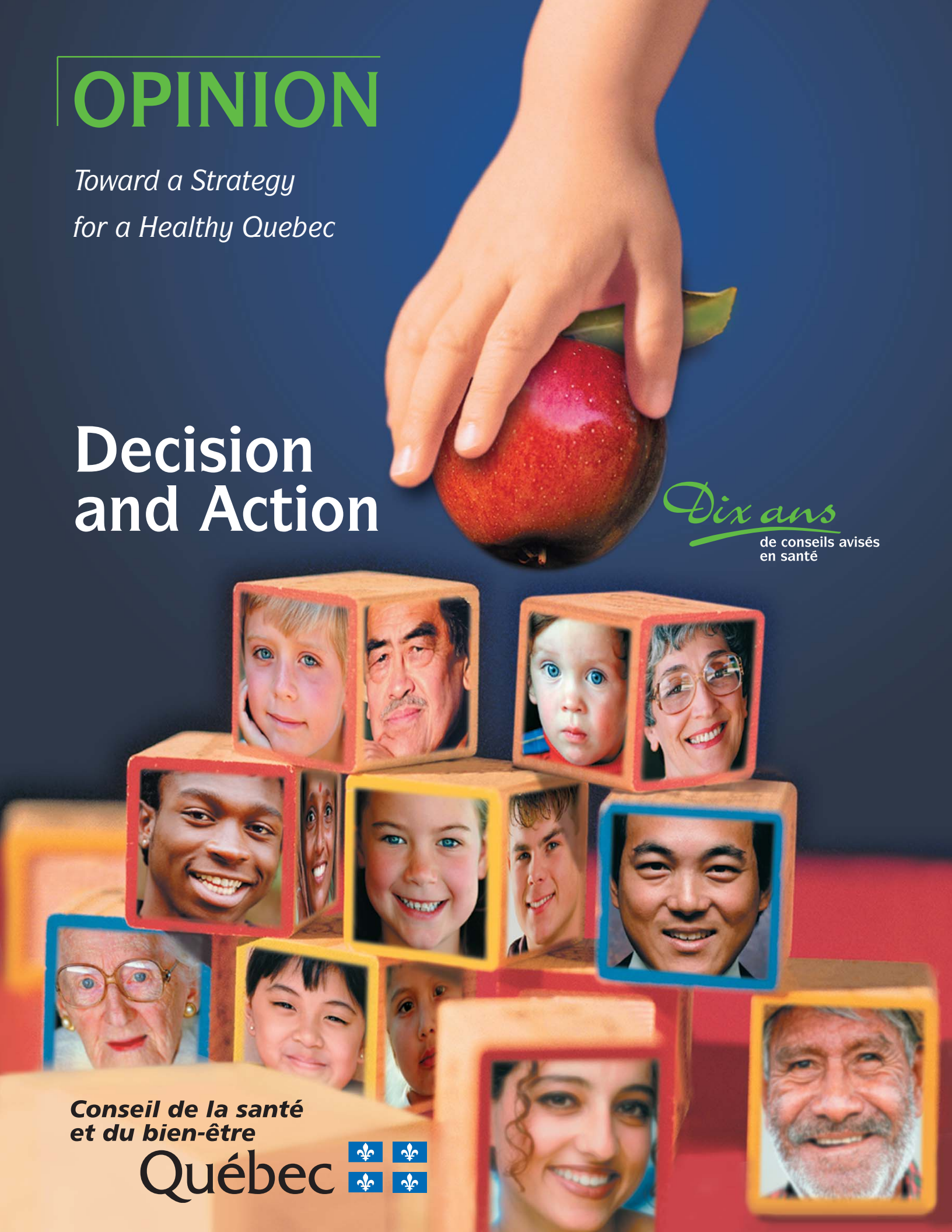
OPINION

Toward a Strategy for a Healthy Quebec

Decision and Action

Dix ans
de conseils avisés en santé



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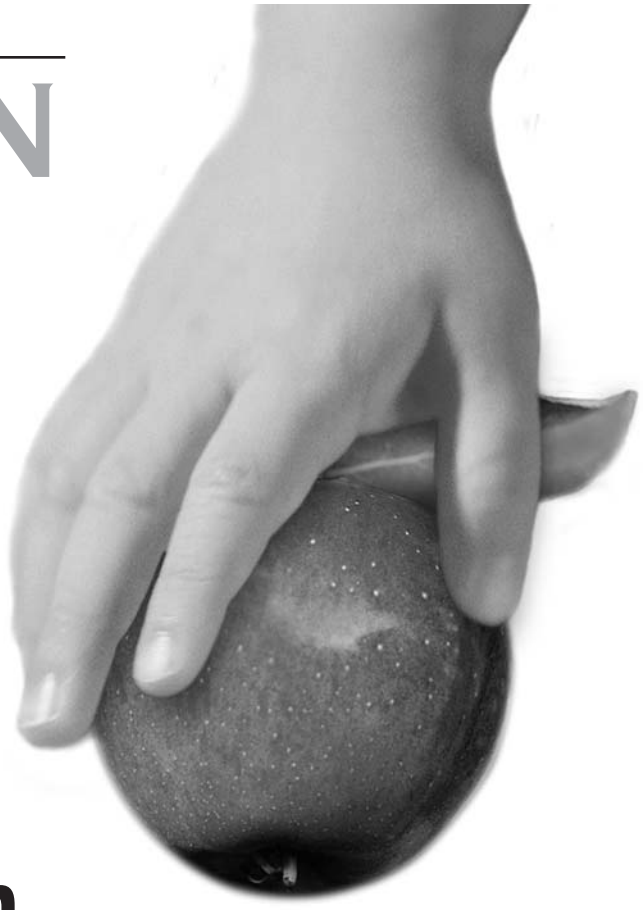
for a Healthy Quebec



Decision and Action

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The Conseil de la santé et du bien-être was established by legislation in May 1992. It advises the Minister of Health and Social Services on the best means of enhancing Quebecers' health and well-being.

The Conseil comprises 23 members representing users of health and social services, community agencies, interveners, researchers and administrators in the health and social sectors and sectors whose intervention strategies affect Quebecers' health and well-being.

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Foreword

The Policy on Health and Well-being adopted in 1992, in keeping with the ongoing reform of the health and social service system, is intended to guide the organization and operation of the health and social services network. It establishes for the health care system result objectives with respect to gains in public health. The policy is aimed at reducing certain health and social problems and health disparities between regions and groups, supporting individual and community development, enhancing life-settings and living conditions, harmonizing government initiatives, and enabling the health and social service system to find the most effective, least costly solutions.

The policy was established 10 years ago. In this opinion, the Conseil de la santé et du bien-être presents to the Minister of Health and Social Services a scenario focusing on the policy's future development. It recommends that the policy's foundations and objectives be revised and that greater emphasis be placed on the conditions that guarantee its successful implementation.

An evaluation of the policy's implementation reveals that the objectives set to reduce mortality and those pertaining to public health and social integration have almost all been achieved. However, while health is defined as "the physical, mental and social capacity of persons to act in their community and to carry out the roles they intend to assume," we note the exacerbation of problems that limit this capacity. Moreover, disparities in health and well-being persist among regions, territories and groups. We note that communities mobilized to a relatively high degree when regional priorities were set, which was not true of all staff and professionals in the health and social services network. We note as well that it is hard to attain the objectives in the policy when the priorities defined and the resources allocated are scarcely aligned, when new governmental and ministerial priorities follow each other and the implementation of The Policy on Health and Well-being is not accompanied by an ongoing evaluation.

This opinion is the outcome of a process initiated in the spring of 2000, when the Conseil analysed the policy guidelines adopted by the Quebec government in the realm of health and social services since 1960. The Conseil subsequently conducted studies on the changes in problems related to health and well-being retained in the 1992 policy, on the implementation of the policy in the regions and government ministeries, and the experience of other countries in this area. On the basis of these studies, the Conseil devised a scenario for revising the policy, submitted twice to a committee made up primarily of interveners from the health care sector and researchers. I would like to warmly thank all of these collaborators who displayed considerable generosity by agreeing to participate in the Conseil's deliberations on The Policy on Health and Well-being.

