



Community Health Nursing Study*
Organizational Structures of Community Health Care Systems in Canada:
A Review of Provincial and Territorial Health Care Systems

Nursing Health Services Research Unit
McMaster University

Mary Crea, MSc.
Jane Underwood, RN, MBA

April, 2008

Contact:

Mary Crea, MSc.
Research Coordinator
Nursing Health Services Research Unit
McMaster University, Faculty of Health Sciences
1200 Main Street West MDCL-3500
Hamilton, Ontario L8N 3Z5
Phone: (905) 525-9140 x26621
Fax: (905) 522-5493
mcrea@mcmaster.ca

Special Acknowledgements to the following people for their contributions in collecting this information:

1. Carla Troy, Public Health Agency of Canada
2. Janet Braunstein-Moody, NS Department of Health
3. Rosemarie Goodyear, VP- Community Health/Primary Health Care, James Paton Memorial Hospital, NFLD
4. Cory Neudorf, Saskatoon Health Region
5. Terry Creagh, Government of Nunavut
6. Barb Oke, First Nations and Inuit Health Branch, Health Canada

* Study Funded by Canadian Health Services Research Foundation; Public Health Agency for Canada; Health Canada (First Nations & Inuit Health Branch, Health Human Resources Strategy Division, and Office of Nursing Policy); British Columbia Ministry of Health (Nursing Directorate and Communicable Diseases & Addictions Prevention Branch); Nursing Health Services Research Unit (McMaster site) and Vancouver Coastal Health.

Table of Contents

Introduction	3
Alberta	4
British Columbia	4
Manitoba	5
New Brunswick	6
Newfoundland and Labrador	7
Northwest Territories	8
Nova Scotia	9
Nunavut	9
Ontario	10
PEI	11
Québec	12
Saskatchewan	13
Yukon	13
First Nations and Inuit Health	14
References	15

Introduction

This report describes how each province/territory and the First Nations and Inuit Health Branch of Health Canada organize community health care. It includes an overview of each health care system and situates community and public health within it. This information was collected as part of a Community Health Nursing Study entitled *Building Community and Public Health Nursing Capacity*, funded through the Canadian Health Services Research Foundation (CHSRF) Research Exchange and the Impact for System Support (REISS) grant program.¹ The study will provide: a demographic profile of Community Health nurses; identify the enablers and barriers to effective practice and describe the organizational attributes that support Public Health Nurses' work.

¹ Study Funded by Canadian Health Services Research Foundation; Public Health Agency for Canada; Health Canada (First Nations & Inuit Health Branch, Health Human Resources Strategy Division, and Office of Nursing Policy); British Columbia Ministry of Health (Nursing Directorate and Communicable Diseases & Addictions Prevention Branch); Nursing Health Services Research Unit (McMaster site) and Vancouver Coastal Health

Alberta

Alberta's population is just under 3.5 million.² The health care system is governed by the Ministry of Health and Wellness whose primary responsibilities include setting policies, allocating resources and administering provincial programs.³ The delivery of health care services is based on 9 Regional Health Authorities (RHA), and 3 provincial health authorities: the Alberta Cancer Board, the Alberta Mental Health Board, and the Health Quality Council of Alberta (HQCA).⁴ The RHA's are responsible for all hospitals, continuing care facilities, community health services and public health programs in their region. The Alberta Cancer Board is responsible for cancer research, prevention and treatment programs for the province as a whole; whereas the Alberta Mental Health Board is promotes mental health and provides province-wide services and programs. Finally, the HQCA is responsible for knowledge translation that is geared to improving Alberta's health care system.⁵

The Office of the Provincial Health Officer provides:

- guidelines on public health policy to the RHAs and
- the public with information about public health programs throughout the province.⁶

The Regional and Provincial Health Authorities are responsible for the delivery of public health services on a local level. Each RHA has a Medical Officer of Health that oversees all public health services within their region. Public Health programs and services are carried out by Community Health/Public Health nurses working in both public health and community health centres across the province.⁷

British Columbia

As the third largest province, British Columbia's population is just over 4.3 million.⁸ The British Columbia Ministry of Health in 2001streamlined their health care system to five (5) Health Authorities that manage, plan and direct health services regionally and one (1) Provincial Health Services Authority (PHSA) that coordinates and provides provincial programs and specialized services such as the BC Cancer Agency.⁹ The 5 regional health

² Statistics Canada (2006). Summary Tables. Population by year, by province and territory. Available: <http://www40.statcan.ca/101/cst01/demo02a.htm?sdi=population%20province%20territory>

³Canadian Information Centre for International Medical Graduates (2008). Health Services in Alberta. Available: <http://www.img-canada.ca/en/can-hc-system/al/health-services.html>

