



Main Québec health and social services **prevention and promotion** initiatives



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QUÉBEC PUBLIC HEALTH ACT

The *Public Health Act*, which was adopted in December 2001, is a framework for public health activities in Québec. It encompasses all the essential functions of a public health system: public health monitoring, promotion, prevention, and protection. It is enabling legislation in the sense that it gives public health stakeholders the means to carry out these functions and, in return, it places obligations on them. These legislative measures are intended to meet a range of public health requirements. They provide an explicit mandate to engage in public health monitoring activities, including access to the information required to carry out this mandate; to contribute to the development of health-friendly policies through the capacity to evaluate the impact on public health of draft bills and regulations; to give public health authorities the authority to take action in cases where there is a significant threat to public health; to establish registries for the purpose of preventive care or the protection of public health; and the power to deliver the full range of public health services through a *Public Health Program* and local and regional actions plans. The *Public Health Act* also established a *Public Health Ethics Committee*.

The legislative measures also set the main parameters of the *Québec Public Health Program* and all local and regional public health programs. These include the orientations, objectives, and priorities of the main functions of the public health system covered by the Act; a health promotion and prevention mandate to take action to reduce public health and welfare inequities and reduce risk factors that have a greater impact on the most vulnerable groups; the authority to determine the responsibilities of stakeholders at every level of the public health system; and the need to consult and establish monitoring and performance evaluation mechanisms.

Like the *Ottawa Charter for Health Promotion*, the *Public Health Act* provides for health promotion and prevention strategies that the Minister, public health directors, and health and social services centres can adopt in their respective fields of competence. The Act is ahead of its time in that it specifies that the Minister must be consulted regarding the development of the measures provided for in an Act or Regulation that could have a significant impact on the health of the population. It also expressly states that the Minister is the advisor to the Government on all public health issues. If normal avenues for reaching a consensus fail, the Act gives the Minister of Health and Social Services and public health directors the power to initiate joint action between various stakeholders equipped to act in situations that present a serious risk of avoidable mortality, morbidity, and disability.

Available References

Mieux comprendre la Loi sur la santé publique. Une synthèse des principales questions soulevées lors de sa présentation, de janvier à juin 2002. Ministère de la santé et des services sociaux. November 2002. WEB** (in French only)

** Reference available on the MSSS Website: www.msss.gouv.qc.ca , under the Documentation heading, Publications section

QUÉBEC PUBLIC HEALTH PROGRAM 2003-2012

The Québec Public Health Program defines the activities to be implemented over the next ten years to effect change to the determinants of physical and psychosocial health. The ultimate goal of the program is to ensure a coherent approach to public health throughout Québec and to identify preventive services that should be offered at the regional and local levels. Program activities are based on core public health functions: ongoing surveillance of the population's health status and its determinants; promotion of health and well-being; prevention of diseases, psychosocial problems, and injuries; and health protection. There are also several support functions: regulations, legislation, and public policies that have an impact on health; research and innovation; as well as the development and maintenance of the skills of health workers. The activities are part of strategies designed to improve the health and welfare of the general public and span the entire field of public health. They can be grouped together into six areas of intervention that share common features:

Development, social adjustment, and integration. This area covers all problems linked to the development and physical health of young children and the main problems related to the social adaptation of children and adolescents. It also includes problems of abuse, neglect, and violence, problems related to drug, alcohol, and medication use, and mental health problems that can affect people of all ages.

Lifestyles and chronic diseases. This area includes the most common chronic diseases—cardiovascular diseases, cancers, diabetes, chronic obstructive pulmonary disease, asthma, osteoporosis—that are associated with common determinants such as certain lifestyles: smoking, an unbalanced diet, and lack of exercise. It also includes oral and dental diseases and their determinant, dental hygiene.

Unintentional injuries. This area covers unintentional injuries and poisonings that are mostly preventable. They include road traffic accidents, falls and injuries at home, and injuries sustained during recreational and sporting activities.

Infectious diseases. This area covers diseases caused by biological agents transmitted in different ways. In addition to those diseases that can be prevented by vaccination, it covers HIV/AIDS, hepatitis C, sexually transmitted diseases, and other infections such as nosocomial infections, enteric diseases contracted by ingesting contaminated water or food, viral infections transmitted through blood products, tuberculosis, and zoonoses.

Environmental health. This area covers health problems caused or aggravated by the biological, chemical, or physical contamination of air, water, or soil. These problems are mainly cardiorespiratory diseases linked to cancers, environmental poisonings, and the quality of water and air, cancers.

Occupational health. This area covers problems attributed to exposure to physical, chemical, and biological stressors in the workplace as well as problems associated with the organizational characteristics of workplaces. These are priority problems identified by the *Commission de la santé et de la sécurité du travail* (CSST).

The implementation of the program is based first and foremost on the creation of an environment that encourages its adoption and implementation horizontally and vertically throughout the public health system. The main stakeholders are the *Ministère de la Santé et des Services sociaux*; the *Institut national de santé publique du Québec* (INSPQ); local health and social services network development agencies, especially their public health branches; as well as health and social services centres (CSSS). The development of regional and local actions plans that determine the public health services offered in each region and on the territories of the CSSS is one of the first steps toward the cooperation needed to ensure the implementation of the program.

Available References

Québec Public Health Program 2003-2012, Québec, Ministère de la Santé et des Services sociaux, 2003, 133 pp. WEB**

Québec Public Health Program 2003-2012 – abridged version, Québec, Ministère de la Santé et des Services sociaux, 2004, 44 pp. WEB**

** Reference available on the MSSS Website: www.msss.gouv.qc.ca , under the Documentation heading, Publications section

JOINT PLAN FOR THE SURVEILLANCE OF THE HEALTH STATUS OF THE GENERAL POPULATION: AN EFFECTIVE PARTNERSHIP BETWEEN THE PROVINCIAL AND REGIONAL LEVELS

In the wake of the passing of the *Public Health Act* in 2001, which recognized surveillance as one of the four essential public health functions, the public health directors of Québec's 18 health regions and the provincial Director of Public Health, agreed to a joint plan for the surveillance of the health status of the general population and of its health determinants. The joint plan stemmed from the consensus reached by the five provincial public health roundtables (surveillance, promotion/prevention, infectious diseases, environmental health, occupational health) made up of representatives from the health regions, the *Ministère de la Santé et des Services sociaux*, and the *Institut national de santé publique du Québec*. The joint plan systematizes and structures the surveillance function by targeting health problems and determinants at the provincial and regional levels in terms of general surveillance and the six areas of intervention set out in the *Québec Public Health Program 2003-2012*.

THE INSTITUT NATIONAL DE SANTÉ PUBLIQUE: A DEFINITIVE SOURCE OF HEALTH INFORMATION AND EXPERTISE

The *Institut national de santé publique* (INSPQ) was created in 1998 to help the *Ministère de la Santé et des Services sociaux* and regional authorities develop and implement the Québec Public Health Program. The INSPQ provides information and expertise to health establishments and researches new approaches and methods for dealing with psychosocial and health problems. It also monitors emerging health risks of interest to the public at large. It publishes health guides and documents, organizes educational and scientific events, and provides screening and specialized laboratory services in six fields (social development, adaptation and integration; life habits and chronic diseases; accidental traumas; infectious diseases; environmental health; and occupational health).

Available References

Bulletin Développement social, Volume 4, Number 3 - March 2004. WEB** (in French only)
Institut national de santé publique du Québec, 2004. Previous bulletins are available on the INSPQ Website.

Centre collaborateur de l'OMS pour la promotion de la sécurité et la prévention des traumatismes - Rapport d'activités 2002-2003 / Québec WHO Collaborating Centre for Safety Promotion and Injury Prevention - Activity Report 2002-2003. Centre collaborateur OMS du Québec pour la promotion de la sécurité et la prévention des traumatismes, 2003, 28 pages + annexes. WEB** (in French only)

Développement d'un système d'évaluation de la défavorisation des communautés locales et des clientèles de CLSC. Robert Pampalon - Mathieu Philibert - Denis Hamel, Institut national de santé publique du Québec, 2004, 38 pages. WEB** (in French only)

Does Living in Rural Communities Rather Than Cities Really Make a Difference in People's Health and Wellness? Jérôme Martinez - Robert Pampalon - Denis Hamel - Guy Raymond, Institut national de santé publique du Québec, 2004, 74 pages + annexes. WEB**

Éco-Santé Québec 2003. Gilles Pelletier - Denis Raymond - Michel Pageau - Lisette Dupuis, Ministère de la Santé et des Services sociaux du Québec, Institut de la statistique du Québec, Institut national de santé publique du Québec, 2003. WEB** (in French only)

Espérance de santé et défavorisation au Québec, 1996-1998. Robert Pampalon, Institut national de santé publique du Québec, 2002, 11 pages. WEB** (in French only)

Évolution des traumatismes au Québec de 1991 à 1999. Denis Hamel, Institut national de santé publique du Québec, 2001, 462 pages. WEB** (in French only)