The Conseil de la santé et du bien-être was established in 1992 in the wake of the reform of the health and social service system and the adoption of The Policy on Health and Well-being to maintain a broad perspective on health and advise the Minister of Health and Social Services on the attainment of objectives respecting health and well-being. It is with pride that I invite you to examine this opinion, which coincides with the Conseil's 10th anniversary, an important milestone. Once again, the Conseil hopes, through this opinion, to contribute to the choice of the best means of enhancing Quebecers' health and well-being.

Hélène Morais

President

Summary

This opinion stems from our principal mandate, which is to advise the Minister of Health and Social Services on the objectives of The Policy on Health and Well-being and the appropriate means of achieving them. Our evaluation of the policy reveals the strengths and weaknesses of its application. We are proposing a scenario for its revision including objectives and concrete conditions concerning its implementation.

In light of this evaluation, we are pleased to note that the objectives set to reduce mortality and those pertaining to public health and social integration have almost all been achieved. However, while the Act respecting health services and social services defines health as "the physical, mental and social capacity of persons to act in their community and to carry out the roles they intend to assume", we note the aggravation of problems that limit this capacity. Diseases that engender long-term physical disability and social adaptation and mental health problems are becoming more frequent in Quebec. Moreover, disparities in health and well-being persist among regions, territories and groups.

While communities mobilized to a relatively high degree when regional priorities were set, the same is not true of all staff and professionals in the health and social services network. Moreover, we have noted that efforts to improve health and well-being inspired by the policy have only partially succeeded in mobilizing interveners in various segments of society from the standpoint of the enhancement of living conditions, life-settings and living habits. It was hard to attain the policy's objectives when the priorities defined and the resources allocated were scarcely aligned, when new governmental and ministerial priorities followed each other and the MSSS did not ensure systematic follow-up in respect of its own policy.

An analysis of foreign experience has revealed that a number of western nations have also developed strategies, guidelines and policies aimed at enhancing individual and collective health and well-being. Following evaluation, the strategies, guidelines and policies have been revised and maintained, with particular emphasis on follow-up regarding objectives and reliance on intersectoral measures as a means of attaining objectives.

The Conseil believes that, in the future, The Policy on Health and Well-being must pursue the objectives initiated in 1992. We must rely on what has been achieved through the policy and propose possible solutions to avoid the pitfalls already encountered. To this end, the Conseil is suggesting that the policy's foundations and objectives be revised and that greater emphasis be placed on the conditions that guarantee its successful implementation.

The Conseil recommends that The Policy on Health and Well-being emphasize prevention when decisions are made and initiatives launched in respect of health and social services, supported by a sustained commitment from the government. Moreover, the policy must reassert the interactive concept that defines health as "the physical, mental and social capacity of persons to act in their community and to carry out the roles they intend to assume."

In order to enhance Quebecers' health and well-being, the Conseil is also recommending that the revised policy on health and well-being contain diversified objectives. Specifically, it is proposing four groups of objectives, aimed at reducing priority problems and disparities and at enhancing the social determinants of health and well-being and the health and social health and social service system.

Above all, these objectives must seek to reduce violence, behavioural disorders among young children and adolescents, cardiovascular diseases, breast and lung cancer, suicides, mental disorders, respiratory illnesses, back pain, and diabetes. In this perspective, it is important to focus, in particular, on the regions, territories and groups hardest hit by these problems, especially the First Nations peoples. Furthermore, in order to reduce these problems, the Conseil recommends that the Minister act with regard to social determinants of health such as living conditions, living habits and life-settings. The Conseil is of the opinion that a revised policy on health and well-being must also contain objectives pertaining to the organization of services (the accessibility of front-line services), the quality of care and services, the distribution of resources and the enhancement of professional practice in order to centre these factors on prevention, interdisciplinary practice, continuity and support for individual and community autonomy.

From the standpoint of implementation, the Conseil is formulating recommendations on what it deems to be conditions that are essential for the success of a revised policy on health and well-being, i.e. shared responsibilities (constant interaction between levels, accountability, follow-up), participation by local and regional interveners, participation by staff and professionals in the services network, regional leeway with respect to the allocation of resources, and intersectoriality.

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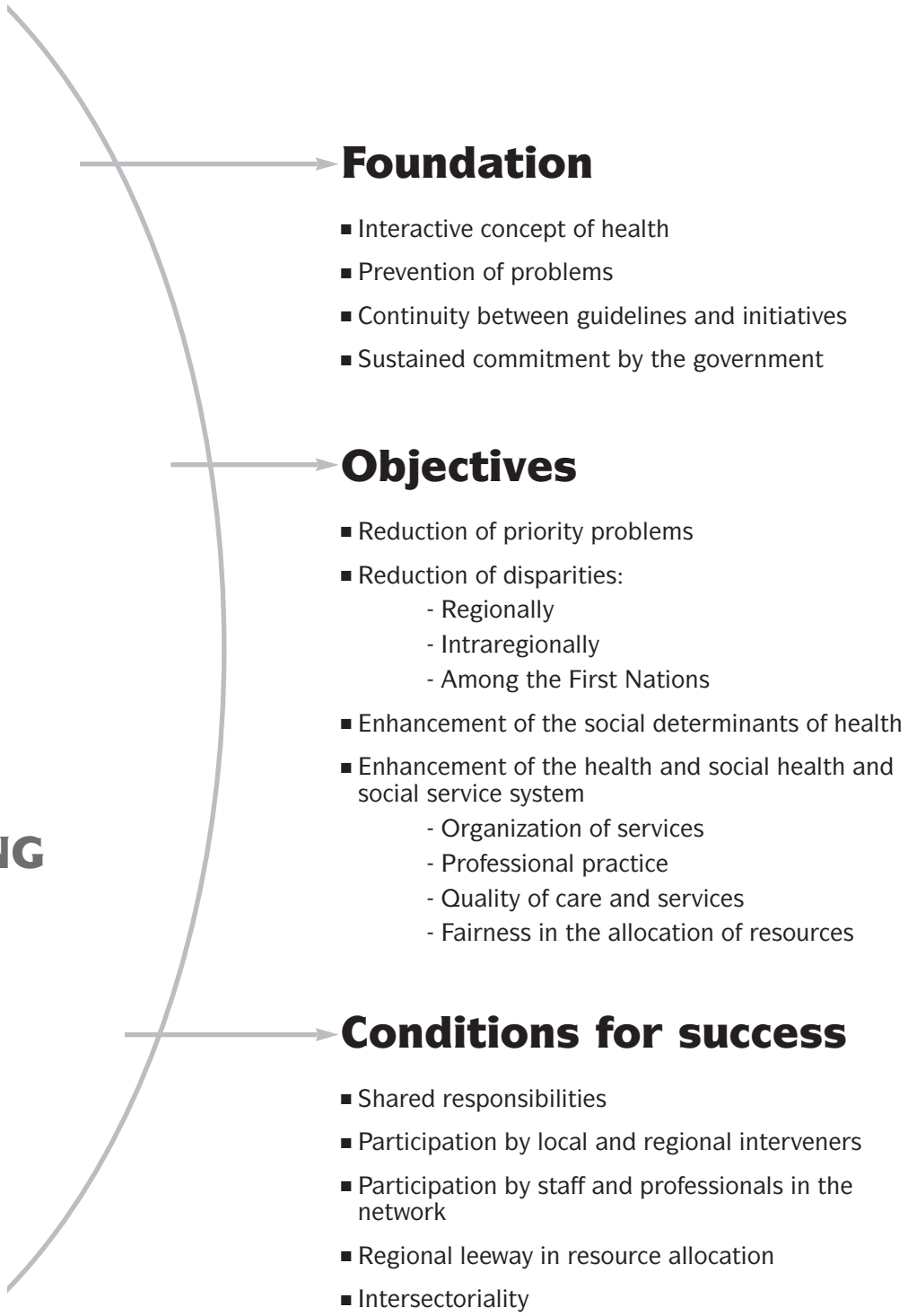
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Introduction

Under its mandate, the Conseil de la santé et du bien-être advises the Minister of Health and Social Services on the best means of enhancing Quebecers' health and well-being. More specifically, it must provide advice on the objectives of The Policy on Health and Well-being and the appropriate means of attaining the objectives.

The Policy on Health and Well-being, adopted in 1992, seeks to focus the health care system on objectives aimed at reducing the health and social problems that most extensively affect Quebecers. The policy documents 19 such problems. Moreover, it is intended to reduce the health disparities noted between regions and groups, support individual and community development, enhance life-settings and living conditions, harmonize public initiatives and focus the health and social health and social service system on the most effective, least costly solutions.

