greatly affected by the loss of our colleagues as well as from a professional and governance standpoint. However, Quebec and Canada continue to have an immense capacity in public health. We must rely on our strengths and not feel vanquished. The sky is the limit when it comes to our capacity to influence public policy. While it may be challenging, we must continue to dream big.

In due time, I believe things will turn around like we are now seeing in Ontario. Ontario is currently investing important sums of money in public health. In the past, Ontario had drastically cut their public health budget, but crises like Walkerton and SARS underlined the important of public health to the population and the government. It's a shame that while we wait for things to turn around, the underfunding of public health has the potential to have a real impact on the population's health.

As a public health professional, what is your dream for the future of public health? Is there something you would like to accomplish in your career?

What is amazing in public health is that we contribute to a powerful wheel: government action, to help improve society's health. For example, anti-tobacco laws or an immunization program can have an enormous impact on the health of the population and lead to an important gain in life expectancy and quality of life for the whole population. The wheel of public health does not often turn in a spectacular way. Sometimes when it turns, it turns quickly, other times, it turns after ten to fifteen years of sustained effort. We must keep the faith. In public health, one cannot work alone; we must work in teams in a synergic way with colleagues that share the same passion. My dream is that during my career, there will be several important breakthroughs in public health that will lead to an improvement in the health and quality of life for all.

Do you have any message for public health residents?

I am delighted to see that residents from different provinces are interacting with each other through the PHPC resident council. The structure of public health is different in each province which means that there is no natural network for public health physicians across Canada. We must continue to build relationships across provinces because we are faced with similar challenges across Canada. We can hope that when there is a need, public health physicians from different provinces will come together and support each other in their initiatives.

For those who are interested, Dr Guyon has published an article on the elaboration of public policies:

Ak'Ingabe Guyon. Intensifier l'élaboration de politiques publiques favorables à la santé: des approches stratégiques pour les autorités de santé publique. Canadian Journal of Public Health. Vol 103, No. 6, p. e459-e461.

Guyon A, Perreault R. 2016. Public health systems under attack in Canada: evidence on public health system performance challenges arbitrary reform. Can J Public Health (Forthcoming).