⁴ Alberta Ministry of Health and Wellness (2008). Setting strategic direction. Available: <http://www.health.gov.ab.ca/about/about.html>

⁵ Ibid

⁶ Alberta Ministry of Health and Wellness (2008). Public Health Programs. Available: <http://www.health.gov.ab.ca/about/publichealth.html>

⁷ Ibid

⁸ Statistics Canada (2006)

⁹ BC Ministry of Health website (2008). Available: <http://www.health.gov.bc.ca/socsec/about.html>

authorities are further structured around 16 health service delivery areas (HSDAs) that have been organized around the province's geography using patient and physician referral service. Although local health services such as public health, home care, mental health and hospital care are delivered by the 5 regional health authorities, each region varies in their structure and organization of these services.¹⁰ For example, within the Interior Health Authority, a single, regional Public Health Department exists to coordinate service delivery across the region. Conversely, Vancouver Coastal Health Authority maintains a decentralized system of service delivery whereby the local Health Service Delivery Areas are responsible for the delivery of public health services to their respective regions.¹¹ The service delivery structure within each regional health authority ranges from one organization, a Community Health Centre, providing residents with primary health care services including public health and home care to separate organizations for each of these core services (e.g. public health services are housed in Public Health Units and home care can be accessed through Home Health Offices).

Manitoba

Manitoba has a population of over 1.1 million people.¹² Manitoba Health, a division of the provincial government, oversees the health care system within the province. The department is further broken down into 5 specialized programs/branches that support differing aspects of the health care system. The Office of the Chief Medical Officer of Health works closely with the Public Health Branch and is responsible for reporting threats to the health of the population.¹³ Furthermore, regional medical officers of health report directly to the chief medical officer of health. The Public Health Branch is responsible for providing leadership and coordination to public health programs and services.¹⁴ The Communicable Disease Unit's mission is "to promote, support and facilitate the prevention and control of communicable diseases in Manitoba."¹⁵ The Home Care Program is closely linked to the regional health authorities and provides strategic planning and policy development for the RHAs.¹⁶ By contrast, the regional health authorities have operational responsibility for home care at the local level.¹⁷ Finally, the

¹⁰ Fraser Health: Health Authority Redesign Health Accomplishments (2005). Available: <http://www.health.gov.bc.ca/socsec/serviceplan.html>

¹¹ Leslie, Whyte, Pederson & Haylock. (2007). BC Map of Public Health Services. Available: http://www.phabc.org/modules.php?name=Mapping&NSNST_Flood=22ba446831132877f5d7cc742eb9a123

¹² Statistics Canada (2006)

¹³ Manitoba Health Website (2007). The Office of the Chief Medical Officer of Health. Available: <http://www.gov.mb.ca/health/publichealth/cmoh/index.html>

¹⁴ Manitoba Health Website (2007). Public Health Branch. Available: <http://www.gov.mb.ca/health/publichealth/index.html>

¹⁵ Manitoba Health Website (2007). Communicable Disease Control Unit. Available: <http://www.gov.mb.ca/health/publichealth/cdc/index.html>

¹⁶ Manitoba Health (2007). Home Care Program. Available: <http://www.gov.mb.ca/health/homecare/index.html>

¹⁷ Manitoba Health Website (2007). Regional Health Authorities: History. Available:

Mental Health and Addictions branch is responsible for promoting mental health and addressing the needs of people living with mental health disorders.¹⁸

At a local level, 11 regional health authorities were established in 1997. They are responsible for:

1. assessing and prioritizing needs and health goals,
2. developing and managing an integrated approach to their own health care system.
and
3. delivering services at a local level.

Local services provided by the health authorities include primary care, mental health services, public health services, home care services, hospitals, and long term care.¹⁹

Public health services are available through each regional health authority; however some RHAs house these services in one main site (e.g. Brandon Regional Health Authority) while others have public health units scattered throughout their region (e.g. Regional Health Authority-Central Manitoba).