The review of the policy, presented in an appendix in the original French version, emphasizes the key successes and shortcomings of the implementation of the 1992 policy. While it is true that all of the policy's objectives have not been achieved, a number of initiatives have nonetheless been carried out. The Conseil is convinced that starting again from scratch would demobilize local and regional interveners and proposes that the Minister of Health and Social Services revise The Policy on Health and Well-being, bearing in mind regional priorities and action plans and consolidate implementation procedures in a way that enhances Quebecers' health and well-being.

In the past, having observed the lack of precision and clarity in the health and social service system's outcomes, the Conseil encouraged the Minister of Health and Social Services to use The Policy on Health and Well-being as a guideline in respect of the entire sociosanitary system. It is in this same perspective that the Conseil is laying out, in this opinion, a scenario for the policy's future development.

This scenario reaffirms the interactive approach to health in the 1992 policy. In light of socio-political changes in Quebec, the successes and shortcomings of the implementation of the first policy on health and well-being and certain foreign experience in this regard, the Conseil is formulating recommendations on the foundation, objectives and conditions for success of the implementation of a revised policy on health and well-being.

The Conseil believes that the foundation of a revised policy on health and well-being must include an interactive concept of health, prevention of health and well-being problems, health promotion, continuity between policy guidelines and initiatives in the services network, and sustained commitment by the government.

Interactive concept of health

The Policy on Health and Well-being, adopted in 1992, centres on an interactive concept of health and well-being, defined in the Act respecting health services and social services as "the physical, mental and social capacity of persons to act in their community and to carry out the roles they intend to assume." According to this concept, health and well-being stem from constant interaction between individuals and their environment. The maintenance and enhancement of health and well-being depend on the balanced sharing of responsibilities among individuals, families, life-settings, private- and public-sector stakeholders in economic development, the public and private sectors overall, and governments.

When regional priorities are established, we have noted that local populations understand fairly well this concept of health. Moreover, this concept of health and well-being is prevalent in similar policies adopted in other western nations.

In light of this observation, the Conseil recommends that the Minister of Health and Social Services:

1. **reaffirm the concept of health in terms of the ability of individuals to play their role and from the standpoint of the outcome of ongoing interaction between individuals and their environment. The maintenance and enhancement of health and well-being depend on the balanced sharing of responsibilities among individuals, families, life-settings, private- and public-sector stakeholders in economic development, all sectors of society, and governments.**

2. **measure the desired results, bearing in mind:**
   - **lifespan, quality of life and inequalities;**
   - **the availability in the services network of measures that are deemed to be effective and participation by community interveners..**

Prevention of health and well-being problems, and health promotion

The Policy on Health and Well-being considers the prevention of problems and the promotion of health and well-being as the ideal means of attaining the objectives set in respect of the 19 problems pinpointed. The concept of health as stemming from ongoing interactions between an individual and his environment affects the notion of prevention, which cannot be confined solely to measures to deal with disease and social problems. It must also involve measures pertaining to the social determinants of health, i.e. living conditions, life-settings and living habits.

The study of the policy's implementation at the regional level reveals that the regional health and social services boards have adopted this means of action. They have initiated numerous measures designed to promote health and prevent disease and social problems in keeping with regional priorities. However, many interveners were unconcerned by this policy, which fostered upstream initiatives. Prevention was perceived as the field of expertise of a clearly defined category of professionals and staff.

An examination of similar policies adopted elsewhere in the world reveals that disease prevention and health promotion are one way to enhance the state of health and well-being of populations.

Backed by these observations and following the example of the Commission d'étude sur les services de santé et des services sociaux, which recommends making prevention the key component of a revised policy on health and well-being, the Conseil recommends that the Minister of Health and Social Services:

3. **centre the future policy on health and well-being on the prevention of disease and social problems and measures focusing on the social determinants of health.**

However, some clarification is required. The ministère de la Santé et des Services sociaux, drawing inspiration from the Commission d'étude sur les services de santé et des services sociaux, defines the missions of the health and social service system thus: prevent, cure and support. Unfortunately, all too often the different missions are considered in isolation. The Conseil is of the opinion that preventive measures cannot be confined to the preventive mission and are part of the curative and support missions. Interveners concerned with these



two missions recognize that preventive measures are part of their work. Through the decompartmentalization of preventive measures, all interveners in the network can identify with and understand The Policy on Health and Well-being. Only in this way will the policy produce the desired results.

The Conseil confirms the importance of elaborating preventive measures horizontally and not in a vertical, compartmentalized manner, which means clearly integrating preventive measures into the entire array of the health and social service system's missions.

The Conseil therefore recommends that the Minister of Health and Social Services:

4. **take the necessary steps to ensure that preventive measures are integrated into the network's missions overall.**

Since prevention also implies measures aimed at the social determinants of health, interveners from other sectors, including private- and public-sector stakeholders in economic development, must be concerned with preventive measures. They must be made aware of their responsibilities with regard to the state of health and well-being of populations.

The Conseil recommends that the Minister of Health and Social Services:

5. **continue to heighten awareness among public- and private-sector interveners in other sectors, including stakeholders in economic development, concerning their responsibilities for the state of Quebecers' health and well-being so that they focus on preventive measures pertaining to living conditions, life-settings and living habits.**

Continuity between policy guidelines and initiatives in the services network

The ministère de la Santé et des Services sociaux has adopted a number of intersectoral policy guidelines. However, the Conseil has noted a lack of integration of ministerial initiatives in the network and an absence of continuity. The MSSS regularly introduces new priorities that are not always consistent with previous ones. Under the circumstances, it is hard for staff and professionals in the network and regional and local bodies to mobilize in order to achieve the priority objectives adopted and to appropriate them.

Certain countries and provinces have relied on this type of policy to guide the health and social service system. For example, in Ontario and New Zealand, such policies are adopted to adjust a health and social service system that no longer satisfies public needs. During times of financial crisis, Finland and France adopt policies of this kind in order to reorganize the health and social service system.

The Commission d'étude sur les services de santé et les services sociaux recently confirmed that a revised policy on health and well-being "must contain a vision that will guide all initiatives pertaining to health and social services." [our translation] Moreover, the policy "must become the basic tool for the Quebec government and all interveners and mangers in the health and social services network" [our translation] (Commission, 2000: 33).

In light of these factors and with a view to ensuring the system's consistency and efficiency, the Conseil proposes that a single policy encompass the health and social service system's key policy guidelines. The Conseil recommends that the Minister of Health and Social Services:

6. **take the necessary steps to ensure that The Policy on Health and Well-being guides decisions and initiatives pertaining to health services and social services.**

Sustained commitment by the government

The policy's implementation at the regional level is well under way. Local and regional interveners mobilized when regional priorities were established. However, the announcement by the government of budget cutbacks compelled MSSS officials to impose the quality-performance challenge, which relegated to the background The Policy on Health and Well-being, since effort focused entirely on reorganizing the services network. From that point onward, the process of implementing the policy was severely compromised and the results observed have been mitigated.

More recently, the Commission d'étude sur les services de santé et les services sociaux examined the responsibility of various interveners in the health sector and proposed that the Quebec government "recognize its responsibility and overall accountability in respect of public health" (Commission, 2000: 35). [our translation] The Commission believes that it is obvious, given the importance of the determinants of health, that the ministère de la Santé et des Services sociaux alone cannot assume responsibility for Quebecers' health, a notion to which the Conseil subscribes. Since many of the government's decisions affect various determinants of health and, consequently, public health, the government must fully recognize its responsibility and ensure consistency in its decision-making in order to foster health.

The policy centres on an interactive concept of health. This method of perceiving health has led to reflection on social development, a theme that encompasses the entire range of social determinants of health. The forum that the Conseil organized on this theme reveals, among other things, the role that the Quebec government must play from the standpoint of social development and, as a result, with respect to the enhancement of Quebecers' health and well-being. The government must undertake to support the social development of Quebec society. However, this commitment must be accompanied by receptiveness to and support for community initiatives, which necessarily implies consistency in its initiatives.

As for the form of the government's commitment, the Conseil hopes that the Quebec government will consider this policy as one of the key components of a comprehensive governmental project, as a province-wide strategy on economic and social development. Under the circumstances, the health and social services sector, along with other sectors, would be asked to define its contribution to the implementation of this strategy. By acting in this manner, no sector would have the impression of doing the bidding of another sector and each one would benefit from the collaboration of all sectors in Quebecers' social development. The Policy on Health and Well-being would represent a concrete commitment by the health and social services sector in the government's social development project.