Indice de défavorisation pour l'étude de la santé et du bien-être au Québec - Update 2001. Robert Pampalon - Denis Hamel - Guy Raymond, Institut national de santé publique du Québec, 2004, 12 pages. WEB** (in French only)

Inégalités sociales et santé des tout-petits : l'identification de facteurs de protection. Ginette Paquet - Denis Hamel, Institut national de santé publique du Québec, 2003, 16 pages. WEB** (in French only)

La mortalité au Québec : une comparaison internationale. Robert Choinière, Institut national de santé publique du Québec, 2003, 88 pages. WEB** (in French only)

La salud de las comunidades : perspectivas para la contribución de la salud pública al desarrollo social y de las comunidades. Collectif, Institut national de santé publique du Québec, 2003, 46 pages. WEB** (in Spanish only)

La santé des communautés : perspectives pour la contribution de la santé publique au développement social et au développement des communautés - Conceptions, actions, enjeux, défis et préoccupations : points de vue d'acteurs de directions de santé publique. Julie Lévesque, Institut national de santé publique du Québec, 2002, 40 pages. WEB** (in French only)

La santé des communautés : perspectives pour la contribution de la santé publique au développement social et au développement des communautés - Revue de littérature. Richard Leroux - William A. Ninacs, Institut national de santé publique du Québec, 2002, 46 pages. WEB** (in French only)

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Perspectives de recherche en santé des populations au moyen de données complexes. Paul Bernard - Michael Lemay - Michel Vézina, Institut national de santé publique du Québec, 2004, 37 pages + annexes. WEB** (in French only)

Portrait de santé - Le Québec et ses régions. Édition 2001. Michel Pageau - Robert Choinière - Marc Ferland - Yves Sauvageau, Institut national de santé publique, Les publications du Québec, 2001, 432 pages. Web** (in French only)

Safety in Life Settings - A Guide for Québec Municipalities. Renée Levaque, ministère de la Sécurité publique et Institut national de santé publique du Québec, 2003, 67 pages. WEB** (in French only)

Sécurité dans les milieux de vie - Guide à l'intention des municipalités du Québec. Renée Levaque, ministère de la Sécurité publique et Institut national de santé publique du Québec, 2001, 69 pages. WEB** (in French only)

Vivre dans une collectivité rurale plutôt qu'en ville fait-il vraiment une différence en matière de santé et de bien-être ? Jérôme Martinez - Robert Pampalon - Denis Hamel - Guy Raymond, Institut national de santé publique du Québec, 2004, 80 pages + annexes. WEB** (in French only)

Additional information: info@inspq.qc.ca

** References available on the INSPQ Website: www.inspq.qc.ca/publications

QUÉBEC BREAST CANCER SCREENING PROGRAM

Québec set up a program in 1998 to systematically screen women aged 50 to 69 in order to combat breast cancer more effectively. *Québec's Priorities in Public Health 1997-2002*, set four objectives for the Québec Breast Cancer Screening Program:

Implement the program in every region of Québec

Attain the projected participation rate among the target population

Attain the projected breast cancer detection rates

Reduce the breast cancer mortality rate among women aged 55 to 74

The *Québec Public Health Programme 2003-2012* followed up by implementing the breast cancer screening program and by strengthening quality assurance throughout Québec. The *Breast Cancer Screening Program* is now up and running in all of Québec's 18 health regions. The services are provided either in dedicated centres or mobile mammography units.

Available References

Bilan 1998-2003 - Programme québécois de dépistage du cancer du sein. WEB** (in French only)

MSSS, *Rapport d'activité 2000-2001.* WEB** (in French only)

MSSS, *Rapport d'activité des années 1998-1999.* WEB** (in French only)

MSSS, *It's better to act than to react* (leaflet) WEB**

MSSS, *Le fonctionnement interdisciplinaire dans le cadre de l'investigation : Programme québécois de dépistage du cancer du sein.* WEB** (in French only)

MSSS, *Manuel de contrôle de la qualité - Volume 2 : Physicien biomédical, Programme québécois de dépistage du cancer du sein, 1999 (en voie de révision).* MSSS, WEB** (in French only)

Manuel de contrôle de la qualité en mammographie - Volume 1 : Technologue en radiologie, MSSS, *Programme québécois de dépistage du cancer du sein, 2001.* WEB** (in French only)

/MSSS, *Cadre de référence : Programme québécois de dépistage du cancer du sein, 1996.* WEB** (in French only)

MSSS, *Document de référence s'adressant aux médecins de première ligne.* WEB** (in French only)

MSSS, *Document de référence s'adressant aux médecins spécialistes.* WEB** (in French only)

References published by the Institut national de santé publique du Québec

Déterminants du taux de référence lors d'une première mammographie de dépistage : Programme québécois de dépistage du cancer du sein (PQDCS) 1999 (<http://www.inspq.qc.ca>) (in French only)

Facteurs associés aux variations du taux de détection - Programme québécois de dépistage du cancer du sein (PQDCS) 1998-1999 (<http://www.inspq.qc.ca>) (in French only)

Stratégie d'invitation et taux de participation à la mammographie de dépistage, Programme québécois de dépistage du cancer du sein, 1998-2000 (<http://www.inspq.qc.ca>) (in French only)

Validation de stratégies pour obtenir le taux de détection du cancer, la valeur prédictive positive, la proportion des cancers in situ, la proportion des cancers infiltrants de petite taille et la proportion des cancers infiltrants sans envahissement ganglionnaire dans le cadre des données fournies par le Programme québécois de dépistage du cancer du sein, 2003. (<http://www.inspq.qc.ca>) (in French only)

** Reference available on the MSSS Website: www.msss.gouv.qc.ca , under the Documentation heading, Publications section

Évaluation de la concordance entre les archivistes médicales et les médecins spécialistes experts pour la codification de données devant être entrées au système d'information du Programme québécois de dépistage du cancer du sein, 2001 (<http://www.inspq.qc.ca>) (in French only)

Étude du processus d'implantation du Programme québécois de dépistage du cancer du sein, 2000 (<http://www.inspq.qc.ca>) (in French only)

QUÉBEC TOBACCO CESSATION PLAN (PQAT)

MSSS implemented an all-encompassing, integrated tobacco cessation plan (PQAT) in 2002. The strategy underlying PQAT is to consolidate, integrate, and harmonize all cessation services throughout Québec. The plan is part of a larger network of health prevention and promotion services and interventions whose effectiveness has been recognized by the scientific community here and abroad.

The plan has two main thrusts. The first is promotional. The goal is to inform smokers about the dangers of smoking and to encourage them to quit. It includes proactive measures such as ad campaigns, the *Quit to Win Challenge*, and the *Semaine québécoise pour un avenir sans tabac* (Québec Without Tobacco Week). The second is service-oriented. The goal is to provide a broad range of cessation services that smokers can turn to when they want to quit smoking. Healthcare workers must evaluate the needs of smokers in order to refer them to the appropriate support services:

A provincial quit smoking hotline: J'ARRETE (1-888-853-6666)
The J'ARRETE Website: www.jarrete.qc.ca
153 smoking cessation centres, mainly in CLSCs
Health and social services professionals

Various partners collaborate with MSSS in delivering services to smokers who want to quit smoking. The main partners are public health branches throughout Québec, ACTI-MENU, the professional corporations concerned by tobacco use, the *Conseil québécois sur le tabac et la santé* (CQTS), and the *Canadian Cancer Society* (CCS). CQTS and CCS jointly run the hotline and Website.

References Available

Provincial poster,
ID card,
Regional poster,
Information card (in French only).

TOBACCO ACT (R.S.Q., CHAPTER T-01)

The Tobacco Act, which was adopted as part of the fight against tobacco use, restricts the use, sale, and promotion of tobacco products.

The Act prohibits smoking in enclosed spaces, other than private or personal spaces, that are used by the public or that are in a workplace. Exceptions are also specified. Smoking rooms that meet certain standards may be installed, except in spaces where activities intended for minors are held. Smoking areas (max. 40% of the total floor space) may be set aside in certain large spaces (e.g., common areas of shopping centres), in spaces that are not used on a regular basis (e.g., waiting, rest, and services areas where cultural activities are held), and in establishments for individuals who live there (e.g., long-term care centres). Businesses with 35 seats or more where meals for consumption on the premises are offered to the public must, as of December 17, 2009, close off and ventilate smoking areas that they wish to make available to their customers. However, this measure is already in effect for businesses in new buildings or in spaces that have undergone major renovations. Lastly, the Act gives the operator of a place or business the right to permit smoking in certain areas such as bingo halls, bars, certain detention centres, and, when all passengers agree, in taxis and vehicles used exclusively for work-related purposes.

The following measures can be found in the section dealing with the sale of tobacco (Chapter III): the prohibition of tobacco sales to minors (under 18); the obligations of sales personnel in businesses selling tobacco products; the limitation of vending machines to bars, taverns, and other licensed liquor outlets to which minors do not have access or to restaurants with liquor licences; the prohibition of tobacco sales in drugstores and on the grounds and within the facilities of childcare centres, primary schools and high schools, and health and social services institutions; the prohibition of distance selling; and the prohibition of selling cigarettes other than in packages containing at least 20 cigarettes.