New Brunswick

New Brunswick has a population of just over 749 000.²⁰ Led by a Deputy Minister, the Department of Health and Wellness governs health care in the province. As of September 1, 2008, the government will transition from 8 down to 2 Regional Health Authorities (RHA).²¹ This change is cited to “bring about a standardized, efficient provincial approach to health care and eliminate the unhealthy and costly competition that has existed between the RHA’s for limited financial and other resources.”²² The new RHAs will assume the responsibilities of the RHAs they replace. Regional Health Authority “A”, located in Bathurst will cover the northeastern part of the province and be responsible for francophone services. Regional Health Authority “B” will cover the majority of the province including all major facilities. It will be responsible for anglophone services in the Moncton area.²³

<http://www.gov.mb.ca/health/rha/index.html>

¹⁸ Manitoba Health Website (2007). Mental Health and Addictions Branch. Available: <http://www.gov.mb.ca/health/mh/index.html>

¹⁹ Winnipeg Regional Health Authority. (2007). Programs. Available: <http://www.wrha.mb.ca/prog/index.php>

²⁰ Statistics Canada (2006)

²¹ Government of New Brunswick, Department of Health and Wellness (2008). Available: <http://www.gnb.ca/0051/index-e.asp>

²² Government of New Brunswick, Department of Health and Wellness, Regional Health Authorities (2008). Available: <http://www.gnb.ca/0051/index-e.asp>

²³ Health Edition. (March 14, 2008). Canada’s Health Newsweekly. Vol. 12 No. 10.

The RHAs are responsible for the delivery of health care services at a local level and ensuring citizen input into the needs and priorities of the region.²⁴ Each RHA manages and delivers services in the following areas: Addiction Services, Mental Health Services, Hospitals Services, Community Health Centres, and Public Health Services. Community Health Centres are organizations that provide Primary Health Care Services to communities through a multidisciplinary team of health providers including physicians, nurse practitioners, social workers, dietitians, health promoters, and counselors.²⁵ In contrast, public health services are delivered through the RHAs where a Chief Medical Officer of Health oversees the development of public health policy and provides medical operational support to the Regional Medical Officers of Health.²⁶ Finally, each RHA is responsible for the delivery of services through the Extra-Mural Program, a provincial home/community health care program that provides a range of services to individuals in their homes including home care, nursing homes, special care homes and schools.²⁷

Newfoundland and Labrador

Newfoundland and Labrador has a population of just over 506 000.²⁸ The Department of Health and Community Services governs the health care system across the province.²⁹ The department consists of 5 branches with 15 divisions. Each branch is responsible for some aspect of providing health and community services to the province. For example, the Board Services branch is responsible for the four (4) Regional Integrated Health Authorities that make up the provinces health care structure.³⁰ Overall, the Department provides support services to 6 Regional Institutional Boards which deliver hospital and long-term care services; 4 Regional Health and Community Services Boards which deliver programs and services including Health Promotion, Disease Prevention, Child, Youth and Family Services and Community Corrections, Family and Rehabilitative Services, Addictions, Mental Health and Continuing Care; 2 Regional Integrated Boards and 1 Regional Nursing Home Board in St. John's.³¹ Public health services are provided through local community health centres throughout each of the 4 health authorities.³²

²⁴ Ibid

²⁵ Department of Health and Wellness, New Brunswick (2003). The New Brunswick Community Health Centres Framework. Available: <http://www.gnb.ca/0601/pdf/FrameworkEnglishOct251.pdf>

²⁶ Government of New Brunswick, Department of Health and Wellness website (2007) Public Health Services. Available: <http://www.gnb.ca/0051/0053/index-e.asp>

²⁷ Government of New Brunswick, Department of Health and Wellness website (2007). Extra-mural Program. Available: <http://www.rrs4-rha4.nb.ca/>

²⁸ Statistics Canada (2006)

²⁹ Government of Newfoundland and Labrador (2008). Available: <http://www.health.gov.nl.ca/health/>

³⁰ Ibid

³¹ Government of Newfoundland and Labrador: Department Profile (2008). Available: <http://www.health.gov.nl.ca/health/department/default.htm>

³² R. Goodyear, James Paton Memorial Hospital, NFLD, personal communication, 2007.

“Community Health Nursing provides programs for people of all ages in private homes, clinics, schools and other community sites. Programs inform assess, educate and support individuals in the community and offer screening, referrals, and follow-up services.”³³

Northwest Territories

Northwest Territories is the largest territory in Canada with a population of just under 42 000.³⁴ The health care system is made up of the Department of Health and Social Services and 8 health authorities.³⁵ The department is responsible for overseeing health and social services in the territory and ensuring the health and well-being of residents. The department is made up of 2 branches, the ministry branch and the operational support branch. The ministry branch is responsible for the leadership role of the government including financial activities, policy and legislation, planning and accountability and IT services. Conversely, the operational support branch is responsible for program planning and development and providing support to the authorities in the management of program delivery. This branch is made up of 4 divisions including:

1. Children and family services,
2. Population health-including health promotion and other public health activities,
3. Territorial/Integrated Services division-including using the Integrated Service, Delivery Model (ISDM) to provide primary community care, and
4. Health Services Administration.