It should be noted that the government's commitment must engender support for sectoral policies developed in conjunction with the province-wide strategy in order to ensure the consistency of the government's initiatives.

In the Conseil's opinion, for lack of the adoption of a comprehensive government project, the government must undertake to make a revised policy on health and well-being part of government policy. The determinants of health are multisectoral and the government will be compelled to rely on various sectors to define their contribution to this government policy.

In light of these factors, the Conseil recommends that the Minister of Health and Social Services:

7. **do what is necessary to ensure that The Policy on Health and Well-being is constantly supported by a firm commitment from the government.**

It is only in this way that the policy can truly guide the health and social service system and foster the enhancement of Quebecers' health and well-being.

The 1992 Quebec policy pinpointed 19 objectives in order to reduce health and well-being problems, divided into five categories: social adaptation, physical health, public health, mental health and social integration. It also presents six strategies geared to attaining these objectives.

In light of its examination of practices elsewhere, the Conseil notes that the policies of this kind adopted recently in a number of western countries contain an array of objectives. In addition to striving to reduce health problems and disparities, they focus on various facets of the health and social service system, including accessibility and the organization of certain types of services.

In order to achieve a policy on health and well-being that guides the entire system, the Conseil recommends that the Minister of Health and Social Services:

8. include in The Policy on Health and Well-being four types of objectives pertaining to:
- **the reduction of health and well-being problems;**
- **the reduction of disparities;**
- **the enhancement of the social determinants of health and well-being;**
- **the enhancement of the health and social service system from the standpoint of organization, quality of services, professional practice and resource allocation.**

Reduction of problems

When the regions chose their priorities in health and well-being, the most frequently selected problems were abuse, negligence and violence towards children and women, drug addiction, mental health, cancer and cardiovascular diseases.

The study of changes in health and well-being problems adopted in the 1992 policy reveals that certain objectives have been fully or almost fully attained. This is true of the objectives regarding sexually transmitted diseases, AIDS, infectious diseases, road injuries, lung cancer, cardiovascular diseases, and the social integration of the elderly and disabled. However, most of the objectives set have not been achieved. We note that cardiovascular diseases and cancer are still the leading causes of mortality in Quebec, despite a slight reduction in the number of cases. Furthermore, we note that a number of health and well-being problems are growing, i.e. suicide, violence, behavioural disorders among young children and adolescents, and diseases that cause long-term disability, e.g. respiratory illnesses, back pain and diabetes. Mental disorders and, in particular, their growing prevalence in the workplace, are of concern to more and more interveners. These problems are significantly hampering Quebecers' ability to act.

In light of the regional priorities adopted and changes in health and social problems, the Conseil recommends that the Minister of Health and Social Services:

9. set objectives aimed at reducing, first and foremost, the following health and well-being problems: violence, behavioural disorders among young children and adolescents, cardiovascular diseases, breast and lung cancer, suicide, mental disorders, respiratory illnesses, back pain and diabetes.

Reduction in disparities

Disparities in health and well-being persist between regions in Quebec, within the regions and among certain groups. This observation has led the Conseil to formulate recommendations on the reduction in regional and intraregional disparities and, more specifically, disparities among the First Nations.

Regional disparities

Some regions are affected more than others by the health and well-being problems pinpointed in the preceding recommendation (see the table entitled "Prevalence of health and well-being problems in Quebec's sociosanitary regions" on page 29). We note that the Côte-Nord, Bas-Saint-Laurent and Montréal-Centre regions are grappling with the problem of violence. Moreover, we note that the Abitibi-Témiscamingue and Nunavik regions have high mortality rates stemming from cardiovascular diseases, lung cancer, respiratory illnesses and suicide.

In light of the significant regional disparities noted, the Conseil recommends that the Minister of Health and Social Services:

10. set objectives respecting a reduction in the regional disparities noted in respect of the nine problems targeted by giving priority to the enhancement of health and the quality of life in the Abitibi-Témiscamingue, Bas-Saint-Laurent, Côte-Nord, Montréal-Centre and Nunavik regions.

Intraregional disparities

The Conseil is aware that the regions do not make up a homogeneous whole. Certain regions may have achieved positive results as regards the problems targeted, although one or more of these problems may seriously affect a sub-region.

The existence of intraregional disparities has led the Conseil to recommend that the Minister of Health and Social Services:

11. set general objectives to reduce intraregional disparities and pinpoint in respect of Quebec's sociosanitary regions overall, in collaboration with the regional health and social services boards, intraregional disparities in order to target sub-regions grappling with priority problems and thus efficiently contribute to the reduction of problems.

Disparities between groups

Some disparities are apparent between women and men, different age groups and the cultural communities. The disturbing state of health of the First Nations is of particular concern to the members of the Conseil. Having noted that the First Nations are seriously affected by many problems such as cardiovascular diseases, cancer, suicide, respiratory illnesses and diabetes, the Conseil recommends that the Minister of Health and Social Services:

12. set objectives to reduce disparities among and enhance the health and well-being of the First Nations.

Measures centred on the social determinants of health and well-being

The strategy adopted in The Policy on Health and Well-being focuses on living conditions. The policy states that "health and well-being are in large part a function of income, educational level, housing conditions, and opportunities for access to the job market" (1992: 138). In the policy, the Minister of Health and Social Services undertakes "to prepare, over the next few months and in association with his colleagues in other ministries and agencies concerned with poverty and its resulting social dependence, a plan for government action to reduce poverty; the priority will be on families with young children" (1992: 139).

The profile of health in Quebec prepared by the Institut national de santé publique du Québec provides information on Quebecers' changing living conditions. We note that per capita disposable personal income has hardly risen over the past decade when inflation is taken into account and that it falls below the Canadian average. During the same period, we note an increase in the proportion of individuals living below the low-income cutoff. According to the Enquête sociale et de santé 1998 (2000), nearly one Quebec household in five has a level of income deemed to be very low (10%) or low (13%). Roughly one-third of Quebec households (32%) have modest incomes (low middle). The other households have middle high (35%) or high (10%) incomes. However, it should be emphasized that the percentage of social aid beneficiaries has fallen steadily since 1996 and is now below 10%, although this proportion nonetheless represents approximately 600 000 people.

The profile also reveals that the level of education has risen. The proportion of Quebecers who have engaged in postsecondary study below the bachelor's level or in university studies is rising.

As for housing, we note that, for nearly two years, Quebec's major urban centres have been facing a crisis. In Quebec as a whole, the housing vacancy rate fell from 6.3% in 1996 to 2.2% in 2001. In urban centres, it stands at 1.3% and at 0.9% in metropolitan areas. This rapid decline in the vacancy rate is affecting the cost of housing and the condition of rental housing.

While Quebec's unemployment rate has been falling for several years, we note that it is still above the Canadian average and the rates in the principal OECD countries. In 2001, it stood at 8.7%.

The Conseil recently submitted to the Minister of Social Solidarity and the Minister for the Elimination of Poverty and Exclusion a brief entitled Orientations et perspectives d'action en matière de lutte à la pauvreté. Given that poverty is not solely a question of inadequate physical and financial resources but also of social exclusion and marginalization, the Conseil has formulated three proposals on the means of effectively combating poverty. In the short term, the government must adopt a series of developmental measures to combat poverty. The fight against poverty also depends on community mobilization and government support for community initiatives. Moreover, the government must integrate the fight against poverty into a comprehensive social development strategy.

Bearing in mind the foregoing factors, the Conseil recommends that the Minister of Health and Social Services:

13. specify his contribution to the enhancement of living conditions conducive to the prevention of health and well-being problems and to work, to this end, with his colleagues from the other government ministerials concerned, i.e. Affaires municipales, Éducation, Emploi et Solidarité sociale, Industrie et Commerce, Travail, and Transports.

Life settings

Given that individuals engage in activities in environments that can affect their health and well-being, the 1992 policy broached the question of life-settings in its analysis of problems and its strategies. It pinpointed three immediate life-settings, i.e. the family, the school and the workplace. The enhancement of individual health and well-being and of living habits depends on support from such life-settings and the prevention of problems in them.