The promotion of tobacco products is prohibited except for advertising. However, the advertising must not be directed at minors; must not be false or misleading; must not associate tobacco use with a particular lifestyle; must not contain testimonials or endorsements; must not use slogans; must not contain text that refers to a real or fictional person, character, or animal; must not contain anything apart from text, with the exception of an illustration of the package or packaging of a tobacco product occupying not more than 10% of the surface area of the advertising material; must contain a warning concerning the harmful effects of tobacco on health and, lastly, must not be distributed other than by (a) displays visible only from the inside of a tobacco retail outlet or (b) in printed newspapers and magazines that have an adult readership of at least 85%. The government can also prescribe standards relating to tobacco displays and specialized publications about tobacco.

Available References

Information on the Tobacco Act. WEB**

** Reference available on the MSSS Website at www.msss.gouv.qc.ca under the Documentation heading, Publications section

QUÉBEC PLAN TO FIGHT TOBACCO USE 2001–2005 (PQLT)

Since 1994, the Government of Québec has steadily intensified its fight to reduce tobacco use. Government initiatives are headed up by MSSS, which is guided by a series of all-encompassing, multi-dimensional, integrated measures to reduce tobacco use and its effects on health (PQLT). There are three ultimate goals: convince individuals not to start smoking, encourage individuals to quit smoking, and protect the public at large from second-hand tobacco smoke. The policies and legislation (taxes, Tobacco Act on the use, sale, and promotion of tobacco) are the main measures aimed at changing behaviour and the social environment and monitoring the tobacco industry, the source of the problem. These main measures are complemented by educational (e.g., articles, reference documents, thematic activities, etc.) and support (e.g., provincial and local cessation services, hotlines, Web-based assistance services, funding for nicotine replacement products, etc.) measures. While these measures target individuals they also contribute to creating a tobacco-free social environment. Regional public health branches and non-governmental agencies also collaborate in the implementation of the Plan in addition to providing their own services. Knowledge advancement, surveillance, research, and evaluation activities, notably in collaboration with the *Institut national de santé publique*, make it possible to update and develop new anti-tobacco measures and initiatives.

A \$20 million budget for 2004–2005 has been earmarked to update the PQLT. An additional \$13 million in funding for nicotine-replacement products has also been allocated. The *Service de lutte contre le tabagisme* of the MSSS Public Health Directorate, which is staffed by 75 people, including 45 inspectors, is in charge of implementing the Plan.

Available Reference

Plan québécois de lutte contre le tabagisme 2001-2005. WEB** (in French only)

** Reference available on the MSSS Website at www.msss.gouv.qc.ca under the Documentation heading, Publications section

HIV TRANSMISSION AND PREGNANCY INTERVENTION PROGRAM

It is now possible to considerably reduce the transmission of HIV from mother to child using drugs such as antiretrovirals and with elective caesareans. However, to achieve this goal, pregnant women have to be tested. This is why an HIV screening program for pregnant women was set up in 1997 and updated in 2003. Prenatal HIV testing is now routine for pregnant women, just like Hepatitis B testing. The *Centre Maternel et Infantile sur le SIDA* at Hôpital Sainte-Justine is the reference centre for this program.

Available References

Programme d'intervention sur l'infection par le VIH et la grossesse, June 2003 (in French only)
Que dire à une femme enceinte à propos du test de dépistage du VIH ? (in French only)
Having a baby or thinking about it... What about AIDS?

IMMUNIZATION PROGRAM

MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX

The *Québec Public Health Program*, in accordance with the *Québec Immunization Program*, provides for basic vaccinations of children against a group of infectious diseases (diphtheria, poliomyelitis, tetanus, measles, rubella, mumps, etc.) as well as vaccinations of vulnerable individuals against a number of diseases (hepatitis, A, hepatitis B, influenza, etc.). The *Direction de la protection de la santé publique* of MSSS coordinates the *Québec Immunization Program*, which is delivered by the regional health and social services agencies.

Available References

Québec Public Health Program (infectious diseases). WEB**

Protocole d'immunisation. WEB** (in French only)

La vaccination une bonne protection – Information sheets for parents. WEB** (in French only)

Various information tools (public health – vaccination section on the Website). WEB** (in French only)

Regional Projects

A number of regional projects regarding the promotion or implementation of vaccination programs are conducted by regional public health branches in collaboration with various health establishments on their territories.

** Reference available on the MSSS Website: www.msss.gouv.qc.ca , under the Documentation heading, Publications section

OCCUPATIONAL HEALTH AND SAFETY

The *Direction de la protection de la santé publique* of MSSS coordinates services delivered by local health and social services development agencies under the *Occupational Health Program*. The Program is funded by the *Commission de la santé et de la sécurité du travail* (CSST), which is in charge of occupational health and safety throughout Québec. The CSST is regulated by the *Act respecting occupational health and safety* (RSQ, chapter S-2.1). Its mission is to prevent occupational injuries in CSST-designated industrial establishments.

MSSS carries out its mission with the ongoing support of many stakeholders, including all the public health branches of the local health and social services development agencies, the *Institut national de santé publique* (INSPQ), the CSST, and the *Institut de recherche Robert-Sauvé en santé et sécurité du travail* (IRSST).

Occupational health interventions are based on the principles laid out in the Act, which targets the elimination, at the source, of dangers to the health, safety, and physical well-being of workers.

The top priorities of the *Québec Public Health Program* that are addressed in collaboration with the CSST include:

- Musculoskeletal injuries, which are the main cause of disabilities;
- Berylliosis and silicosis, which are asbestos-related diseases;
- Occupational asthma;
- Occupational poisoning (for example, carbon monoxide, hydrogen)
- Occupational infectious diseases;
- Occupational noise pollution;

The personal protection of health workers who may be exposed to severe acute respiratory syndrome (SARS) and other severe respiratory diseases remains a priority. Recommendations have been made and training tools have been developed to help health establishments deal with this problem.

Available References

Programme national de santé publique : « le domaine de la santé en milieu de travail ». WEB**

(in French only)

Se protéger contre le SRAS (videotape), *Orientations sur les mesures collectives et recommandations sur les mesures individuelles de prévention du SRAS pour les travailleuses et travailleurs du Québec*. WEB**

(in French only)

Many references on a wide range of occupational health topics are available through the *Portail de santé* of the *Réseau public québécois en santé au travail* at the following Website: santeautravail.qc.ca (in French only)

Many concrete measures for preventing occupational diseases can be found on the following Website: santeautravail.com

Regional Projects

Examples of a great number of occupational health prevention measures taken by regional public health branches in collaboration with the CSST can be found on the following Website: santeautravail.qc.ca

(in French only)

** Reference available on the MSSS Website: www.msss.gouv.qc.ca , under the Documentation heading, Publications section

ENVIRONMENTAL HEALTH AT THE MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX

The *Public Health Protection Branch* of MSSS has a broad multidisciplinary, intersectoral mission to ensure the prevention and management of health problems arising from pollution and environmental degradation.

This environmental health mission is fulfilled in partnership with the *Institut national de santé publique du Québec* (INSPQ), the network of public health departments, and the network of local health and social services development agencies throughout Québec as well as other government departments, including the *Ministère de l'Environnement*, the *Ministère de l'Agriculture, des Pêcheries et de l'Alimentation*, *Health Canada*, and various organizations, enterprises, and citizens groups. For example, MSSS has signed a draft agreement with the *Ministère de l'Environnement* regarding health and the environment (signed in 1987 and updated in 1997).

Environmental health initiatives by MSSS are based on the principles of sustainable development. As such, we are actively participating in the drafting of a sustainable development strategy to be implemented under Québec's *Green Plan*.

The main environmental health issues of the day involve the prevention of risks to public health:

Air pollution and global climate change, including smog and heat waves and their effect on vulnerable populations such as the elderly

Contaminated drinking water, especially by intensive livestock production

Exposure to natural and artificial UV radiation

Exposure to radon in the home

Exposure to toxic substances such as pesticides, persistent organic chemicals, and heavy metals such as mercury and lead that contaminate the soil, air, food products, etc.

Available References

Québec Public Health Program: "*Le domaine de la santé environnementale*". WEB** (in French only)

Principes et méthodes d'évaluation du risque toxicologique d'origine environnementale pour la santé humaine.

WEB** (in French only)

Mémoire national de santé publique présenté à la Commission sur le développement durable de l'industrie porcine au Québec. Dr Alain Poirier, Directeur national de santé publique. Avril 2003. WEB** (in French only)

Quand il fait chaud pour mourir (dépliant). WEB** (in French only)

Heard of Omega-3? I have... and I'm good for you! (leaflet) WEB**

Danger! Tanning will get under your skin! (leaflet) WEB**

** Reference available on the MSSS Website: www.msss.gouv.qc.ca , under the Documentation heading, Publications section

Regional Projects

Institut national de santé publique du Québec: The health aspect of the project entitled “*Qualité de l’eau potable dans les sept bassins versants en surplus de fumier et impacts potentiels sur la santé*,” which examined seven river watersheds where the surface water has degraded, especially due to high phosphorus concentrations caused by livestock production. The study looked at over 900 families living in areas with manure surpluses in May 2002 and detected no increase in cases of diarrhoea or gastroenteritis among families that consumed water from private wells. This result was reassuring but cannot be extrapolated to other times of the year, when wellwater quality may differ.