At a regional level, the Health and Social Services Regional Authorities plan, manage and deliver health care and social services to their local residents. Additionally, the Stanton Territorial Health authority has a team of Environment Health Officers and a Medical Officer of Health that provide services to all authorities. A unique feature of the NWT health care system is the Integrated Service Delivery Model (ISDM) used to provide and health and social services.³⁶ This model uses a team-based approach to client-focused care. Primary community care teams are the initial point of contact for residents accessing the health and social system.³⁷ These teams work closely with regional and territorial caregivers to provide optimal service to clients. Regional teams then provide on-site services both through regional health centres and by traveling to communities. Finally, territorial health and social services caregivers serve the whole population of NWT.³⁸

Under the ISDM model, public health functions are performed throughout the regional authorities by primary community care teams, regional support services and territorial

³³ Western Regional Integrated Health Authority (2008). Community Health Nursing. Available: <http://westernhealth.nl.ca/index.php/programs-and-services/services-a-z/community-health-nursing>

³⁴ Statistics Canada (2006)

³⁵ Government of NWT, Department of Health and Social Services Website (2007). Available: http://www.hlhss.gov.nt.ca/content/About_HSS/hss_system.asp.

³⁶ Government of NWT, Department of Health and Social Services Website (2007). Integrated Service Delivery Model. Available: <http://www.hlhss.gov.nt.ca/content/Publications/pubresult.asp?ID=261>

³⁷ Northwest Territories Health and Social Services (2004). Integrated Service Delivery Model for the NWT Health and Social Services System. Available: <http://www.hlhss.gov.nt.ca/content/Publications/pubresult.asp?ID=261>

³⁸ Ibid

support services. Public health units exist in four (4) of the HSS authorities including: Fort Smith, Hay River, Inuvik, and Yellowknife. Although three (3) health authorities (Sahtu, Delcho, and Tlicho) do not have public health units, they do have designated regional public health positions to build capacity and act as a resource for other frontline providers in communities.³⁹

Nova Scotia

With a population of just under 1 million people (934 000), Nova Scotia is the largest province in Atlantic Canada.⁴⁰ The health care system is comprised of 9 District Health Authorities (DHAs) that manage, deliver, evaluate and fund local health services under the direction of the Department of Health and Social Services. Within each DHA, Community Health Boards are appointed that act as a voice for local residents. Each board is comprised of 15 volunteer community members. In general, CHBs “assess local needs, develop plans to coordinate primary health care and identify ways to improve the overall health of the community.”⁴¹ In February 2006, the government of Nova Scotia announced the creation of a new department called the Department of Health Promotion and Protection which joins Nova Scotia Health Promotion, the Public Health branch of the Department of Health, and the Office of the Chief Medical Officer of Health.⁴² The department is responsible for responding to emerging public health threats, preventing chronic disease and injury, and promoting health among Nova Scotians. At a local level, public health services are housed through DHAs with local offices spread throughout each region. In addition, Community Health Centres are set up to deliver health care services including primary care services across the region.

Nunavut

As Canada’s youngest territory, Nunavut’s population is just over 30 000.⁴³ Nunavut is only one of two provinces/territories whose health care system is administered and funded centrally.⁴⁴ The Department of Health and Social Services within the Government of Nunavut is responsible for providing a broad range of programs and services to Nunavut residents. The department is further broken down into groups that work on specific issues (e.g. the Health Promotion Unit supports programs around smoking cessation).⁴⁵ More specifically, the Office of the Chief Medical Officer of Health

³⁹ Ibid

⁴⁰ Statistics Canada (2006)

⁴¹ Ontario Hospital Association (2002). Regional Health Authorities in Canada: Lessons for Ontario. Available: www.oha.com p. 33.

⁴² Government of Nova Scotia. Department of Health Promotion and Protection (2007). Available: (<http://www.gov.ns.ca/hpp/index.asp>)

⁴³ Statistics Canada (2006)

⁴⁴ Ontario Hospital Association (2002)

⁴⁵ Government of Nunavut. Health and Social Services Website (2007a). Available: <http://www.gov.nu.ca/health/cmoh.shtml>.