Certain countries and provinces have focused in their health policies on environments in which preventive measures must, in particular, be developed. For example, Denmark identifies as life-settings, among others, primary schools, the workplace and local communities.

Regional social development forums have revealed the importance of life-settings such as the family, the school, the workplace and local communities in a development approach.

The Conseil is convinced that the enhancement of health and well-being tied to priority problems depends on measures aimed at these life-settings. The Conseil therefore recommends that the Minister of Health and Social Services:

14. set objectives pertaining to the improvement of life-settings that are risk factors or protection factors in respect of priority health and well-being problems. The life-settings selected are the family, the school, the workplace and the local community.

Living habits

The repercussions on health and well-being of poor living habits have been known for a long time. The 1992 policy recognized poor diet, smoking, a lack of physical activity, and abusive consumption of alcohol, illegal drugs and medication as living habits that are detrimental to health. The Institut national de santé publique du Québec recently examined these living habits and made the following observation: “While we have noted modest progress in the fight against smoking, the habit is still very widespread since roughly one-third of Quebecers 15 and over smoke. Quebecers are becoming increasingly sedentary: half of adults do not engage in any weekly recreational physical activity. At the same time, it has been noted that three out of 10 Quebecers 15 and over are overweight, a problem that is growing although few Quebecers perceive their eating habits as being average or poor” (2001: XIII). [our translation]

Furthermore, we note an increase in the number of individuals who consume alcohol abusively and an increase in the consumption of psychotropic drugs.

The Conseil therefore recommends that the Minister of Health and Social Services:

15. set objectives aimed at enhancing living habits that are risk factors or protection factors in respect of priority health and well-being problems. Such habits concern diet, smoking, physical activity and the consumption of alcohol, medication and illegal drugs.

Enhancement of the health and social health and social service system

The Conseil proposes that the revised policy on health and well-being present objectives pertaining to the health and social service system. More specifically, the policy must contain objectives respecting the organization of services, professional practice, the quality of care and services, and the sharing of resources.

Organization of services

The Policy on Health and Well-being examined the health and social service system from the standpoint of each problem pinpointed and of its strategies. To attain the objectives set in the policy, a proposal was made to broaden and consolidate basic services. In particular, it was suggested that CLSCs be consolidated as front-line establishments and that the availability of their services be broadened. Generally speaking, the individuals consulted by the Conseil deplored the absence of objectives in the 1992 policy focusing on the organization of health and social services. To achieve consistency and efficiency, they would like a revised policy on health and well-being to contain such objectives. This is true of policies of this kind adopted recently in a number of western nations.

Quebecers are concerned with the accessibility of health and social services and, in particular, with response time (waiting lists and emergencies). They are also concerned about fairness among the regions.

As the Conseil has already noted in the past, the enhanced accessibility of services depends on the consolidation of front-line services. The Conseil agrees entirely with the Commission d'étude sur les services de santé et les services sociaux in proposing that the front-line network serve as the foundation of the health and social health and social service system. This proposal is fully in keeping with a policy on health and well-being centred on prevention. However, as we mentioned earlier, front-line professionals do not have a monopoly on prevention, which is also the responsibility of professionals working in second- and third-line services.

The Conseil recommends that the Minister of Health and Social Services:

16. set objectives aimed at broadening the resources and measures allocated to front-line health and social services and designed to increase the availability of home services in order to reduce priority health and well-being problems;

17. set objectives aimed at supporting the contribution made by second- and third-line services to the reduction of priority health and well-being problems;

18. set objectives to reduce disparities in access to services pertaining to priority health and well-being problems.

Professional practice

Health professionals generally have not felt much concerned by The Policy on Health and Well-being. If a revised policy on health and well-being is to achieve the desired results, health professionals must collaborate in this regard. All professionals must acknowledge their responsibility to enhance health and well-being. Their commitment also consists in recognizing and developing their role in the realm of prevention. Health is a complex issue and health professionals must establish cooperation and collaboration among themselves. The Conseil believes, as does the Commission d'étude sur les services de santé et les services sociaux, that interdisciplinary initiatives must be fostered.

Since its inception, the Conseil has been interested in professional practice. It has repeatedly maintained that the privileges accorded by the Professional Code to professionals in the health and social services sector have a negative impact in that they limit collaboration between professionals and individual and community autonomy. They are also fraught with consequences from the standpoint of decisions regarding the planning and organization of sociosanitary services in the regions of Quebec. To ensure the attainment of the objectives set in the revised policy on health and well-being, the Conseil recommends that the Minister of Health and Social Services:

19. set objectives aimed at enhancing professional practice in the health and social services sector with a view to focusing such practice on prevention, interdisciplinarity, continuity and support for individual and community autonomy.

The desired changes in professional practice necessarily depend on training. An effort must be made when professionals in the network are trained to ensure that they adopt the desired new policy guidelines and develop practices centred on prevention, interdisciplinarity, continuity and support for autonomy in order to achieve the objectives concerning the reduction of problems and disparities. Similar efforts must also be made to provide ongoing training for professionals already working in the network. The Conseil therefore recommends that the Minister of Health and Social Services:

20. take the necessary steps to ensure that the training of health and social services professionals focuses on prevention, interdisciplinarity, continuity and support for individual and community autonomy.

The enhancement of individual health and well-being relies on the knowledge of professionals in the network of relevant, effective intervention. The Conseil also recommends that the Minister of Health and Social Services:

21. consolidate the information systems available to professionals in the network to enable them to choose the most relevant, efficient intervention.

Quality of care and services

The quality of care and services in the realm of health and well-being is evaluated in light of the structure, processes and outcomes of the services network (Brunelle, 1993). Structure refers to the organizational and physical aspects of the services network and the characteristics of resources and providers. Processes refer to professional methods, standards and practice. Results refer to the

enhancement or modification of the state of health and well-being attributed to the care and services received.

The quality of care and services concerns users, staff, professionals and managers of the health care system. An effort was made in conjunction with the reform of health and social services initiated in the early 1990s to define the quality of care and services. It was then agreed that quality depends on continuity, professional competence, the efficiency of techniques and equipment, the accessibility of services, and users' satisfaction. It was also agreed that control over quality must involve individual Quebecers, who are consumers of care and services. In light of these observations, complaint-handling procedures were implemented. Responsibility for assessing the quality of care and services provided in the network was shared by various interveners, including the professional orders, councils of physicians, dentists and pharmacists, councils of nurses, and multidisciplinary councils. The Agence d'évaluation des technologies et des modes d'interventions en santé and the Conseil médical du Québec also assume responsibilities in this respect.

The question of the quality of care and services raises the question of avoidable accidents in conjunction with health care service delivery. The recent deliberations of the ministerial committee responsible for examining this question emphasizes that "the patient's safety must be explicitly considered among the essential facets of the quality of services that the network is called upon to provide" (Committee, 2001: 10). [our translation] The committee has noted that avoidable accidents in conjunction with service delivery are a significant cause of morbidity and mortality in Quebec. In order to reduce the number of accidents, the ministerial committee is proposing recourse to existing procedures in the network.

In light of the foregoing factors and bearing in mind the three performance criteria adopted by the Minister of Health and Social Services, i.e. user satisfaction, cost and the accessibility of services, the Conseil recommends that the Minister:

22. consolidate various procedures for assessing the quality of existing health and social services in order to enhance the relevance, efficiency and efficacy of such services and increase user satisfaction;

23. rely on these procedures to reduce avoidable accidents in conjunction with the delivery of care and services.

Sharing of resources

In 1992, emphasis was placed on the importance of reviewing the method of allocating resources, bearing in mind the policy's objectives. The Conseil notes that health and well-being priorities and Quebec government budgetary priorities respecting health and social services are scarcely aligned.

A study of changes in health and social problems reveals a number of regional disparities. As we noted earlier, the Abitibi-Témiscamingue, Bas-Saint-Laurent, Côte-Nord, Montréal-Centre and Nunavik regions are especially affected by priority problems.

The Conseil is of the opinion that the distribution of resources among the regions must make it possible to remedy the regional disparities noted. In order for The Policy on Health and Well-being to achieve the desired results with regard to the enhancement of health and well-being and a reduction in disparities and in light of the Minister's stated intentions concerning interregional fairness, the Conseil recommends that the Minister of Health and Social Services:

24. set objectives to reduce disparities among the regions and among sub-regions in order to enhance fairness in the distribution of resources.

