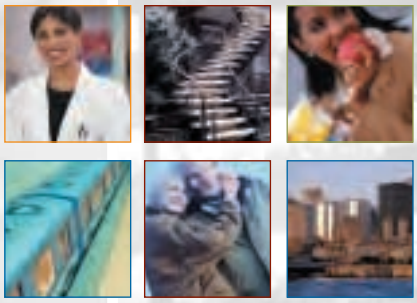
Action for Prevention

Summary of the Montreal Public Health Action Plan

2003–2006

Consultation Document



RÉGIE RÉGIONALE
DE LA SANTÉ ET DES
SERVICES SOCIAUX
DE MONTRÉAL-CENTRE

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Direction de santé publique
Régie régionale de la santé et des services sociaux de Montréal-Centre
1301, rue Sherbrooke Est
Montréal (Québec) H2L 1M3
Telephone: (514) 528-2400
Web site: http://www.santepub-mtl.qc.ca

Editor
Deborah Bonney

Editorial advisor
Solange Lapierre

Graphic design
Paul Cloutier

Cover Design
Cossette communication-marketing

Foreword

It is with confidence that we submit for consultation the plan entitled *Action for Prevention*. In keeping with *Accent on Access*, the 1998-2002 plan to improve health and social services, the Régie régionale is pursuing its efforts in its 2003-2006 strategic planning, *Action for Health*, to foster and integrate prevention into the continuum of health and social services.

More than ever, prevention is in the forefront. The Québec government emphasized last fall in its action plan entitled *Horizon 2005* that prevention is one of the best investments we can make in health. What issues and challenges does prevention pose for the Montréal area?

The 2002 annual report of the Public Health Department, *Urban Health, A Vital Factor in Montréal's Development,* critically examines Montrealers' state of health in relation to the residents of other major Canadian cities. It clearly pinpoints the health problems that demand attention and it targets the most vulnerable groups and those areas of the city that are hardest hit.

Fruitful initiatives and collaboration are already under way in the public health field. Partnerships have been established between the Public Health Department, the CLSCs, physicians, the City of Montréal, the school boards, schools, community agencies and government departments. However, as we face the challenge of keeping montrealers in good health:

What is the best way to target our action and derive maximum benefit from everyone's contribution?

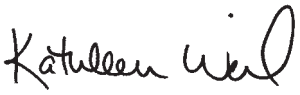
The Régie régionale, the Public Health Department and the CLSCs worked collaboratively on the elaboration of this proposal under a single, concrete, transparent approach. The initiatives suggested are aimed at various public health fields and reach out to the health and social services network as well as other activity sectors.

The problem's scope, the ability to intervene effectively and the links already established between the partners serve as a framework for this proposal. Several of the initiatives suggested have already been introduced but their success and health gains depend on the decision to maintain, consolidate or develop them.

The Régie régionale also acknowledges the importance of synergy between the partners to promote health and well-being. It has set up a partners' forum with a mandate to recommend public-health strategies for various activity sectors outside the health and social service network.

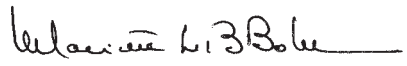
Through this consultation, we are soliciting your opinions on the proposed actions in the field of prevention. Certain measures are aimed at partners in the health sector while others target our intersectoral partners. To conclude this report, we submit eight key challenges concerning prevention and priority measures to be carried out collectively over the coming three years. Based on the budget forecasts in the ministère de la Santé et des Service sociaux's plan, *Pour faire les bons choix*, we have attempted to illustrate the budgetary impact through consolidation or development in each area of intervention. Once a consensus has been reached, the outcomes will then be determined. Finally, the ability to innovate and produce evidenced-based data to support decision-making and concerted action must remain a key feature of this plan.

The consultation is open. You are invited to comment on this report overall, with particular emphasis on the sections pertaining to your own activities. We hope that the outcome of this consultation will bolster commitments and foster new collaboration that will take root in the first Montréal public health action plan, which, together, we will monitor over the next three years.



Kathleen Weil
Chair of the Forum des
partenaires en santé publique

Richard Lessard, MD
Director of Public Health



Mariette Le Brun-Bohémier
Spokeswoman, public health committee of
the Regroupement des CLSC de Montréal

Introduction

Action for Prevention proposes public health objectives and measures for the period 2003 to 2006. It is one component of the Régie régionale's strategic planning. At the conclusion of this consultation process, it will become the *Montreal Public Health Action Plan*.