provides leadership for various health protection programs to promote public health throughout the territory. The Health Protection Unit operates as an epidemiology unit and provides expertise and support of programs and services dedicated to health protection provided by the regions.⁴⁶ Finally, the Health Promotions Program Unit is responsible for the following program areas: Diabetes; Home and Community Care; Addictions and Mental Health Strategy; Prairie Northern Pacific FAS Partnership (PNPFASP), a joint program between the western provinces and territories designed to address fetal alcohol syndrome; and the Nunavut Tobacco Program.⁴⁷ Furthermore, the territory's public health system is broken down into 3 levels.⁴⁸ At the territory level, the health protection and health promotion units are responsible for public health functions. An Executive Director of Population Health oversees both of these units. At a regional level, some variation exists in the structure of the public health system. For example, two of the region, Kitikmeot and Kivalliq do not have health promotion officer positions while Baffin has two. Front-line staff are employed in regional centres and only serve clients within those centres. At a local (community) level, Community Health Centres (CHC) exist throughout the province that house public health-related staff. In general, community health nurses are responsible for primary care activities within the centre which include public health services such as immunizations, diagnosis and treatment of communicable diseases and providing clinics for specific populations.⁴⁹

Ontario

As the largest province in Canada, Ontario's population is just over 12.8 million people.⁵⁰ In March 2006, the Ministry of Health and Long-Term Care announced that Ontario's health care system will move from 7 District Health Councils (DHCs) to 14 Local Integrated Health Networks (LHINs). LHINs do not provide health services directly but are responsible for planning, coordinating, integrating, managing and funding local health services including:

- Hospitals
- Community Care Access Centres
- Community Support Services
- Long-term Care
- Mental Health and Addictions Services
- Community Health Centres.⁵¹

Public Health Services are not included under the management of the LHINs but instead are situated within the Ministry of Health and Long-Term Care and the newly created

⁴⁶ Ibid

⁴⁷ Government of Nunavut. Health and Social Services Website (2007b). Available <http://www.gov.nu.ca/health/promo.shtml#PNPFASP>

⁴⁸ T. Creagh, Government of Nunavut, personal communication, 2007.

⁴⁹ Ibid

⁵⁰ Statistics Canada (2006)

⁵¹ LHINs Website (2008). About Local Health Integration Networks. Available: http://www.lhins.on.ca/aboutlhin.aspx?ekmense1=e2f22c9a_72_184_btnlink.

Ministry of Health Promotion. Furthermore, a new Ontario Agency of Health Protection and Promotion was created to support the Chief Medical Officer of Health and provide expert advice for the health sector.⁵² Public Health Nurses in Ontario currently work under one of the 36 Boards of Health. Although the funding is shared, 75% by the province and 25% from the local municipalities, the Boards of Health (BOH) are governed in one of three ways: The BOH may operate separately and autonomously from the administrative structure of the municipalities, it may be integrated into municipal administrative structures but operate autonomously or it may operate as a department within a municipal government where the municipal council has the mandate and authority of a BOH.⁵³ In 28 of the 36 Health Units a Medical Officer of Health (MOH) is the Chief Executive Officer (CEO) and in the remaining 8 health units the CEO is not a physician but often has a background as a public health professional. In these instances a full or part-time MOH have public health medicine responsibilities and are members of the management team.

PEI

Prince Edward Island has a population of 138 500.⁵⁴ The Ministry of Health and Social Services, the main body governing health care in Prince Edward Island (PEI), is comprised of the Department of Health and Social Services and five (5) Community Hospital Boards.⁵⁵ The structure of the PEI health care system includes the Department of Health, four (4) Regional Health Authorities (RHAs) and one (1) Provincial Health Services Agency (PHSA). The Department of Health is further broken down into 9 divisions including Corporate Services, Finance, Primary Care, Chief Health Office, Community Hospitals and Continuing Care, Medical Programs, Queen Elizabeth Hospital and Hillsborough Hospital, Prince County Hospital, and the Federal Provincial Territorial Health Secretariat. The Primary Care division is responsible for Community Health Centres, Community Mental Health and Addictions, Public Health, Chronic Disease Prevention and Diabetes and Reproductive Care.⁵⁶ The Community Hospitals and Continuing Care division is responsible for Community Hospitals, Home Care, Long-term Care, Provincial Dialysis Program and Provincial Geriatric Services. The Department works in conjunction with the RHAs and the PHSA to establish system goals, allocate funds, and develop policy.⁵⁷ Regionally, the RHAs are responsible for the

⁵² Ontario Ministry of Health and Long-term Care Website(2008). Agency Implementation Task Force. Available: http://www.health.gov.on.ca/english/providers/project/ohp/aitf_mn.html.

⁵³ Ontario Ministry of Health and Long-Term Care (2006). Revitalizing Ontario's Public Health Capacity: The Final Report of the Capacity Review Committee. Available: http://www.health.gov.on.ca/english/public/pub/ministry_reports/capacity_review06/capacity_review06.html

⁵⁴ Statistics Canada (2006)

⁵⁵ Government of PEI website (2008). Available: <http://www.gov.pe.ca/health/index.php3>

⁵⁶ Ibid

⁵⁷ Canada Health Act. Annual Report 2004-2005. Available: http://www.hc-sc.gc.ca/hcs-sss/medi-assur/pt-plans/pe_e.html

delivery of health care services; and finally, the PHSA is responsible for delivering all acute care services across the province.