Certain conditions must be met if a policy on health and well-being is to attain its objectives. The Conseil has pinpointed five such conditions, i.e. shared responsibilities, participation by local and regional interveners, participation by staff and professionals in the network, leeway in the allocation of resources, and intersectoriality.

Shared responsibilities

The Conseil is of the opinion that a revised policy on health and well-being cannot achieve the desired results unless various interveners share responsibilities. The Conseil believes that this means that the policy review and implementation process must foster interaction between interveners at different levels, that the interveners must be responsible for the smooth conduct of processes and the attainment of results stemming from the policy's objectives, and that systematic follow-up must be carried out concerning the policy's effects.

A number of interveners in the network commented negatively on the process surrounding the planning of The Policy on Health and Well-being and criticized its centralized nature. Indeed, many interveners felt excluded from this process.

The decentralized implementation process has fostered the relative integration at the regional level of the 1992 policy. However, the establishment in the regions of priorities has not reached the central level and influenced the latter's priorities. The decentralized process initiated in 1992 has enjoyed partial success.

An examination of how this type of policy is designed and implemented elsewhere in western countries reveals that the central government determines national priorities after consulting experts, local residents and regional bodies. It is subsequently incumbent upon regional authorities to establish their own objectives and strategies in light of the central government's policy guidelines. It is necessary to encourage broad participation when the national policy is elaborated and when regional priorities are established in order to ensure the policy's permanence. In this way, it is possible to link various participants, e.g. politicians, staff in the network, individuals, researchers and pressure groups, to the policy's fate. However, participation must not be confined to the planning process but must also be encouraged during the implementation phase. This is the only way to ensure that the policy endures.

The Commission d'étude sur les services de santé et les services sociaux noted that "The Policy on Health and Well-being must be updated by means of a participatory, decentralized process involving local communities and individuals working in the network" (2000: 208). [our translation]

The Policy on Health and Well-being was intended to focus the health and social service system on result objectives. The introduction of a management by results model was intended to bolster the health and social service system's efficiency. While the model was reflected in the concerns of the regional boards, the latter do not define results in terms of health objectives but rather in terms of activities carried out in light of the budgetary allocations established in respect of each objective. In some regions, this evaluation is occasionally more detailed and attempts to analyse the relevance of the activities funded in conjunction with the policy, in which case the analysis centres on the perception of the results obtained. The MSSS has endeavoured to encourage the regions to adopt management by results. One example is the indicators produced on the reorganization of the network and the implementation of The Policy on Health and Well-being. However, these efforts have produced limited results because of shortcomings in follow-up in respect of the policy.

The implementation of management by results advocated by The Policy on Health and Well-being has encountered minor problems. However, if a policy on health and well-being is to truly guide the health and social service system, we must persevere in this course. To this end, we must specify from the outset the responsibilities of the interveners participating in its planning and implementation. The Conseil therefore recommends that the Minister of Health and Social Services:

25. pinpoint from the outset of the process the responsibilities of the bodies concerned, including those of the regional boards, in the planning and implementation of The Policy on Health and Well-being and ensure ongoing interaction between different bodies;

26. rely on management and accountability agreements between public establishments and the regional boards and between the regional boards and the Minister to ensure follow-up in respect of the implementation of a revised policy on health and well-being.

To perceive health as the outcome of ongoing interaction between individuals and their environment means acknowledging the contribution made by other sectors to individual health and well-being. Depending on the nature of certain problems, the collaboration of several sectors is required. In such instances, the Conseil proposes that the roles and responsibilities of various partners be established in a concerted manner.

Proactive management centred on results implies the existence of procedures for exchanging information on problems, risk factors, effective intervention, and so on. The Conseil recommends that the Minister of Health and Social Services:

27. consolidate the processes and policies governing the systematic exchange of knowledge among researchers, interveners and individuals.

To ensure the attainment of objectives, it is important to regularly monitor changes in them, which makes it possible to adjust measures as needed in light of the changes observed and the knowledge available.

Policies of this type adopted more recently in other countries and provinces emphasize the importance of follow-up. They pay particular attention to the question of follow-up and the evaluation of progress in relation to various objectives.

The Conseil recommends that the Minister of Health and Social Services:

28. implement procedures to monitor The Policy on Health and Well-being;

29. take the necessary steps to ensure systematic follow-up concerning the policy's repercussions at the local, regional and province-wide levels, in collaboration with research funding agencies.

Participation by local and regional interveners

Various communities mobilized when regional priorities were adopted. However, the announcement of budget cutbacks shifted their attention to other issues.

Generally speaking, central or regional governments consult regional and local interveners when this type of policy is elaborated. They also establish regional and local priorities.

The interactive concept of health in the policy includes participation by the public, thus enabling individuals to control their fate with respect to the numerous forces that affect them. Furthermore, the concept heightens a feeling of belonging to the community. A population that participates is a healthy population, one that contributes to its own development.

The Conseil therefore recommends that the Minister of Health and Social Services:

30. take the necessary steps to ensure that the revision, implementation and evaluation processes in respect of the forthcoming policy on health and well-being be participatory. Moreover, such processes must encourage the participation of local and regional interveners.

Local and regional interveners must participate in public bodies in the health and social services network. Public participation can take different forms, e.g. surveys, consultations, cooperation and decision-making, all of which require information. The Conseil therefore recommends that the Minister of Health and Social Services:

31. broaden his communication and information initiatives on health and well-being problems, on their development and on effective solutions in order to assist local and regional interveners in decision-making.

The Conseil believes that participation by local and regional interveners must not be confined to consultation and conciliation. It must also lead to participation in decision-making, otherwise local and regional interveners will take no further interest in public participation. It is hard to remain mobilized when action seems ineffective.

There are several bodies in the health sector in which local and regional interveners can participate, e.g. boards of directors, users' committees and sub-committees in establishments. However, some observers do not deem the bodies to be properly utilised. No links are established between users' committees, sub-committees in establishments and decision-making bodies. Many Quebecers are unaware of the role, composition and indeed the very existence of such bodies.

A public forum was recently established in each region of Quebec with a mandate to consult the public and to formulate recommendations on public satisfaction with the services available and needs with regard to the organization of services. The Conseil finds the mandate overly restrictive. As it has indicated in the past, it wants this forum to examine questions that affect public participation, the choice of health and well-being priorities, priorities pertaining to the organization of services, and

priorities in respect of the allocation of resources and the efficiency of services.

In light of the foregoing factors, the Conseil recommends that the Minister of Health and Social Services:

32. broaden his communication and information initiatives aimed at local and regional interveners concerning procedures governing participation in the health and social health and social service system;

33. rely on existing participation procedures, i.e. the public forum (whose mandate should be modified), boards of directors, users' committees and sub-committees in establishments, to encourage participation by local and regional interveners in the processes of revising and implementing local and regional health and well-being priorities.

Local and regional interveners can also participate in the initiatives of local and regional development centres, which affect individual health and well-being under an interactive approach to health.

Participation by staff and professionals in the network

The Policy on Health and Well-being has failed to mobilize staff and professionals in the network. Generally speaking, interveners engaged in restoring health and in rehabilitation felt there was nothing in the policy for them. They were excluded from the planning process and did not feel engaged by it (the process appears to have more extensively mobilized managers in the network than professionals). However, a closer look reveals that mobilization was stronger among CLSC managers than among the managers of hospitals.

Foreign experience underscores the importance of participation by interveners in the services network in the planning and implementation of this type of policy. As we mentioned earlier, participation by staff and professionals ensures the policy's permanence.

As is true of regional and local interveners, staff and professionals in the health and social services network will be motivated to participate if they feel that they can influence decision-making. Moreover, such participation must be recognized in the network, among other things in time-management.

Given that participation by staff and professionals in the network is a condition for the successful planning and implementation of a policy on health and well-being, the Conseil recommends that the Minister of Health and Social Services:

34. take the necessary steps to include staff and professionals in the network in the processes of revising, implementing and evaluating the forthcoming policy on health and well-being. Participation depends on information and the training received by health and social services staff and professionals and their active, collective contribution to an understanding of problems, the examination of priorities, the evaluation of measures and the adjustment of practices.

Having reflected on the procedures governing participation by staff and professionals in the network, the Conseil believes that it is better to avoid creating procedures specific to The Policy on Health and Well-being. In keeping with recommendations concerning public participation, the Conseil proposes relying on existing structures.