The consultation is designed to pinpoint a number of action targets that public health and its partners should focus on in order to foster prevention, the quality of services and the efficiency of resources.

Section 1 examines the context in which the regional action plan is being elaborated; section 2 focuses on the mission, roles and responsibilities. Section 3 centres on the health profile of the population, and section 4 reviews the current situation and proposes action targets in the following public health fields: development, adaptation and social integration; lifestyle habits and chronic diseases; accidental injuries; infectious diseases; environmental health; and occupational health.

For each of the six themes examined, objectives and action targets are proposed and the partners, whose collaboration is essential to successful implementation, are identified whether they be within or outside the health and social services network. The first two themes deal with preferred strategies and the remaining four concern major public health fields. Section 5 indicates key challenges and actions for the coming three years. Section 6 specifies the conditions needed to effectively carry out the regional action plan.

An interactive consultation

Action for Prevention is part of the 2003-2006 three-year plan of the Régie régionale de Montréal. Each plan is subject to a consultation and participation strategy that is a key component of our strategic planning. We hope that this consultation will spur the mobilization of all of our partners in the health and social services and intersectoral networks to ensure the successful implementation of the action plan. To this end, we have adopted a consultation strategy geared to the various publics to be reached.

Forum des partenaires en santé publique

The *Forum des partenaires en santé publique*, established by the Conseil régional de développement de l'île de Montréal (CRDIM) and the Public Health Department, represents the sectors set up by the colleges of the CRDIM (ex.: education, unions, private sector, cultural sector, community sector, youth, seniors, elected officials) to which are added the representatives of the agency's forums and committees. Among other things, the Forum is responsible for recommending the

intersectoral communications and mobilization strategies necessary for the elaboration, implementation and follow-up to the regional public health action plan. It held its first meeting on March 14, 2003.

The Forum will oversee a four-part consultation.

- The first part of the consultation consists of thematic workshops focusing on four of the six themes of the action plan. The members of the Conseil des partenaires du CRDIM will take part in discussions concerning the challenges and initiatives proposed in the plan. The output of these session will be studied by the Forum des partenaires en santé publique with a view to formulating an advisory on the action plan.

  Theme 1: The reduction of social inequalities in health (March 19)

  Theme 3: The reduction of problems related to development, adaptation and social integration (March 26)

  Theme 4: Disease and injury prevention (March 11)

  Theme 5: Prevention of real and anticipated threats stemming from biological, chemical or physical agents (March 12)

- The second part of the consultation will consist in public hearings and the submission of briefs. The groups represented in the Forum des partenaires en santé publique may submit a written opinion in conjunction with the public hearings organized by the Régie régionale on proposals from the consultation document of *the Montreal Public Health Action Plan* and/or the consultation document of the *Montreal Improvement Plan for Health and Well-being* (April 22, 23 and 24).

  Participants in the public hearings must register before April 10, 2003 with the Régie régionale by calling 286-6500, extension 5612.

- The Forum de la population, established by the Régie régionale, comprising 15 to 20 members, will also analyse the action plan and formulate an opinion that the Forum des partenaires will then examine.

- The final part of the consultation will be a two-day meeting (April 28-29) of the members of the Forum des partenaires en santé publique to examine the propositions stemming from the preceding consultations as well as the on-line questionnaire aimed at the general public and the questionnaire sent to the general practitioners in the region, the interactive forum organized by the Régie régionale on integration of services in the areas of physical health, services for youth and mental health. Based on its assessment of the output of the consultations, the Forum will draw up its recommendations and submit them, in early May, to the Director of Public Health and to the board of directors of the Régie régionale.

To obtain additional information on the consultation coordinated by the Forum des partenaires en santé publique, please contact André Bergeron at the Public Health Department at (514) 528-2400, extension 3553 (andre_bergeron@ssss.gouv.qc.ca) or Claude Vézina of the CRDIM at 842-2400, extension 2985 (cvezina@crdim.org).

Other means of consultation

In order to obtain the opinions of general practitioners on the integration of effective preventive measures into medical and professional practice, a number of questions have been included in the questionnaire intended for general practitioners distributed by the Département régional de medicine générale.

Consultation by electronic means

Consult the Public Health Department's Web site (www.santepub-mtl.qc.ca) to access: the consultation document, *Prévention en actions*; the questionnaire to record your suggestions; and the 2002 annual report on the health of the population (*Urban Health, A Vital Factor in Montréal's Development*).

Overview

In 2001, the Clair Commission[1] emphasized the need to strike a better balance between prevention, cure and care. Then in 2002, the Québec government's *Horizon 2005*[2] plan and the MSSS's guidelines[3] highlighted the importance of better integrating services and advocated synergy between various disciplines and sectors in society.