Québec

With a population of 7 651 000, Québec is the second largest province in Canada.⁵⁸ Québec's modern welfare state is unique insofar as it combines health and social services under one (1) ministry, Ministère de la Santé et des Services sociaux (MSSS)⁵⁹. At the central level, the MSSS is responsible for the governance and management of the health care system as well as the allocation of budgets to the regions.

The Ministère shares this responsibility with 18 regional authorities that are accountable for organizing services in their respective territories. Among the 18, there are 15 health and social service agencies and 3 other regional organizations (the Centre régional de santé et de services sociaux de la Baie-James, in the Nord-du-Québec region, the Régie régionale de la santé et des services sociaux du Nunavik, in the Nunavik region, and the Conseil Cri de la santé et des services sociaux de la Baie-James, in the Terres-Criés-de-la-Baie-James region).⁶⁰ Québec is divided into 95 Local Services Networks.⁶¹ At the heart of these networks are institutions known as Health and Social Service Centres (HSSC) which are responsible for front-line service delivery to their respective populations. Each HSSC is made up of Local Community Service Centres (CLSCs) which provide primary care services including home care, rehabilitation centres (CHR) and community hospitals.⁶²

The Ministère de la Santé et des Services sociaux (MSSS) is the central authority for public health. However, the Institut national de sante publique (INSPQ), a separate government agency devoted to public health, acts as an advisory body to MSSS as a centre of public health expertise and training development for the health and social services network. At the regional level, 18 Public Health Directorates (directions de la santé publique) are responsible for both public health and social development in their respective regions.⁶³

⁵⁸ Statistics Canada (2006)

⁵⁹ Rapport Annuel du Ministère de la Santé et des Services Sociaux (2005-2006). Available: <http://www.msss.gouv.qc.ca/>

⁶⁰ Ibid

⁶¹ Santé et services sociaux Québec (2008). Available: <http://www.msss.gouv.qc.ca/en/reseau/services.php>

⁶² Levine, D. (2005). A Healthcare Revolution: Quebec's New Model of Healthcare. *Healthcare Quarterly*, 8 (4), 38-46.

⁶³ Bernier, N.F. (2005). Canadian Approaches to Public Health: A Comparative Overview of Policy Content and Organization. Paper presented at SASE, Budapest, Hungary.

Saskatchewan

With just under 1 million people (996 000), Saskatchewan is the least populated of the Prairie Provinces.⁶⁴ Under the direction of the Minister of Health and the Minister of Healthy Lifestyles, Saskatchewan Health (Department of Health) oversees and coordinates health care delivery throughout the province.⁶⁵ In August 2002, the Saskatchewan government replaced the 32 health districts with the current system of 12 regional health authorities, the Saskatchewan Cancer Agency and the Athabasca Health Authority.⁶⁶ Health services are primarily delivered through the 12 health regions either directly or through health care organizations. The Saskatchewan Cancer Agency is primarily responsible for cancer care services throughout the province. The Athabasca Health Authority, although not part of the *Regional Health Services Act*, does enter into an annual contract with the government of Saskatchewan to provide health care services to the Athabasca Basin region.⁶⁷ Some of the major areas of responsibility for the health regions include hospitals, health centres, emergency response services, supportive care, home care, community health services (including public health), mental health services and rehabilitation services.⁶⁸ Public health offices are located throughout many of the health regions; however, some public health functions are delivered through satellite clinics called Health Centres.⁶⁹

Yukon

At a population of 31 000 people, Yukon is the smallest territory in Canada.⁷⁰ The Department of Health and Social Services governs all health care in Yukon.⁷¹ Yukon is the only province/territory in Canada that does not have a regionalized health care system; instead the Department of Health and Social Services governs, mandates, plans and funds all health care activities for the territory as a whole. The Health Services Branch within the department is responsible for the operation of all health facilities throughout the territory with the exception of the Whitehorse General Hospital.⁷² Community Health Centres and nursing stations provide health and medical services

⁶⁴ Statistics Canada (2006)

⁶⁵ Government of Saskatchewan website (2007a). Saskatchewan Health. Available: <http://www.health.gov.sk.ca/health-system>

⁶⁶ Ontario Hospital Association (2002)

⁶⁷ Government of Saskatchewan website (2007). The Athabasca Health Authority. Available: <http://www.health.gov.sk.ca/athabasca-health-authority>

⁶⁸ Government of Saskatchewan website (2007). Regional Health Governance. Available: <http://www.health.gov.sk.ca/regional-health-governance>

⁶⁹ C. Neudorf, Saskatoon Health Region, Saskatchewan, personal communication, 2007.