In light of recent changes to the administration of the network, the Conseil recommends that the Minister of Health and Social Services:

35. rely, at the regional level, on regional medical boards, regional nursing boards, regional multidisciplinary boards and regional general practice ministerials to mobilize staff and professionals in the health and social services network with regard to a revised policy on health and well-being;

36. rely, at the local level, on councils of physicians, dentists and pharmacists, councils of nurses, multidisciplinary councils in establishments and family physicians' groups to mobilize staff and professionals in the health and social services network with regard to a revised policy on health and well-being.

Leeway in the allocation of resources

Some effort has been made to link the allocation of resources to regional priorities. However, the budget crisis has undermined this link. The recentralization of decision-making concerning the allocation of resources has eliminated the leeway enjoyed by the regional boards in this respect.

A policy without means is a policy doomed to failure.

The Conseil believes that one means to be promoted is the implementation of a decentralized process of allocating resources that focuses on the attainment of the objectives in the policy.

To this end, the Conseil recommends that the Minister of Health and Social Services:

37. take the necessary steps at the provincial level to ensure that resources are distributed among the regions according to the population to be served and its characteristics;

38. ensure, at the regional and local levels, sufficient leeway so that resources are equally distributed according to the population to be served and its characteristics. Such leeway must encourage local and regional interveners to adopt the most effective, least costly measures. It must also be accompanied by procedures of accountability;

39. update management and accountability agreements between public establishments and the regional boards and between the regional boards and the Minister in order to consolidate responsibilities and accountability with regard to the use of resources.

Intersectoriality

An interactive concept of health implies the acknowledgement of the limitations on intervention by the health and social services network in maintaining and enhancing public health and well-being. Obviously, this network cannot intervene directly in decisions that concern other sectors such as employment, education and the economy. Everyone agrees that only intersectoral initiatives, i.e. concerted action involving various sectors of society, makes it possible to maintain and enhance the health and well-being of populations and clienteles in other sectors, e.g. dropping out, security, and so on.

We note that, while a number of interveners have exchanged information and collaborated with respect to certain regional priorities, the absence of support for the development of intersectoral initiatives in the realm of health and well-being has nonetheless significantly hampered the emergence of such initiatives.

Health and well-being policies adopted elsewhere in the world underscore the importance of intersectoral initiatives as a strategy that makes it possible to attain the objectives defined in such policies. In some instances, the policies go so far as to propose formal procedures governing partnerships and intersectoriality.

The Conseil therefore recommends that the Minister of Health and Social Services:

40. reaffirm, in a revised policy on health and well-being, the importance of intersectoral initiatives as a strategy that makes it possible to attain the objectives set.

While the importance of intersectoral action as a factor in the enhancement of individual health and well-being has been clearly established, we must, however, ask ourselves how best to foster the development of such action. Some authors interested in this question have pinpointed conditions that promote intersectoral action, four of which are indicated below.

First, the interveners concerned must have shared values and interests. It is easy to identify the health sector's interest in concerted action to foster public health and well-being since that is its mission. The same is not true of other sectors, which may be interested insofar as they are seeking a related result, e.g. quality of life or economic or social well-being.

Second, action must focus on concrete objectives and tangible results. The partners seek concrete actions that produce tangible short-term results. They assess the relevance of their participation in light of the desired results and the cost of their participation. Participating interveners must perceive intersectoral action in an advantageous light.

Third, the political and legislative environment must foster intersectoral action. The support of politicians and the implementation of government policies that facilitate collective action are necessary.

Fourth, intersectoral action must stem from an inclusive, collegial process. The key interveners in the sectors that initiate intersectoral action and potential partners must participate from the outset in the process. All of them must feel that they can promote their own cause. Consequently, the decision-making process must be collegial. This is the only way to maintain the team spirit needed to achieve intersectoral action.

The Conseil believes that a comprehensive government project, such as a Quebec strategy on social and economic development or a government policy on health and well-being, will contribute significantly to the development of intersectoral action. Based on values that Quebecers hold dear, this project will target major objectives. However, in order to attain them, the government must make a firm, sustained commitment and various ministers must individually commit themselves to collaborating and cooperating with their colleagues. Intersectoriality must be encouraged at all levels by means of structures and rules that foster the development of intersectoral action.

The Conseil recommends that the Minister of Health and Social Services:

41. display leadership in the government by means of existing or future interministerial cooperation procedures in order to ensure the implementation of The Policy on Health and Well-being.

Conclusion

The Policy on Health and Well-being, adopted in 1992, was an especially ambitious policy. It sought to promote a new concept of health, steer the health and social health and social service system towards result objectives, mobilize local and regional communities in respect of health and well-being priorities, ensure consistency between health and well-being priorities and the allocation of resources, introduce into the sociosanitary system evaluation and accountability procedures, develop intersectoral action to enhance health and well-being, and consolidate research.

The policy has not achieved all of its objectives, although a number of regional measures have been carried out pertaining to health and well-being priorities and various interveners from different sectors have mobilized in order to enhance the health and well-being of local and regional populations. The Conseil is convinced that to design a new policy on health and well-being without taking into account past achievements would have a demorelising effect on local and regional interveners and proposes a revision of the existing policy, that incorporates its past achievements and works on its weaknesses.

The Conseil recommends that the interactive concept of health in the 1992 policy be maintained and that the revised policy focus on health problems and health promotion. Moreover, the Conseil is of the opinion that this policy must guide decisions and initiatives respecting health and social services, which cannot be done without sustained government support.

The Conseil recommends that the revised policy on health and well-being contain diversified objectives, i.e. objectives centred on the reduction of problems, the reduction of disparities in health and well-being at the regional and intraregional levels and between groups, living conditions, life-settings and living habits, the organization of services, professional practice, the quality of care and services, and the distribution of resources.

The Conseil has formulated recommendations on conditions that are essential for the success of a revised policy on health and well-being, i.e. shared responsibilities, participation by local and regional interveners, participation by staff and professionals in the network, leeway in the allocation of resources, and intersectoriality.

The Conseil deplores the lack of precision and clarity in the health and social health and social service system's outcomes and believes that the revision of The Policy on Health and Well-being affords an opportunity to offer guidelines to the entire system.

Summary of the recommendations

Foundations of a revised policy on health and well-being

The Conseil recommends that the Minister of Health and Social Services:

1- reaffirm the concept of health in terms of the ability of individuals to play their role and from the standpoint of the outcome of ongoing interaction between individuals and their environment. The maintenance and enhancement of health and well-being depend on the balanced sharing of responsibilities among individuals, families, life-settings, private- and public-sector stakeholders in economic development, all sectors of society, and governments;

2- measure the desired results bearing in mind:
- lifespan, quality of life and inequalities;
- the availability in the services network of measures that are deemed to be effective, and participation by community interveners;

3- centre the future policy on health and well-being on the prevention of disease and social problems and measures focusing on the social determinants of health;

4- take the necessary steps to ensure that preventive measures are integrated into the network's missions overall;

5- continue to heighten awareness among public- and private-sector interveners in other sectors, including stakeholders in economic development, concerning their responsibilities for the state of Quebecers' health and well-being so that they focus on preventive measures pertaining to living conditions, life-settings and living habits;

6- take the necessary steps to ensure that The Policy on Health and Well-being guide decisions and initiatives pertaining to health services and social services;

7- do what is necessary to ensure that The Policy on Health and Well-being is constantly supported by a firm commitment from the government.