These documents underscore the need to regularly assess the relevance, efficiency, effectiveness and quality of care and ensure that they have a positive impact on health. Prevention is put forward as an essential strategy.

To strengthen the scope of its action, the new *Public Health Act*[4] specifies the means and obligations governing practice, especially the Programme national de santé publique.[5] Published in November 2002, the program pinpoints the initiatives to be carried out over the next 10 years in the realms of development, adaptation and social integration, lifestyle habits and chronic diseases, accidental injuries, infectious diseases, environmental health, and occupational health.

It specifies the public health services that must be available to all Quebecers and establishes a common platform for public health services to be made accessible in all regions and all CLSC territories.[6] The next step is to translate the Programme national de santé publique into regional and local action plans, based on the common platform of services and specific regional needs.

In keeping with *Accent on Access 1998-2002*, the Régie régionale has decided to make the Montreal Public Health Action Plan a key priority in its 2003-2006 strategic planning. This plan, in turn, will guide the elaboration of the local action plans to be developed by the CLSCs and will also help to consolidate, with the partners, an alliance geared to health and well-being.

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1 Commission d'étude sur les services de santé et des services sociaux, *Les solutions émergentes, rapports et recommendations.* Québec: ministère de la Santé et des Services sociaux, 2000, 410 pages.

2 Gouvernement du Québec, *Horizon 2005, plan d'action pour un Québec meilleur*, 2002, 48 pages.

3 Ministère de la Santé et des Services sociaux, *Pour faire les bons choix, plan de la santé et des services sociaux,* 2002, 35 pages.

4 Gouvernement du Québec, *Public Health Act*, December 2002, 42 pages.

5 Ministère de la Santé et des Services sociaux, *Programme national de santé publique 2003-2012*, 2002, 119 pages.

6 *Ibid.*

Six themes, sixteen objectives

THEME 1

Reduction of social inequalities on health based on a firm commitment to communities and living environments

Objective 1

- Reduce social inequalities on health using a global strategy and concerted action

  Ex.: Food security policy for the city of Montreal, buying groups, community gardens

THEME 2

Integration of preventive measures into medical and professional practices

Objective 2

- Promote and support preventive clinical practices

  Ex.: information, continuing education, clinical tools

THEME 3

Reduction of problems linked to the development, adaptation and social integration of children, young people, adults and the elderly

Objective 3

- Promote the development and social adaptation of young children by supporting parents and improving the living conditions of families

  Ex.: Implement programmes in all 29 CLSC territories that provide intensive support for pregnant women, and mothers, fathers and children living in extreme poverty. Offer an early stimulation programme to 4500 children aged 0 to 5 years old. Promote breastfeeding for all new mothers (21 000 births annually).

Objective 4

- Promote the development, adaptation and social integration of youth (6-25 years) by supporting parents and creating living conditions that encourage the healthy development of young people

  Ex.: Implement programmes in all 29 CLSC territories that help youth develop life skills – conflict resolution, self esteem, good study habits. Increase screening for youth at risk of suicide.

Objective 5

- Prevent psychological distress and mental health problems among adults

  Ex. : Public awareness campaigns on anxiety problems among young adults. Support practitioners in the early detection and treatment of depression, anxiety-related problems and suicidal tendencies.

Objective 6

- Create conditions that support the health and well-being and the integration and social participation of seniors.

  Ex.: Work with municipal authorities and other agencies to create adapted and accessible housing and services and to ensure user-friendly and safe urban environments. Improve screening for abuse and neglect.

THEME 4

Prevention of diseases and accidental injuries that have a measurable impact on health

Objective 7

- Reduce smoking

  Ex.: Work with municipal authorities to make Montreal a smoke-free city. Set up quit smoking centres in 10 CLSC territories.

Objective 8

- Encourage a balanced diet and physical activity
- Work with school commissions, student sports organisations, youth organisations on the implementation of programmes like *Québec en forme*, *Chez nous, on bouge ensemble*.

Objective 9

- Fight cancer

  Ex.: Set up a regional tumour registry. Increase breast cancer screening.

Objective 10

- Reduce dental health problems

  Ex.: Work with the City to fluoridate Montreal's drinking water.

Objective 11

- Reduce injuries through preventive action

  Ex.: Implement the PIED program in all CLSC districts to prevent injuries and falls among the elderly.