Montréal Public Health Department: Preventing the side-effects of climate change and air pollution in Montréal: The goal of this project, which is a collaboration between the Montréal PHD and Environment Canada, is to provide daily smog and heat alerts: Info-Chaleur and Info-Smog. The Montréal PHD conducted epidemiological studies to determine the health impact of heat waves and to identify those areas of the city that are most affected. The leaflet “Heat Waves ARE DEADLY SERIOUS!,” which is published by the Montréal PHD, provides information to the general public on the preventive measures to be taken during heat waves. It is distributed to all regions of Québec by MSSS.

Québec City Public Health Department: *Niveaux de champs magnétiques en milieu scolaire résultant de l’utilisation d’un plancher électrique chauffant.* Denis Gauvin et al. (May 2003). This study concluded that the levels of magnetic fields caused by the use of radiant heat floors in schools exceeded generally accepted recommendations for chronic exposure to electromagnetic fields while recognizing the lack of concrete evidence concerning the health effects of electromagnetic fields. Certain precautionary measures may be recommended to limit the exposure of children to electromagnetic fields.

Abitibi-Témiscamingue Public Health Department: “L’imprégnation par l’arsenic d’une population de l’Abitibi-Témiscamingue par ingestion d’eau de leurs puits” (1995). This study showed that the notice issued by the PHD advising the general public to decrease its consumption of contaminated water was a success. Arsenic levels in urine dropped from an average 0.54 µmole/litre to 0.19 µmole/litre, whereas normal levels in a population not exposed to arsenic in drinking water are under 0.25 µmole/litre.

DENTAL HEALTH

Dental caries is a localized, progressive, chronic disease that affects most of the population. It begins in very young children and the prevalence increases with age. Based on studies conducted in Québec between 1996 and 1999, 42% of kindergarten and 56% of grade two school children have caries, while the rate rises to 59% among sixth-grade children and 73% among second-year high schoolers.

There has been a dramatic drop in dental caries among children since the early 1980s in most industrialized countries. Québec is no exception. For example, the decayed, missing, or filled surfaces (DMFS) index for grade-two children dropped nearly 40% in 15 years, from 4.41 in 1983–1984 to 2.65 in 1997–1998. The same trend was seen among grade-six children, where the DMFS index dropped from 3.80 in 1983–1984 to 1.85 in 1996–1997, a decrease of over 50%.

However, despite this significant decrease in dental caries in recent years, social inequities related to the prevalence of the disease persist. Dental caries remains concentrated in children at risk who are most often in socioeconomically deprived areas.

The *Québec Public Health Program 2003-2012* sets out a number of objectives to help improve the dental health of all Quebecers. The goal is to reduce the number of decayed, missing, or filled tooth surfaces by 40% among children under 18 years of age, to reduce the prevalence of periodontal diseases (gingivitis and destructive periodontitis) among adults, and to improve dental hygiene practices among all age groups.

To attain these objectives, the following services are provided:

Promoting optimum fluoridation measures

Providing counselling on tobacco use, eating habits, and the use of fluorides either by tooth brushing or taking fluoride supplements

Providing individualized preventive follow-up in schools so that kindergarten to grade-three children that meet the criteria for a high risk of dental caries receive two topical applications of fluoride per year and participate in dental health educational activities

Applying a dental sealant to the surfaces of permanent molars with sulcus and fissures in children aged 5 to 15 that meet the criteria for a high risk of dental caries

These services are mainly dispensed in schools by over 230 dental hygienists from health and social services centres (CSSS). They are coordinated at the regional level by 32 full- or part-time consulting dentists and at the provincial level by a consulting dentist at the *Direction générale de la santé publique* of the *ministère de la Santé et des Services sociaux*. The annual budget is approximately \$16 million.

A provincial classification criterion for children at a high risk of dental caries has been established to identify and select children for individualized, preventive follow-up in school. Under this criterion, children must have a carious lesion on at least one buccal or proximal surface of the anterior teeth (excluding the distal surface of canines) or carious lesions on two or more proximal surfaces of the posterior teeth (including the distal surface of canines). Based on this criterion, approximately 20% of the kindergarten children examined are admitted to the program.

These children receive individualized, preventive follow-up from kindergarten through to grade three. Group activities are also organized for them.

Certain curative dental services are provided to employment-assistance recipients and children under 10 years of age by the Government of Québec under the Québec *Health Insurance Plan*. Dental surgery services in hospitals are also provided to all eligible individuals under the *Health Insurance Plan*. The basic services provided under these programs are dental exams (including X-rays) as well as certain preventive, restorative, endodontic, oral surgery, and removable prostheses procedures.

The cost of these dental programs, which are administered by the *Régie de l'assurance maladie du Québec*, totaled \$99 million in 2002. The dental surgery program cost \$5 million, the program for children under 10 years of age, \$37 million, and the program for employment-assistance recipients, \$32 million.

Lastly, under the *Public Health Protection Act*, the *Ministère de la Santé et des Services sociaux* can provide owners of drinking water treatment plants with grants to help pay for the installation of fluoridation systems. These grants can be used to cover the costs of purchasing, setting up, installing, and repairing fluoridation equipment as well as the cost of the fluoride to be added to the water.

Available References

Étude 1998-1999 sur la santé buccodentaire des élèves québécois de 5-6 et de 7-8 ans. WEB**

Étude 1996-1997 sur la santé buccodentaire des élèves québécois de 11-12 et 13-14 ans. WEB**

Étude 1994-1995 sur la santé buccodentaire des adultes québécois de 35 à 44 ans. WEB**

** Reference available on the MSSS Website at www.msss.gouv.qc.ca under the Documentation heading, Publications section

WEST NILE VIRUS: HOW TO PREVENT INFECTIONS AND PROTECT YOURSELF

The West Nile Virus information and awareness campaign in Québec has been ongoing for five years now. It was instigated following the outbreak of cases of encephalitis caused by the virus in 1999 in the State of New York. The main goal of the campaign is to make Quebecers accountable for their own health by adopting individual and collective measures to protect themselves and slow the transmission of the virus. Another goal is to encourage Quebecers to report sightings of dead and sick birds in order to detect the presence of the virus in Québec as quickly as possible. The general public is also notified when preventive larvicides or, as needed, imagocides are applied in higher risk areas. While this information campaign targets the public at large, certain protection measures are specifically aimed at the elderly and individuals with chronic diseases. The four themes of the campaign are "I protect myself. I clean up. I report dead birds. and I stay informed." The themes are promoted through leaflets and posters, radio spots, 30 second TV ads, and billboards on buses in large urban centres. Citizens can also call a toll-free number for additional information. A West Nile Virus Website provides regularly updated information. Lastly, press relations are an important part of the information campaign. The campaign will be evaluated to determine whether the goals are being attained.

Available References

MSSS, *West Nile Viruzzzzzz du Nil* (French leaflet) (www.wnvirus.info)

MSSS, *West Nile Viruzzzzzz* (English leaflet) (www.wnvirus.info)

MSSS', *Government public health response plan to protect the general public against the West Nile Virus – 2004* (www.virusdunil.info)

References available from the *Institut national de santé publique du Québec*

Pertinence et faisabilité, en 2004, d'un programme préventif de réduction du risque de transmission du virus du Nil occidental avec des larvicides (www.inspq.qc.ca) (in French only)

Virus du Nil occidental : Évaluation des attitudes, comportements et connaissances populaires. (www.inspq.qc.ca)

Le virus du Nil occidental et la travailleuse enceinte. (www.inspq.qc.ca) (in French only)

Évaluation des risques pour la santé humaine associés aux moyens de prévention et de contrôle de la transmission du virus du Nil occidental. (www.inspq.qc.ca) (in French only)

Efficacité et risques des moyens de protection personnelle contre la transmission du virus du Nil occidental. (www.inspq.qc.ca) (in French only)

Local and Regional Projects

West Nile Virus awareness operation entitled *Nettoyage à sec*. Specialists, including a doctor and an entomologist, will staff an information kiosk in a municipality of an area affected by West Nile Virus and will answer questions from citizens about West Nile virus. A West Nile virus prevention “information team” will also walk up and down neighbouring streets to tell residents about the measures they can take to eliminate mosquito breeding sites on their properties. A local radio or TV station will be on-site to interview the specialists.

Montérégie West Nile Virus Newsletter

This newsletter is aimed at municipalities and provides information on the West Nile virus problem in their area. It includes information on individual and community protection measures and the monitoring of insects, birds, and humans.