⁷⁰ Statistics Canada (2006)

⁷¹ Yukon Health and Social Services (2008) Available: <http://www.hss.gov.yk.ca/about/>

⁷² Yukon Health and Social Services: Health Services Branch (2008). Available: http://www.hss.gov.yk.ca/programs/social_services/disabilities/health_services/

locally, delivered primarily by community health nurses. “Health Services also provides ambulance services, vital statistics, communicable disease control, health promotion, dental health, environmental health, hearing services and mental health services.”⁷³ Community Health Nurses are situated within Community Health Centres which provide services including community health programs (e.g. Maternal Child, School Health, Health Education and Promotion) and treatment programs. The office of the Medical Officer of Health is responsible for overseeing and ensuring the public’s health in the following areas: communicable disease control, environmental health, and emergency preparedness and response.⁷⁴ Finally, the Yukon Telehealth Network links 14 communities across the territory to with telehealth work stations. “Telehealth uses videoconferencing technology to provide healthcare services and education to clients and health care professionals in their own community. It is also used for health related administrative purposes which include community consultations, program development and interviews.”⁷⁵

First Nations and Inuit Health

The First Nations and Inuit Health Branch (FNIHB) of Health Canada is responsible for the delivery of public health and health promotion on-reserve and in Inuit communities.⁷⁶ First Nations and Inuit Health regional offices are located across Canada. Facilities located on-reserve include Health Offices, Health Stations, Health Centres and/or Nursing Stations. The FNIHB mandate is to ensure availability and accessibility of health services to all First Nations and Inuit Communities.⁷⁷ Provincially funded physicians visit these facilities and patients requiring emergency care are transferred to the nearest provincial referral centre.⁷⁸

⁷³ Ibid

⁷⁴ Yukon Health and Social Services: Medical Health Officer (2008). Available: http://www.hss.gov.yk.ca/programs/nursing/health_officer/

⁷⁵ Yukon Health and Social Services (2008). Yukon Telehealth Network. Available: <http://www.hss.gov.yk.ca/programs/nursing/ytn/>

⁷⁶ Health Canada (2008). First Nations and Inuit Health Branch. Available: http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/index_e.html

⁷⁷ Health Canada (2008). First Nations and Inuit Health Branch: Mandate and Priorities. Available: http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/mandat_e.html

⁷⁸ Lavoie, J.G., Forget, E., & O’Neill, J. (2007). Why equity in financing First Nations on-reserve health services matters? *Healthcare Policy*, 2(4), 79-96.

References

Alberta Ministry of Health and Wellness (2008). Setting strategic direction. Available: <http://www.health.gov.ab.ca/about/about.html>

Alberta Ministry of Health and Wellness (2008). Public Health Programs. Available: <http://www.health.gov.ab.ca/about/publichealth.html>

BC Ministry of Health website (2008). Available: <http://www.health.gov.bc.ca/socsec/about.html>

Bernier, N.F. (2005). Canadian Approaches to Public Health: A Comparative Overview of Policy Content and Organization. Paper presented at SASE, Budapest, Hungary.

Calgary Health Region (2008). Types of Care: Public Health & Community Care Centres. Available: http://www.calgaryhealthregion.ca/hospitals/care_types/public_health.htm

Canada Health Act. Annual Report 2004-2005. Available: http://www.hc-sc.gc.ca/hcs-sss/medi-assur/pt-plans/pe_e.html

Canadian Information Centre for International Medical Graduates (2008). Health Services in Alberta. Available: <http://www.img-canada.ca/en/can-hc-system/al/health-services.html>

Colchester East Hants Health Authority, Nova Scotia (2008). Available: <http://www.cehha.nshealth.ca/chb/>

Department of Health and Wellness, New Brunswick (2003). The New Brunswick Community Health Centres Framework. Available: <http://www.gnb.ca/0601/pdf/FrameworkEnglishOct251.pdf>

Fraser Health: Health Authority Redesign Health Accomplishments (2005). Available: <http://www.health.gov.bc.ca/socsec/serviceplan.html>

Government of New Brunswick, Department of Health and Wellness (2008). Available: <http://www.gnb.ca/0051/index-e.asp>

Government of New Brunswick, Department of Health and Wellness website (2008):
Regional Health Authorities:
<http://www.gnb.ca/0051/index-e.asp>

Extra-mural Program:
<http://www.rrs4-rha4.nb.ca/>

Public Health Services:
<http://www.gnb.ca/0051/0053/index-e.asp>

Government of Newfoundland and Labrador (2008a). Available:
<http://www.health.gov.nl.ca/health/>

Government of Newfoundland and Labrador: Department Profile (2008b). Available:
<http://www.health.gov.nl.ca/health/department/default.htm>

Government of NWT, Department of Health and Social Services Website (2007a).
Available: http://www.hlthss.gov.nt.ca/content/About_HSS/hss_system.asp.