Objectives aimed at enhancing health and well-being

The Conseil recommends that the Minister of Health and Social Services:

8- include in The Policy on Health and Well-being four types of objectives pertaining to:
- the reduction of health and well-being problems;
- the reduction of disparities;
- the enhancement of the social determinants of health and well-being;
- the enhancement of the health and social service system from the standpoint of organization, quality of services, professional practice and resource allocation;

9- set objectives aimed at reducing, first and foremost, the following health and well-being problems: violence, behavioural disorders among young children and adolescents, cardiovascular diseases, breast and lung cancer, suicide, mental disorders, respiratory illnesses, back pain and diabetes;

10- set objectives respecting a reduction in the regional disparities noted in respect of the nine problems targeted by giving priority to the enhancement of health and the quality of life in the Abitibi-Témiscamingue, Bas-Saint-Laurent, Côte-Nord, Montréal-Centre and Nunavik regions;

11- set general objectives to reduce intraregional disparities and pinpoint in respect of Quebec's sociosanitary regions overall, in collaboration with the regional health and social services boards, intraregional disparities in order to target sub-regions grappling with priority problems and thus efficiently contribute to the reduction of problems;

12- set objectives to reduce disparities among and enhance the health and well-being of the First Nations;

13- specify his contribution to the enhancement of living conditions conducive to the prevent of health and well-being problems and to work, to this end, with his colleagues from the other government ministeries concerned, i.e. Affaires municipales, Éducation, Emploi et Solidarité sociale, Industrie et Commerce, Travail, and Transports;

14- set objectives pertaining to the development and support of life-settings that are risk factors or protection factors in respect of priority health and well-being problems. The life-settings selected are the family, the school, the workplace and the local community;

15- set objectives aimed at enhancing living habits that are risk factors or protection factors in respect of priority health and well-being problems. Such habits concern diet, smoking, physical activity and the consumption of alcohol, medication and illegal drugs;

16- set objectives aimed at broadening the resources and measures allocated to front-line health and social services and designed to increase the availability of home services in order to reduce priority health and well-being problems;

17- set objectives aimed at supporting the contribution made by second- and third-line services to the reduction of priority health and well-being problems;

18- set objectives to reduce disparities in access to services pertaining to priority health and well-being problems;

19- set objectives aimed at enhancing professional practice in the health and social services sector with a view to focusing such practice on prevention, interdisciplinarity, continuity and support for individual and community autonomy;

20- take the necessary steps to ensure that the training of health and social services professionals focuses on prevention, interdisciplinarity, continuity and support for individual and community autonomy;

21- consolidate the information systems available to professionals in the network to enable them to choose the most relevant, efficient intervention;

22- consolidate various procedures for assessing the quality of existing health and social services in order to enhance the relevance, efficiency and efficacy of such services and increase user satisfaction;

23- rely on these procedures to reduce avoidable accidents in conjunction with the delivery of care and services;

24- set objectives to reduce disparities among the regions and among sub-regions in order to enhance fairness in the distribution of resources.

Conditions for the successful implementation of a revised policy on health and well-being

The Conseil recommends that the Minister of Health and Social Services:

25- pinpoint from the outset of the process the responsibilities of the bodies concerned, including those of the regional boards, in the planning and implementation of The Policy on Health and Well-being and ensure ongoing interaction between different bodies;

26- rely on management and accountability agreements between public establishments and the regional boards and between the regional boards and the Minister to ensure follow-up in respect of the implementation of a revised policy on health and well-being;

27- consolidate the processes and policies governing the systematic exchange of knowledge among researchers, interveners and individuals;

28- implement procedures to monitor The Policy on Health and Well-being;

29- take the necessary steps to ensure systematic follow-up concerning the policy's repercussions at the local, regional and province-wide levels, in collaboration with research funding agencies;

30- take the necessary steps to ensure that the revision, implementation and evaluation processes in respect of the forthcoming policy on health and well-being be participatory. Moreover, such processes must encourage the participation of local and regional interveners;

31- broaden his communication and information initiatives on health and well-being problems, on their development and on effective solutions in order to assist local and regional interveners in decision-making;

32- broaden his communication and information initiatives aimed at local and regional interveners concerning procedures governing participation in the health and social health and social service system;

33- rely on existing participation procedures, i.e. the public forum (whose mandate should be modified), boards of directors, users' committees and sub-committees in establishments, to encourage participation by local and regional interveners in the processes of revising and implementing local and regional health and well-being priorities;

34- take the necessary steps to include staff and professionals in the network in the processes of revising, implementing and evaluating the forthcoming policy on health and well-being. Participation depends on information and the training received by health and social services staff and professionals and their active, collective contribution to an understanding of problems, the examination of priorities, the evaluation of measures and the adjustment of practices;

35- rely, at the regional level, on regional medical boards, regional nursing boards, regional multidisciplinary boards and regional general practice ministerials to mobilize staff and professionals in the health and social services network with regard to a revised policy on health and well-being;

36- rely, at the local level, on councils of physicians, dentists and pharmacists, councils of nurses, multidisciplinary councils in establishments and family physicians' groups to mobilize staff and professionals in the health and social services network with regard to a revised policy on health and well-being;

37- take the necessary steps at the provincial level to ensure that resources are distributed among the regions according to the population to be served and its characteristics;

38- ensure, at the regional and local levels, sufficient leeway so that resources are equally distributed according to the population to be served and its characteristics. Such leeway must encourage local and regional interveners to adopt the most effective, least costly measures. It must also be accompanied by procedures of accountability;

39- update management and accountability agreements between public establishments and the regional boards and between the regional boards and the Minister in order to consolidate responsibilities and accountability with regard to the use of resources;

40- reaffirm, in a revised policy on health and well-being, the importance of intersectoral initiatives as a strategy that makes it possible to attain the objectives set;

41- display leadership in the government by means of existing or future interministerial cooperation procedures in order to ensure the implementation of the Policy on Health and Well-being.

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Regional discrepancies

The study of changes in health and well-being problems revealed that all of the regions are not affected to the same extent by such problems. For example, we noted that the Nunavik region has the highest suicide rate and the highest hospitalization rate for attempted suicide. Montréal-Centre has the lowest rate. When the regions are compared from the standpoint of the entire range of problems pinpointed in the policy, we note that the Laval and Montérégie regions are much less affected by the problems than other sociosanitary regions such as the Saguenay–Lac-Saint-Jean, Abitibi-Témiscamingue and Côte-Nord regions. A lack of data prevents us from considering the Nord-du-Québec, Nunavik and Terres-Cries-de-la-Baie-James regions in this comparison.

Objective	Attainment of the objective in Québec as a whole	01 Bas-Saint-Laurent	02 Saguenay–Lac-Saint-Jean	03 Québec	04 Mauricie et Centre-du-Québec	05 Estrie	06 Montréal-Centre	07 Outaouais	08 Abitibi-Témiscamingue	09 Côte-Nord	10 Nord-du-Québec	11 Gaspésie-Îles-de-la-Madeleine	12 Chaudière-Appalaches	13 Laval	14 Lanaudière	15 Laurentides	16 Montérégie	17 Nunavik	18 Terres-Crie-de-la-Baie-James
Social adapation 1. Children who are the victims of - negligence	NO				NA				NA		NA				NA		NA	NA	NA
- physical abuse	NO				NA				NA		NA				NA		NA	NA	NA
- sexual abuse	NO				NA				NA		NA				NA		NA	NA	NA
2. Behavioural disorders	NO				NA				NA		NA				NA		NA	NA	NA
3. Delinquency - prevalence	NO										NA							NA	NA
- seriousness	NO										NA							NA	NA
4. Violence against women	NO										NA							NA	NA
5. Homelessness	NO DATA AVAILABLE																		
6. Consumption of • alcohol - 14 or more glasses per week	NO																	NA	NA
- five drinks or more / five times per year	NO																	NA	NA
• psychotropic drugs - employment assistance beneficiaries	NO																	NA	NA
• persons 65 or over	NO																	NA	NA
Physical health 7. Perinatal period • premature births	NO																		
• low birth weight	NO																		
8. Cardiovascular disease	YES																		
9. Cancer • lung	YES																		
• breast	NO																		
10. Injuries • road	YES																		
• home	NO																		
• occupational	NO																		NA
• sports	NO																		
11. Backache	NO																	NA	NA
Arthritis, rheumatism	NO																	NA	NA
12. Respiratory illness	NO																		
Public health 13. AIDS	YES								NA		NA							NA	NA
STDs	YES																		
14. Infectious diseases • measles, rubella, tetanus, and so on	YES																		
• pertussis	NO																		
• influenza	YES									NA	NA							NA	NA
15. Dental health • children (permanent teeth – 6th grade)	YES	NA									NA					NA		NA	NA
• adults	NO RECENT DATA AVAILABLE																		
Mental health 16. Mental health	YES																	NA	NA
17. Suicide • attempted	NO																		
• suicide	NO																		
Social integration 18. Integration of the elderly	YES										NA							NA	NA
19. Integration of the disabled • school	YES	NO REGIONAL DATA																	
• work place	YES																	NA	NA

Region in which the problem is the most acute

Region above the Québec average

Region that is average or below the Québec average

Conseil de la santé
et du bien-être

Québec