INTRODUCTION OF THE “HEALTHY SCHOOL” APPROACH IN QUÉBEC SCHOOLS (PRE-SCHOOL, PRIMARY SCHOOL, HIGH SCHOOL)

In spring 2003, the Québec Minister of Health and Social Services and the Minister of Education signed a new complementary service agreement to ensure the development of young people. The agreement has two main focuses, one of which is the promotion of health and welfare, and prevention measures. The agreement targets the development and introduction of an all-encompassing, coordinated approach to promotion and prevention in schools. This “Healthy School” approach is also one of the measures set out in the *Québec Public Health Program 2003-2012*.

The “Healthy School” approach targets all school-age children, including those at risk, and promotes simultaneous action in all areas that affect the development of young people and that are essential for their academic success and health and welfare. It also encourages initiatives at every level from young people and their families to schools and communities as a whole in order to reinforce and dovetail actions to achieve substantial improvements.

A province-wide program is also being developed to provide front-line workers in the health and social services and education networks with the tools they need to develop a common vision and understanding of the “Healthy School” approach and to encourage them to work together to make the changes required to implement the approach. This work is being done by the provincial Healthy School Advisory Committee, which is coordinated by the *Ministère de la Santé et des Services sociaux* and the *Ministère de l'Éducation* in partnership with the *Institut national de santé publique du Québec*, the *Association des CLSC et des CHSLD du Québec (ACCQ)*, and the *Table de coordination nationale de santé publique en promotion et en prévention (TCNPP)*.

Available References

Deux réseaux, un objectif : le développement des jeunes. Entente de complémentarité des services entre le réseau de la santé et des services sociaux et le réseau de l'éducation. Government of Québec: *Ministère de l'Éducation* and *Ministère de la Santé et des Services sociaux*, 2003 (in French only)
Available on the MEQ Website: www.meq.gouv.qc.ca

To be published in fall 2004: *École en santé pour le bien-être et la réussite éducative de tous les jeunes. Guide à l'intention du milieu scolaire et de ses partenaires*. Government of Québec *Institut national de santé publique du Québec*, *Ministère de l'Éducation*, *Ministère de la Santé et des Services sociaux*; and the *Association des CLSC et des CHSLD du Québec*

Regional and Local Projects

Following are a number of reference persons who can provide more information on projects in schools and health establishments in various regions of Québec:

Laval Public Health Department and *Institut national de santé publique du Québec*

Planning and Programming Officer, Public Health, Planning, and Evaluation Section, Laurentides health and social services agency

Planning and Programming Officer, Public Health Section, Mauricie and Centre-du-Québec health and social services agency

Social Worker, Supervisor, Prevention and Health Promotion in Schools, Côte-Nord health and social services agency

INTEGRATED PERINATAL AND EARLY CHILDHOOD SERVICES FOR VULNERABLE FAMILIES

Integrated perinatal and early childhood services have been developed to provide assistance to vulnerable families with children aged 0 to 5. These services include support for young parents and for families living in extreme poverty.

These services are aimed at decreasing mortality and morbidity among yet-to-be-born babies, newborns, pregnant women, and mothers and fathers; promoting the optimum development of children; and improving the living conditions of vulnerable families. They are also aimed at decreasing the intergenerational transmission of health and social problems, including abuse, negligence, and violence against children.

The services include two components. The first is family counselling, mainly in the form of home visits by outreach workers, who develop close relationships with the family. The second is providing support to help vulnerable families create an environment conducive to their health and welfare. The second component is mainly accomplished through local, regional, and provincial intersectoral partnerships. Concrete projects can be proposed at all three levels with a view to improving the living conditions and physical environment of vulnerable families, and their access to health and other services. Examples include offering low-cost housing to very low income families, offering taxibus services, and developing municipal parks for entire communities.

Local health and social services centres are responsible for providing integrated perinatal and early childhood services for target populations in collaboration with intersectoral partners.

Available References

Les Services intégrés en périnatalité et pour la petite enfance à l'intention des familles vivant en contexte de vulnérabilité – Cadre de référence, Québec, ministère de la Santé et des Services sociaux, 2004, 79 p. WEB** (in French only)

Les Services intégrés en périnatalité et pour la petite enfance à l'intention des familles vivant en contexte de vulnérabilité – Résumé du cadre de référence, Québec, ministère de la Santé et des Services sociaux, 2004, 28 p. WEB** (in French only)

** Reference available on the MSSS Website: www.msss.gouv.qc.ca , under the Documentation heading, Publications section

STRATEGY AND ACTION PLAN FOR TROUBLED YOUTH AND THEIR FAMILIES

MSSS unveiled its *Strategy and Action Plan for Troubled Youth and Their Families* (in French only) in 2002. The first of its three priorities was to consolidate the measures aimed at preventing adjustment and development difficulties among at risk children and teens and their parents.

Studies have shown that 10% to 15% of children and teens will experience adjustment difficulties at some point in their lives. In many cases, these difficulties are temporary and will clear up in the short term if the children and their parents have access to appropriate early intervention measures provided across Québec. The goal of these basic services is to prevent worsening of the problems and reduce placement in youth protection centres and recourse to specialized services.

The basic services are mainly provided by health and social services centres (CSSS) to help parents and to assist children and teens in their development.

A number of measures have been implemented to prevent adaptation and development difficulties of children, teens, and their parents:

- Ensure that all CSSS provide the entire range of basic services
- Prioritize services that have the greatest impact
- Offer a support program to young parents

Available References

MSSS, *Stratégie d'action pour les jeunes en difficulté et leur famille*. Québec, 2002. WEB** (in French only)
MSSS, *État de situation et recommandations au regard des services offerts aux enfants, aux adolescents et à leur famille dans les CSSS*. Rapport du Groupe d'experts en organisation clinique en matière jeunesse. Québec, 2000. WEB** (in French only)
MSSS, *Pour une stratégie de soutien du développement des enfants et des jeunes : agissons en complices*. Rapport du Comité jeunesse. Québec, 1998. (in French only)
MSSS, *Un Québec fou de ses enfants*. Rapport du Groupe de travail pour les jeunes. Québec, 1991. WEB** (in French only)

** Reference available on the MSSS Website: www.msss.gouv.qc.ca , under the Documentation heading, Publications section

GOVERNMENT ACTION PLAN FOR PATHOLOGICAL GAMBLING

The Government of Québec adopted an action plan for pathological gambling in 2002. The objective was to put in place joint measures to prevent and treat pathological gambling. The main priorities are as follows:

Implement more effective and better targeted preventive measures; screening and counselling;
Provide specialized services to gamblers and their families;
Take joint actions;
Conduct research and integrate findings.

Targets include the general public, pathological gamblers and their families and relatives, educational establishments, the workplace, the community, and the gaming industry. Service providers include health and social services centres, addiction rehabilitation centres, and community organizations.

Available References

MSSS, *Plan d'action gouvernemental sur le jeu pathologique 2002-2005*, 2002. WEB** (in French only)
MSSS, *Trousse de prévention en jeu pathologique pour les milieux de travail* (in French only), including:
Répertoire des ressources sur le jeu pathologique au Québec (directory of pathological gambling resources in Québec)
Cartes d'affaires des ressources sur le jeu pathologique par région (business cards of pathological gambling contact persons by region)
Videotape and brochure « Bien jouer son jeu » (tools for managers and key players in the workplace)
Videotape « Savez-vous jouer sans perdre la tête ? » (tool for employees)
MSSS, *Programme de recherche thématique portant sur les impacts socioéconomiques des jeux de hasard et d'argent 2002-2003*, 2003. WEB** (in French only)
MSSS, *Jeu pathologique « Connaître, comprendre et agir »*, Report of the Forum held on November 8–9, 2001, 2001. WEB** (in French only)
MSSS, *La prévention du jeu pathologique*, 2001. WEB** (in French only)

Regional and Local Projects

Montréal: Distribution of a regional prevention strategy entitled “*Plan stratégique montréalais - Pour jouer gagnant - Prévention dans les jeux de hasard et d'argent*.” The goal of this strategy is to provide a handbook of well-targeted, joint preventive measures based on scientific data.

Québec City, Montréal, and Outaouais: Crisis intervention protocol for casinos to ensure the continuous presence of psycho-social counsellors to help gamblers in distress and to prevent the problem from worsening

** Reference available on the MSSS Website: www.msss.gouv.qc.ca , under the Documentation heading, Publications section

DEPARTMENTAL POLICIES ON SERVICES FOR THE FRAIL ELDERLY

Departmental Policies on Services for the Frail Elderly (in French only), which were adopted in 2001, serve as a guideline for the organization of services for an important segment of Québec's population—the frail elderly.

The integrated service networks proposed in the policy statement are based on many projects undertaken in recent years and are the cornerstone of the planned structural reorganization of services for the frail elderly. They will provide vastly improved services and will ensure that frail elderly persons and their families obtain easy and uninterrupted access to the medical and social services they need, whether they are living at home or in a residence for the elderly. Integrated services at the local level will also provide for improved health promotion and prevention for the elderly. The setting up of health and social services centres will strengthen this integrated service approach.

