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## Abstracts

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## ABSTRACTS

G rard B LANGER: *La provincialisation des services de sant *

Thirty years after hospitalization insurance and twenty years after health insurance, health care presents itself as a provincialized system with 80% of its financing coming from taxes. Several of its characteristics result in a centralized allocation of resources. Since 1970, expenditures in this field have shown an upward trend, in comparison to a gross domestic product, much weaker than during the preceding decades and have even gone through periods of stability due to government controls on the capacity of the system. In spite of recent talk in favour of decentralization, the issue is not a choice between decentralization and centralization — since the financing is centralized — but rather the means by which to organize the centralization, which has a tendency to respond only to crises, either real or artificial.

Pierre BERGERON: *La commission Rochon reproduit les solutions de Castonguay-Nepveu*

The proposals of the Rochon Commission concerning the mode of state intervention in the health care sector in Qu bec follow the same overall paths to a solution as did the Castonguay-Nepveu Commission. The theoretical approaches normally used do not allow for an interpretation of this episode as a whole in the formulation of public health care policy. However this interpretation can be quite revealing, and an approach combining the structural theory of Giddens and the structural analysis of Lemieux appears promising.

Louis DEMERS et Clermont B GIN: *Pouvoirs et contre-pouvoirs dans le secteur de la sant : deux cas de fusion*

This paper attempts to shed some light on the sociopolitical dynamics of centralized public organizations. The Qu bec health and social services system is the object of the study. More specifically, the authors analyze and compare two cases of hospital mergers decided and imposed by the provincial Ministry of Health and Social Services on the administrators, the professionals and the populations of two regions, namely those of higher C te-Nord and Beauce. Results show that centralized decision making power of government can be hampered by strong opposite coalitions of actors at the bottom level, when such coalitions succeed in shifting administrative stakes into the political arena. The doctors' role has been a determining factor in that respect.

Michel O'NEILL, Lise CARDINAL, Jean-Paul FORTIN et Gis le GROLEAU: *La naissance du r seau qu b cois de Villes et villages en sant *

The birth in 1987 of a Qu bec network of « Villes et villages en sant  » is first inserted into the context of « Healthy Cities » (H.C.), an international movement launched in Europe in 1986 by the World Health

Organization as one of its recent initiatives in health promotion. Using data from a group interview done with the leaders of the first municipalities to start H.C. in the province, an analysis of the actors, issues and strategies explaining the interest of these pioneer localities to join the movement is offered. Finally, a theoretical model intending to explain the genesis of H.C. in Québec is provided and its usefulness discussed to understand Healthy Cities here and abroad.