Government of NWT, Department of Health and Social Services Website (2007b). Integrated
Service Delivery Model. Available:
(<http://www.hlthss.gov.nt.ca/content/Publications/pubresult.asp?ID=261>)

Government of Nova Scotia. Department of Health Promotion and Protection (2007).
Available: (<http://www.gov.ns.ca/hpp/index.asp>)

Government of Nunavut. Health and Social Services Website (2007a). Available:
<http://www.gov.nu.ca/health/cmoh.shtml>.

Government of Nunavut. Health and Social Services Website (2007b). Available
<http://www.gov.nu.ca/health/promo.shtml#PNPFASP>

Government of PEI website (2008). Available: <http://www.gov.pe.ca/health/index.php3>

Government of Saskatchewan website (2007). Saskatchewan Health. Available:
<http://www.health.gov.sk.ca/health-system>

Government of Saskatchewan website (2007). The Athabasca Health Authority.
Available: <http://www.health.gov.sk.ca/athabasca-health-authority>

Government of Saskatchewan website (2007). Regional Health Governance. Available:
<http://www.health.gov.sk.ca/regional-health-governance>

Health Canada (2008). First Nations and Inuit Health Branch. Available:
http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/index_e.html

Health Canada (2008). First Nations and Inuit Health Branch: Mandate and Priorities.
Available:
http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/mandat_e.html

Health Edition. (March 14, 2008). Canada's Health Newsweekly. Vol. 12 No. 10.

Lavoie, J.G., Forget, E., & O'Neill, J. (2007). Why equity in financing First Nations on-
reserve health services matters? *Healthcare Policy*, 2(4), 79-96.

Leslie, Whyte, Pederson & Haylock. (2007). BC Map of Public Health Services.
Available:

http://www.phabc.org/modules.php?name=Mapping&NSNST_Flood=22ba446831132877f5d7cc742eb9a123

Levine, D. (2005). A Healthcare Revolution: Quebec's New Model of Healthcare. *Healthcare Quarterly*, 8 (4), 38-46.

LHINs Website (2008). About Local Health Integration Networks. Available: http://www.lhins.on.ca/aboutlhin.aspx?ekmense=e2f22c9a_72_184_btnlink.

Northwest Territories Health and Social Services (2004). Integrated Service Delivery Model for the NWT Health and Social Services System. Available: <http://www.hlthss.gov.nt.ca/content/Publications/pubresult.asp?ID=261>

Ontario Hospital Association (2002). Regional Health Authorities in Canada: Lessons for Ontario. Available: www.oha.com.

Ontario Ministry of Health and Long-Term Care (2006). Revitalizing Ontario's Public Health Capacity: The Final Report of the Capacity Review Committee. Available: http://www.health.gov.on.ca/english/public/pub/ministry_reports/capacity_review06/capacity_review06.html

Ontario Ministry of Health and Long-term Care Website(2008). Agency Implementation Task Force. Available: http://www.health.gov.on.ca/english/providers/project/ohp/aitf_mn.html.

Santé et services sociaux Québec (2008). Available: <http://www.msss.gouv.qc.ca/en/reseau/services.php>

Rapport Annuel du Ministère de la Santé et des Services Sociaux (2005-2006). Available: <http://www.msss.gouv.qc.ca/>

Statistics Canada (2006). Summary Tables. Population by year, by province and territory. Available: <http://www40.statcan.ca/101/cst01/demo02a.htm?sdi=population%20province%20territory>

Western Regional Integrated Health Authority (2008). Community Health Nursing. Available: <http://westernhealth.nl.ca/index.php/programs-and-services/services-a-z/community-health-nursing>

Yukon Health and Social Services (2008) Available: <http://www.hss.gov.yk.ca/about/>

Yukon Health and Social Services: Health Services Branch (2008). Available: http://www.hss.gov.yk.ca/programs/social_services/disabilities/health_services/

Yukon Health and Social Services: Medical Health Officer (2008). Available:
http://www.hss.gov.yk.ca/programs/nursing/health_officer/

Yukon Health and Social Services (2008). Yukon Telehealth Network. Available:
<http://www.hss.gov.yk.ca/programs/nursing/ytn/>