MSSS has also adopted other policies, notably with regard to residential and home support services that will ensure a good quality of life for the frail elderly.

Available References

MSSS, *Orientations ministérielles sur les services offerts aux personnes âgées en perte d'autonomie*, 2001. WEB** (in French only)

MSSS, *Chez soi : Le premier choix - La Politique de soutien à domicile*, 2003. WEB** (in French only)

MSSS, *Un milieu de vie de qualité pour les personnes hébergées en CHSLD - Orientations ministérielles*, 2003. WEB** (in French only)

MSSS, *Orientations ministérielles relatives à l'utilisation exceptionnelle des mesures de contrôles : Contention, isolement et substances chimiques*, 2002. WEB** (in French only)

MSSS (Secrétariat aux aînés), *Toujours chez-soi, vivre en résidence privée avec services*, 2003. (in French only)

** Reference available on the MSSS Website: www.msss.gouv.qc.ca , under the Documentation heading, Publications section

INTELLECTUAL DISABILITIES

The support policy for individuals with intellectual disabilities and their families entitled *De l'intégration sociale à la participation sociale*, which was released in 2001, lays out three performance objectives related to the prevention of intellectual disabilities:

Determine the causes of diseases, traumas, and developmental problems that may cause intellectual disabilities and identify ways to prevent them

Pass on this information to the appropriate authorities and the general public

Incorporate this information into the training provided to those who work with the intellectually handicapped

MSSS encourages the distribution of documents on the prevention of mental retardation. One example is the book entitled *Prévention du retard mental - Causes et conduites préventives à adopter* (in French only), which has been available for sale since May 2004. This book has been presented at various conferences and meetings since its publication. MSSS will also be publishing a second book entitled *Prévention du retard mental, Enjeux cliniques, éthiques et sociaux* in early 2005. A leaflet on the prevention of mental retardation, which is aimed at the general public, will also be released in 2005.

Available References

MSSS, *De l'intégration sociale à la participation sociale. Politique de soutien aux personnes présentant une déficience intellectuelle, à leurs familles et aux autres proches*, 2001. WEB** (in French only)

Yvon L'Abbé, Robert Labine, James Lesponasse, and Nicole Lemieux in collaboration with Fléchère Fortin. *Prévention du retard mental - Causes et conduites préventives à adopter*, Éditions Science et Culture (Montréal), 2004. (in French only)

** Reference available on the MSSS Website: www.msss.gouv.qc.ca , under the Documentation heading, Publications section

PHYSICAL DISABILITIES

The *Action Plan for Physical Disabilities* (in French only) was released on November 6, 2003. It lays out three specific prevention and promotion objectives that were established in close collaboration with the *Direction générale de la santé publique* of MSSS to ensure that they are in line with the *Québec Public Health Plan 2003-2012* (in French only).

The prevention and promotion objectives are as follows:

Promote the early detection of specific problems among peoples with a physical disability and provide them with quicker access to the most appropriate services (Objective 1 of the Action Plan)

Make public health prevention programs available to people with physical disabilities in order to promote their personal development and social adaptation and participation (Objective 6)

Promote and support the implementation of effective, preventive practices among front-line workers with regard to the services laid out in the Québec Public Health Plan (Objective 13)

Local health and social services network development agencies are in charge of implementing the measures related to these objectives, a task that should be incorporated into regional public health plans.

Available Reference

MSSS, *Pour une véritable participation à la vie de la communauté, Orientations ministérielles en déficience physique : Objectifs 2004-2009*, 2004. WEB** (in French only)

** Reference available on the MSSS Website: www.msss.gouv.qc.ca , under the Documentation heading, Publications section

DRUG ADDICTION: PREVENTION AND DETECTION

MSSS policies on the prevention of drug addiction revolve around three main, complementary approaches:

Take anticipatory action to prevent social adaptation problems;
Prevent the danger of side effects associated with the consumption of psychotropic drugs;
Promote the adoption of coherent public policies with regard to psychotropic drugs.

Target groups are the general public and the following at-risk individuals: young people aged 15 to 24, pregnant women, troubled young people in youth protection centres, prisoners, consumers of illegal drugs, and natives.

Service providers include health and social services centres (CSSS), addiction treatment centres, and community organizations.

Available References

MSSS, *Orientations ministérielles : Pour une approche pragmatique de prévention en toxicomanie*, 2001. WEB** (In French only)

MSSS et Comité permanent de lutte à la toxicomanie, *Drogues, savoir plus risquer moins*¹, 2003. (In French only)

MSSS, *Time for a little talk about drugs*, 2004.

MSSS et Collège des médecins du Québec, *Éduc'alcool, La grossesse et l'alcool en question*², 2000. (In French only)

MSSS, *Teens and Cannabis*, 2002. WEB**

MSSS, *Young People and Alcohol*, 2001. WEB** (In French only)

MSSS, *Semaine de prévention de la toxicomanie*, 2004³. (In French only)

Comité permanent de lutte à la toxicomanie, Maison Jean Lapointe, MSSS, *Trucs et conseils pour une meilleure harmonie familiale*¹, 2002. (In French only)

For copies of *Drogues, savoir plus risquer moins* and *Trucs et conseils pour une meilleure harmonie familiale*, contact the *Comité permanent de lutte à la toxicomanie* by phone at (514) 389-6336, by fax at (514) 389-1830, or via their Website at www.cplt.com.

For copies of *La grossesse et l'alcool en question*, contact *Éduc'alcool* by phone at 1-888-ALCOOL1, by fax at (514) 875-5990, or via their Website at www.educalcool.qc.ca.

** Reference available on the MSSS Website: www.msss.gouv.qc.ca , under the Documentation heading, Publications section

Local and Regional Projects

Mauricie-Centre-du-Québec: *Agents 00=Tox*. The goal of this project is to promote peer assistance in schools (information, reinforce the ability to make the right choices).

Bas-Saint-Laurent: *Vendre de l'alcool de façon responsable*. The goal of this project is to limit access to alcohol. It targets the owners and employees of businesses that sell alcohol.

All of Québec: *Dep-Ado*. This is a tool for detecting drug and alcohol addiction among teens.

DRUG ADDICTION: REDUCING THE HARM CAUSED BY INJECTION DRUG USE

Needle Exchange Programs

MSSS has been providing injection drug users with sterile syringes since 1989 to prevent the transmission of HIV and hepatitis B and C. Users can exchange needles and syringes at local community service centres (CLSC), hospital emergency departments, drugstores, medical clinics, multi-purpose, multi-customer community organizations, and HIV/Hepatitis prevention centres. This network of needle exchange outlets covers most regions of Québec and is supported by the regional public health branches under Québec's Public Health Program and the *Stratégie québécoise de lutte contre l'infection par le VIH et le sida, l'infection par le VHC et les infections transmissibles sexuellement* (in French only).

MSSS, in collaboration with the regional public health branches, has been gathering information since 1996 on needle exchange programs in order to develop a clearer picture of how effective they are and how the situation is evolving.

Methadone Substitution Programs

Since 1999, MSSS has supported efforts to increase access to methadone maintenance services for heroin addicts throughout Québec and to promote the training of health professionals (doctors, pharmacists, nurses, and social workers). Ten regions across Québec have developed opioid (methadone) substitution programs over the past ten years with recurrent funding from MSSS. In 2001, MSSS also funded the establishment of a suprarregional service for doctors and addiction workers to assist in the treatment and transfer of patients.

Available References

MSSS, *One Kit, One Hit*, 2003. WEB**

MSSS, *Dépliant Chacun son kit, une idée fixe*, 2003. WEB**

MSSS, *Document d'accompagnement à l'utilisation de Chacun son kit, une idée fixe sur l'injection à risques réduits*, 2003. WEB** (in French only)

MSSS, *Dépliant Si tu prends de la dope, évite le bad trip des hépatites*, 2002. WEB** (in French only)

MSSS, *Dépliant Tatouage et « piercing »... tout en se protégeant du sida des hépatites B et C*, 2004. WEB** (in French only)

MSSS, *Programme d'échange de seringues au Québec, statistiques sur les services offerts de 1996 à 2003*, 2004. (in French only)

** Reference available on the MSSS Website: www.msss.gouv.qc.ca , under the Documentation heading, Publications section

Local and Regional Projects

Regional program for the prevention of HIV and hepatitis infections among drug injections users in Montréal

Point de Repères: Québec City community organization active in preventing HIV and hepatitis infections among injection drug users.

Agence de développement de réseaux locaux de services de santé et de services sociaux de Montréal.
Feasibility study on the creation of safe injection sites for injection drug users.

“PREPARING FOR INDEPENDENCE” PROJECT

The goal of this pilot project, which is slated to last four years, is to prepare young people in youth protection centres for independence using intensive intervention strategies.

Qualification des jeunes is a two-pronged project involving interventions to prepare young people for independence and provide them with useful skills. The project team is made up of a coordinator and eight educators (two per participating region), each of which is responsible for ten young people.

