Prevention and Health Promotion Services in the Perinatal-Childhood-Youth Field in CLSCs: Profile and Study of Determinants

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Direction de la santé publique de Québec: Marie-Claire Lepage
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Ministère de la Santé et des Services sociaux du Québec: Suzanne Moffet (until fall 1999), Robert Ménard (starting in the winter of 2000).

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Key Implications for Decision Makers

At least two thrusts of reform of the healthcare system in Quebec directly affect community group-practice clinics (CLSCs): redeployment of resources to the ambulatory sector, and greater emphasis on prevention and promotion services. In the current context of scarce resources, there is tension between these two institutional roles and many fear reinforcement of the curative aspect to the detriment of prevention and promotion services.

The study shows that:

- In terms of delivery of prevention and promotion services, several priority prevention and health promotion themes receive little attention from CLSCs (for example, early stimulation for infants up to age 2, physical activity, and safety/unintentional trauma) and this shortcoming is only poorly offset by other community organizations.

- There is a significant variation between CLSCs in the diversity and innovative character of the prevention and promotion themes involved.

- Expenditure levels in some programs, the type of territory, and co-operation with community partners are all factors likely to influence delivery of CLSC services.

- Significant tension between external and internal forces affects delivery of prevention and promotion services. External forces (ambulatory shift and joint range of services) are moving CLSCs to develop post-hospital and curative services. Internal forces (values, thrusts, culture, and expertise) favour prevention and promotion services.

- Amalgamation of institutions with different missions and cultures — for example, CLSC and a residential and long-term care centre (CHSLD) — as well as balanced-budget legislation, favour the use of resources allocated to the CLSC’s mission to offset the deficit in resources assigned to other missions (like CHSLD).

- CLSC managers and professionals have little evidence to demonstrate the positive impact of prevention and promotion services, which are more vulnerable when institutions face budget cuts.

- CLSC professionals fear loss of prevention and promotion services and community organization expertise developed over many years.
Executive Summary

The theme of this project is prevention and health promotion services in the context of restructuring Quebec’s healthcare system. It focuses specifically on community group-practice clinics (CLSCs), a category of institution that makes a crucial contribution to achieving the objectives of the reform. At least two thrusts of the reform directly affect CLSCs: redeployment of resources to the ambulatory sector and greater emphasis on prevention and promotion services. In the current context of scarce resources, there is tension between these two institutional roles and many fear reinforcement of the curative aspect to the detriment of prevention and promotion services. The project was designed to:

• develop a detailed profile of prevention and promotion services in the perinatal-childhood-youth field in CLSCs, and

• establish the links between organizational and environmental factors on the one hand, and production of prevention and promotion services in this field on the other.

Consequences

Five issues emerged involving the current role of prevention and promotion in CLSC practices in Quebec.

It appears essential that all players involved in prevention and promotion work to restore a balance between the forces present in the CLSC system (those pushing for treatment of disease and those leading to prevention and health promotion) and reaffirm the importance of prevention and promotion activities.

Given the positive relationship between resources invested and the variety of prevention and promotion activities on the one hand, and pressure by curative services on CLSC budgets on the other hand, maintaining adequate levels of prevention and promotion services is dependent on resources allocated to improving or developing front-line services and ambulatory services.

Given the threat that appears to be facing prevention and promotion services, it would be highly relevant to introduce monitoring mechanisms to determine changes in the role, and ultimately the impact, of prevention and promotion activities in CLSCs.

Since the research has shown a positive link between cooperation with community partners and the diversity of themes addressed by CLSCs, there is an urgent need for these institutions to maintain and expand this aspect of intervention.

Finally, it is important to maintain significant freedom of action for professionals working in CLSCs. The prevention and promotion expertise developed in recent years by CLSCs centred on this capacity for innovation.
Findings

Examination of all prevention and promotion themes investigated shows that several deemed a priority by various authorities still receive little attention from CLSCs. In many cases, this limited service is only poorly offset by other community organizations. In general terms, analysis of corresponding links highlights various service delivery profiles for covering themes of interest. These profiles vary depending on the involvement of CLSCs and of the exclusive involvement of other organizations. While this exercise identifies interesting approaches in terms of service organization in territories, it also reveals a considerable number of territories with a clearly less favourable profile for the number of themes involved, given the actions of CLSCs and of other organizations.

The findings also reveal a significant variation between CLSCs in terms of innovation potential, reflected here as the number of innovative themes addressed by CLSCs. In addition, major variations are observed in terms of client groups covered by activities linked to the themes. While the practice of targeting specific groups emerges as that most broadly established in services to young children (0-5 years), some institutions have already begun to expand it to prevention and promotion services for children (6-11 years) and young people (12 –18 years).

The analysis of associated factors points out certain conditions likely to promote the delivery of services. Although the specific pattern differs depending on the aspects of delivery considered, some variables regularly emerge: spending levels in childhood-youth-family and public health programs, the type of territory (urban vs. rural privileged and rural underprivileged), and cooperation with community partners on planning of delivery of activities.

The case study reveals serious tension between the external and internal forces that influence delivery of prevention and promotion services. The external forces (ambulatory shift and joint range of services) are driving CLSCs to develop post-hospital and curative services. The internal forces (thrusts, values, culture and expertise) favour the maintenance services.

A second source of tension is amalgamation of institutions with different missions and cultures. One of the institutions studied must, in addition to the CLSC mission, fill an under-funded CHSLD mission according to the minimal services it must deliver to its clients. Given the new balanced budgets legislation governing the system, the management of the institution is under pressure to use resources allocated to the CLSC mission to offset the resource deficit plaguing the CHSLD mission.

Coexistence of prevention and promotion and curative services is made difficult by the lack of transfer of financial resources to CLSCs, which must take on new responsibilities as part of the shift to ambulatory care. The research highlights the serious commitment by CLSC management and professionals to maintain prevention and promotion services, despite strong outside pressure to develop post-hospital and curative services. The respondents are strongly convinced of the positive impact of prevention and promotion activities on public health. Unfortunately — and they are well aware of this — CLSCs have little evidence to support these findings, which makes prevention and promotion activities more vulnerable when institutions are faced with budget cuts. The players
working in CLSCs therefore must find ways to coordinate and pool their efforts on prevention and promotion.

CLSC professionals have developed significant expertise in prevention and promotion and community organization; the latter is essential for implementing prevention and promotion activities. This expertise takes a long time to develop and the professionals do not want to lose these gains. Finally, professional independence and space for creation are deemed essential conditions for the development and implementation of prevention and promotion services, and co-operation with partners in the community.

**Approach**

This is a twofold study, quantitative and qualitative. The quantitative component was carried out through questionnaires distributed to all CLSCs in the system, and using data from surveys and a Ministry study of services to clients 0-18 years old, in CLSCs (Groupe d'experts en organisation clinique en matière jeunesse). The qualitative aspect was based on a case study of two CLSCs that were found in the study described above to provide a wide range of prevention and promotion activities to the population in their territory. Thirteen interviews were conducted with management and professional staff representing the various groups of professionals.