The target group is sixteen-year-olds who have been placed in youth protection centres at some point in their lives, who have no clear plan for their futures, and who have rather dismal prospects for adulthood. They are recruited from youth protection centres.

This pilot project, which is part of the *Stratégie d'action pour les jeunes en difficulté et leur famille*, was set up to offer a range of appropriate, specialized services throughout Québec. It is also one of the measures set out in the National Strategy to Combat Poverty and Exclusion.

The project began in Abitibi-Témiscamingue, Laval, and Outaouais in November 2001. The project was expanded to Montréal (Batshaw Youth and Family Centres) in spring 2002. Approximately 80 teens are currently taking part in the project.

Available References

MSSS, *Stratégie d'action pour les jeunes en difficulté et leur famille*, 2002. WEB** (in French only)
Ministère de l'Emploi, de la Solidarité sociale et de la Famille, *National Strategy to Combat Poverty and Social Exclusion*, 2004.
Secrétariat à la jeunesse, *Politique québécoise de la jeunesse : La jeunesse au cœur du Québec*, 2001. (in French only)
Association des centres jeunesse du Québec, *Projet d'intervention intensive en vue de préparer le passage à la vie autonome et d'assurer la qualification des jeunes des centres jeunesse du Québec : Bilan de l'an 2*, 2004. (in French only)

** Reference available on the MSSS Website: www.msss.gouv.qc.ca , under the Documentation heading, Publications section

Pervasive development disorders

The MSSS policy statement and action plan regarding pervasive development disorders (PDD), entitled *Un geste porteur d'avenir* (in French only), was released in 2003.

Two measures in the action plan focus on detection:

Facilitate the early diagnosis of PDD by professionals working with children by heightening their awareness of the symptoms of PDD and making them better able to detect them

Facilitate the diagnosis of PDD by professionals working with teens and adults by heightening their awareness of the symptoms of PDD and making them better able to detect them

Research will be undertaken shortly to determine the best means to detect PDD and health problems among young children in order to diagnose PDD and direct them to the appropriate services as quickly as possible.

Available References

MSSS, *Un geste porteur d'avenir. Des services aux personnes présentant un trouble envahissant du développement, à leurs familles et à leurs proches*, 2003. WEB** (in French only)

** Reference available on the MSSS Website: www.msss.gouv.qc.ca , under the Documentation heading, Publications section

BREASTFEEDING

On October 3, 2001, MSSS released a document entitled *Lignes directrices en matière d'allaitement maternel* (in French only) to coincide with World Breastfeeding Week. The overall objective of these guidelines is to increase breastfeeding rates among mothers leaving maternity units to 85% and to 70%, 60%, 50%, and 20% respectively at two, four, six, and twelve months after birth. This is a daunting challenge for all stakeholders involved, i.e., the *ministère de la Santé et des Services sociaux* (MSSS), local health and social services network development agencies, hospitals and CLSCs, health professionals, and breastfeeding support groups.

Four strategies are put forward to support and promote breastfeeding. The main strategy is to promote the internationally recognized Baby Friendly Initiative (BFI) developed by WHO/UNICEF by ensuring that prenatal and neonatal services provided by hospitals and CLSCs encourage breastfeeding and help women make informed decisions. The other strategies focus on organizing breastfeeding support services, monitoring breastfeeding rates, and using the influence of the Department and network to convince other sectors of the importance of breastfeeding.

Available References

MSSS, *L'allaitement maternel au Québec : lignes directrices*, 2001. WEB** (in French only)

MSSS, *Allaiter votre bébé : guide pour les mères qui allaitent*, 2003* (in French only)

Institut national de santé publique, *Mieux vivre avec notre enfant de la naissance à deux ans : guide pratique pour les mères et les pères*, 2004 (in French only)

This guide, which is provided free to all Québec parents on the birth or adoption of a child, has been updated and improved with the addition of a separate chapter on breastfeeding. Published by the *Institut national de santé publique du Québec* in collaboration with numerous experts in the network, it promotes the health and welfare of newborns by providing answers to the many questions that new parents have.

Additional References

L'allaitement maternel : Guide pratique à l'intention des intervenants et intervenantes, 2002. (in French only)

This guide is a tool for healthcare professionals who deal with pregnant women and their spouses and with parents with infants. It provides accurate, up-to-date information to ensure that parents receive consistent advice on breastfeeding.

Devenir parents et allaiter bébé (videotape and facilitator's guide), 2004. (in French only)

This videotape is a tool for health professionals to help them counsel new parents. Many themes are discussed, including the changes and challenges associated with the arrival of a newborn baby and the realities of breastfeeding.

** Reference available on the MSSS Website: www.msss.gouv.qc.ca , under the Documentation heading, Publications section

INFO-SANTÉ CLSC

PREVENTION/PROMOTION SERVICES UNDER THE QUÉBEC PUBLIC HEALTH PROGRAM

Info-Santé CLSC is a Québec-wide 24/7 hotline staffed by nurses. It provides immediate answers to questions about health and welfare with the goal of helping people take charge of their own health and referring them to the appropriate health resources as required. Info-Santé fields some 2.5 million calls every year.

One of the goals of Info-Santé CLSC when it was set up in 1994 was to provide early warning public health alerts in order to react quickly to emergencies such as food poisoning episodes and epidemics. It thus plays a support role in health monitoring. Last year, it received over 1,600 calls concerning such matters.

Call response protocols help the nurses provide standardized answers to questions. Several of the protocols deal with public health problems. Each and every protocol has been scientifically validated by a group of experts and has been structured to provide easily understandable information to callers.

Some of the public health protocols include—

- Breastfeeding
- Breast cancer screening
- Sexually transmitted diseases and blood-borne infections
- Indoor air quality
- Tobacco use
- West Nile Virus

Info-Santé CLSC also supports public health initiatives by notifying the general public about specific problems such as SARS and the U.S./Iraq war. It may also provide information in other situations of more limited scope such as local or regional outbreaks of hepatitis and contaminated drinking water warnings.

Local public health departments forward memos to the relevant Info-Santé CLSC and, in certain circumstances, collect information on patient traffic. The role and organization of Info-Santé services are currently under review to determine the best way to improve communications with public health departments.

FAMILY MEDICINE GROUPS IN QUÉBEC

The *Ministère de la Santé et des Services sociaux* is setting up family medicine groups (FMG) to facilitate access to family doctors, improve the quality of basic medical care for the general public, and recognize the important role played by family doctors. More specifically, MSSS wants to—

Improve patient follow-up and management by FMG member family doctors ;

Ensure service continuity by strengthening links with other healthcare providers in the health and social services network such as CLSCs (In addition, FMG will become partners of future local services networks.);

Ensure that family doctors are more available by working in groups and sharing tasks with nurses in their FMG.

FMGs play an essential role in the organization of medical services. They create the conditions that allow teams of doctors to work in close collaboration with nurses and other healthcare providers in the health and social services networks to offer family medicine services to their FMG patients. They also have considerable potential for improving the health of the public at large by adopting an interprofessional approach and incorporating health prevention and promotion initiatives. FMGs, which offer basic medical services to all Quebecers, can be private clinics or can be in CLSCs and family medicine teaching units in hospitals.

Registration with an FMG member doctor is voluntary and free. It is a unique opportunity for patients to establish a long-lasting, meaningful relationship with their family doctor. When patients register with an FMG, they sign a release of personal information consent form. With all the results of previous examinations, visits, and treatments in hand, the doctor is better able to provide appropriate medical care and meet their needs. FMGs will also be able to better coordinate the medical and psycho-social services and treatments required by each patient. If the family doctor is absent, the teamwork approach and sharing of the patient's history allow another FMG member doctor to care for the patient.

In September 2004, there were 87 accredited FMGs in Québec. MSSS intends to progressively set up FMGs throughout Québec so that, within a few years, all Quebecers will be free to register with an FMG member doctor or obtain equivalent care from other medical service providers in the network (private clinics, CLSCs, etc.). For more information, please consult the MSSS Website at www.msss.gouv.qc.ca/, Service Organization Section, Family Medicine Groups Subsection.

Available References

Dépliant *Le groupe de médecine de famille : un atout pour le patient et son médecin.*

Dépliant *The family medicine group an asset for the patient and for the patient's doctor.*

SUICIDE PREVENTION

Québec's Strategy for Preventing Suicide: Help for Life

In 1998, MSSS implemented Québec's *Strategy for Preventing Suicide*, entitled *Help for Life*. The strategy has two general goals:

To stabilize and eventually reduce suicide rates;

To provide quality services to all people concerned by this problem: suicidal individuals, friends and family members, and the bereaved.

In addition, Québec's *Strategy for Preventing Suicide* has seven specific goals aimed at preventing suicide, delivering a broad range of services (crisis intervention, follow-up, postvention, intervention with high risk groups, etc.), and providing training and education. Hospitals (emergency rooms, psychiatric units), CLSCs, Youth Protection Centres, and community organizations (suicide prevention centres) are the main partners.

Evaluation of the Implementation of Québec's Strategy for Preventing Suicide

The main goal of the evaluation was to determine how Québec's *Strategy for Preventing Suicide* could be improved based on the results of a number of regional initiatives. Consultations with the public health network, partners, and provincial authorities have revealed that despite inter- and intra-regional disparities in the implementation of the Strategy, positive results were obtained with postvention, training, and crisis intervention initiatives with men. On the other hand, much remains to be done to prevent suicide among young people. The evaluation has resulted in a number of recommendations.

Available References

Québec's Strategy for Preventing Suicide, MSSS, 1998. WEB**

Évaluation de l'implantation de la Stratégie québécoise d'action face au suicide, MSSS, 2004. WEB**

Help for Life (This brochure contains basic information and gives the phone number of a 24/7 province-wide intervention hotline set up by MSSS in 2000–2001.) WEB**

** Reference available on the MSSS Website: www.msss.gouv.qc.ca , under the Documentation heading, Publications section

Local and Regional Projects

Action plan to reduce the number of deaths by suicide, Mauricie and Centre du Québec regions, 2003

The local health and social services network development agency in Mauricie drafted and implemented an action plan in 2003 centred on the grouping together of suicide prevention services into a network and providing a clear definition of the roles and responsibilities of its partners. The action plan especially targets high risk groups.

Suicide prevention sentinel training project, Chaudière-Appalaches

The Chaudière-Appalaches Public Health Branch, which serves a large, lightly populated territory, in collaboration with local CLSCs and suicide prevention and crisis centres, has deployed a massive community-based program to train sentinels to identify suicidal individuals and those in crisis in order to refer them to the appropriate resources.

Regional education and postvention team

A team of eight specialized educators, who are affiliated with consistently funded suicide prevention and crisis centres throughout the Montérégie region, offers courses to suicide prevention workers on the best way to intervene with suicidal individuals. The courses are adapted to the unique needs of each client group and are upgraded every year based on developments in clinical practices.

QUÉBEC NEONATAL SCREENING PROGRAM

The Québec neonatal screening program involves both blood and urine screening.

Blood screening

The blood screening program began in 1969 with a phenylketonuria test. A test for tyrosinemia was added in 1970 and for congenital hyperthyroidism in 1974. Blood from newborns is collected from a heel stick three to five days after birth. The blood is dried on a filter paper, which is sent to CHUQ (Centre hospitalier de l'Université Laval) where it is analyzed. Early treatment of these pathologies increases the chance of normal physical and mental development and, in the case of hereditary tyrosinemia, significantly increases life expectancy.

Urine screening

The urine screening program for hereditary metabolic diseases was established in 1971. A urine sample from the newborn is collected on filter paper by the parents twenty-one days after the birth of their baby. The materials and information for collecting the sample is given to the mother before she leaves the hospital. While parental participation is voluntary, the participation rate is 89%. Over 15 diseases or abnormalities can be screened in this way and can be divided into two groups: those that need immediate treatment and those that need long-term treatment and follow-up.

Down syndrome

Since 1976, pregnant women aged 35 and over in Québec have had access to amniocentesis and caryotyping during the 2nd trimester in order to diagnose Down syndrome and other chromosomal abnormalities. The probability of giving birth to a Down syndrome child increases with the age of the mother—it is 1:500 for 20-year-olds and 1:385 for 35-year-olds.

ATTENTION-DEFICIT AND HYPERACTIVITY DISORDER

The *ministère de la Santé et des Services sociaux* in collaboration with the *ministère de l'Éducation* has drafted an action plan to inform parents about attention-deficit and hyperactivity disorder and to provide child and youth workers with training in this area. The action plan deals with the main concerns of education and health stakeholders, i.e., joint action and prevention. It is important to act together as early as possible to prevent difficulties with and reduce the incidence of attention-deficit and hyperactivity disorder.

Available References

MSSS, *Dépliant Attention deficit and hyperactivity in children - Be aware!* (brochure) WEB**

Attention-Deficit and Hyperactivity Disorder working! WEB**

Together to Provide Better Support for Young People. Plan of Action

Training document to support personnel working in the areas of assessment, diagnosis, intervention, and treatment. WEB**

** Reference available on the MSSS Website: www.msss.gouv.qc.ca , under the Documentation heading, Publications section

PREVENTION OF CARDIAC DISEASES

A number of tertiary prevention and rehabilitation centres provide specific activities for cardiac disease patients. Primary prevention services are for people who have never had a cardiac disease and or cardiac incident and wish to maintain or improve their cardio-vascular health. Secondary services are provided to prevent complications and rehabilitate people who have suffered from cardiac disease or a cardiac incident. Secondary services also include exercise programs for individuals who suffer from heart failure or who have had a heart attack, bypass surgery, or a coronary dilatation.

Contact

MONTREAL HEART INSTITUTE

Centre of preventive medicine and physical fitness of the Montréal Heart Institute

INSTITUT UNIVERSITAIRE DE CARDIOLOGIE ET DE PNEUMOLOGIE DE L'HÔPITAL LAVAL

Pavillon de prévention des maladies cardiaques (PPMC)

MCGILL UNIVERSITY HEALTH CENTRE

Cardiovascular Health Improvement Program (CHIP)

Royal Victoria Hospital site

Montréal General Hospital site

CENTRE HOSPITALIER UNIVERSITAIRE DE SHERBROOKE

Cardiopulmonary Rehabilitation Program

OPTIMIZING MEDICATION USE IN QUÉBEC

The *Conseil du médicament*

The *Conseil du médicament* is an agency that reports directly to the Minister of Health and Social Services. The mission of the *Conseil* is to provide advice to the Minister with regard to updating the list of medications covered by the *Basic Prescription Drug Insurance Plan* and the list of medications authorized for use in hospitals and to promote the optimum use of medication. In terms of optimum use, the *Conseil* can, among other things, conduct, support, or participate in reviews of the use of medications, recommend the development and implementation of education, information, and awareness strategies for health professionals and the general public, evaluate problems related to the use of drugs, and implement measures to prevent and correct such problems.

Awareness campaign on the proper use of medications

A campaign to raise awareness about the proper use of medications was launched in mid-September 2004. The main message of the vast three-year campaign is “*Using medication: If and as required.*” The first campaign ad, which includes TV spots, will promote the need to take stock of medicine cabinets and dispose of unused medications.

Partnership agreements with the pharmaceutical industry

MSSS reached three agreements with drug manufacturers in summer 2002 aimed at promoting the proper use of medications through information and education measures for doctors, pharmacists, and patients.

Symposium on the optimum use of medication

The Québec Minister of Health and Social Services organized a major symposium on the optimum use of medication in Québec City on May 20 and 21, 2004. It brought together the main medication stakeholders, who shared their knowledge and experience.

Medication policy

Québec is currently drawing up a four-part policy to ensure accessibility to medication, reasonable prices, optimum use of medication, and the maintenance in Québec of a vibrant pharmaceutical industry. The draft policy is expected to be tabled in late 2004, followed by a period of public consultations.

Available References

Dépliant: *Les médicaments: s'il le faut comme le faut!*

Dépliant: *Using Notification: If and as required!*

For more information, please consult the MSSS (www.msss.gouv.qc.ca) and *Conseil du médicament* (www.cdm.gouv.qc.ca) websites.

PERFORMANCE EVALUATION POLICY

MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX

Program performance evaluation is closely tied to the modernization of public management. It is the duty of MSSS to evaluate its policies, programs, initiatives, and strategies. The MSSS conducts performance evaluations in four areas: policies and strategies; action plans; certain public health programs; and public health assessment. Most departmental sections are involved in these evaluations. The evaluation policy lays out the operations of MSSS, the main parameters for conducting evaluations, and the conditions for ensuring ongoing evaluations.

Available Reference

Politique d'évaluation du ministère de la santé et des services sociaux, WEB** (in French only)

** Reference available on the MSSS Website: www.msss.gouv.qc.ca , under the Documentation heading, Publications section

THE HEALTH AND WELFARE POLICY: AN EVALUATION OF ITS IMPLEMENTATION AND ITS IMPACT ON THE PERFORMANCE OF QUÉBEC'S HEALTH SYSTEM FROM 1992 TO 2002

The *Health and Welfare Policy* adopted by MSSS in June 1992 set out the action priorities for the health system, recommended strategies to enhance the efficiency of these actions, and set performance goals to be attained by 2002. The evaluation looked at the implementation of the Policy from its inception, the achievement of the goals set out in the Policy, and the impact the Policy has had on the performance of the health system as perceived by stakeholders. The evaluation brought to light a major challenge facing our health system—the need to provide health stakeholders with the tools required to ensure the continuity in the medium and long term of the orientations and priorities outlined in the Policy.

Available Reference

La politique de la santé et du bien-être : Une évaluation de sa mise en œuvre et de ses retombées sur l'action du système sociosanitaire québécois de 1992 à 2002 WEB** (in French only)

** Reference available on the MSSS Website: www.msss.gouv.qc.ca , under the Documentation heading, Publications section