THEME 5

Prevention and public health monitoring of real or anticipated threats from biological, chemical or physical agents

Objective 12

- Prevent the spread of communicable diseases, protect the population's health and promote healthy and safe behaviours

  Ex.: Set up adapted services for injection drug users in 14 CLSC districts and 4 new needle exchange programmes. Increase capacity to provide vaccination services to high risk groups.

Objective 13

- Improve occupational health

  Ex.: Consolidate the services offered by the Inter-university Occupational and Environmental Health Clinic.

Objective 14

- Prevent environment-related diseases, protect the population's health and promote a healthy environment through sustainable development

  Ex.: Work with decision-makers to revise regulations concerning wood-burning heating systems, and swimming and wading pools. Train municipal inspectors and CLSC staff on the impact of unsanitary housing conditions on health.

THEME 6

In-depth knowledge of the overall health status of the population and its determinants

Objective 15

- Inform the population and decision-makers about the health status of Montrealers and support decision-making related to policy development, interventions and services

  Ex.: Produce and disseminate information adapted to the needs of partners and the general public.

Objective 16

- Support decision-making concerning the improvement of front-line services

  Ex.: Evaluate the changes in the organisation of front-line services on access to services and population health.

Eight key challenges

The 2002 annual report on the health of the population, *Urban Health, A Vital Factor in Montréal's Development*, describes the key health issues in the Montréal area. Through comparisons with other big Canadian cities, it clearly indicates the state of health of the population with regard to the leading health and well-being problems among the most vulnerable groups and in the areas of the city that are the hardest hit.

In light of our observations overall, we have attempted to pinpoint the key challenges to be met and the initiatives to be carried out to step up prevention measures in the period 2003-2006.

1. Reduce the north-west/south-east divide with regard to social inequalities in health and well-being

While Montrealers enjoy a fairly enviable state of health at the international level, they compare rather unfavourably with the residents of other big Canadian cities, mainly because of socio-economic conditions that create a north-west/south-east divide. The combination of physical and psychosocial vulnerability factors in certain groups, especially individuals whose situation is precarious and recent immigrants, significantly affects their physical and mental health. Social inequalities lead to disparities in the areas of education, employment, income and social and physical living conditions.

Key initiative

Secure the commitment of elected representatives and decision-makers in the health, education, municipal, community and economic sectors to the implementation of coordinated, concrete, durable measures aimed at reducing social inequalities in health, especially as concerns the issue of food security and the development of local communities.

2. Increase and better integrate preventive clinical practices that help to reduce avoidable mortality and morbidity

Avoidable mortality is defined as deaths that the right treatment at the right time could have prevented. While avoidable mortality has fallen by over 40% in 20 years, Montréal still has the worst record among big Canadian cities, which explains, by and large, excess mortality before the age of 65 stemming from ischemic heart disease, hypertension and cerebral vascular diseases. Since front-line health professionals deal with widespread psychosocial problems, it is essential to explore and consolidate preventive practices. Moreover, family physicians in private practice or in CLSCs are in an ideal position to enable their patients to benefit from preventive measures and health education advice to avoid diseases and the attendant complications (e.g. diabetes and asthma)

and to develop behaviour that promotes good health. In order to bolster prevention and the preventive management of disease, other front-line professionals such as nurses, occupational therapists and nutritionists must participate in this initiative.

Key initiative

Equip and train general practitioners and certain CLSC specialists and professionals in order to bolster screening, health education and protection initiatives in conjunction with clinical care.

3. Reduce precarious living conditions that hinder the adaptation and social integration of children, youth and the elderly

Judging by the comparison with other major cities in Canada, Montrealers of all ages have more precarious living conditions. The development of some children may be compromised as a result. Similarly, some young people, who undergo numerous transitions, experience health and well-being problems related to adaptation and social integration, e.g. dropping out, teen pregnancies, anxiety disorders, gambling and games of chance, and suicide. Factors inherent in urban life, such as social isolation, economic insecurity and psychological distress, further exacerbate the problems experienced by different age groups.

Key initiative:

Children and young people (up to the age of 25 years)

Enhance and ensure broader access to the *Programme intégré de promotion et de prévention en périnatalité et petite enfance* and offer a wider range of integrated services to foster the development of young children and support parents in fulfilling their role, above all young parents and those experiencing precarious conditions.

Foster comprehensive, integrated approaches in the schools and the community aimed at strengthening the skills of young people, helping parents to fulfil their role and enhance the quality of various environments in order to support the development of young people and prevent social adaptation and mental health problems.

The elderly

Promote, in collaboration with the City of Montréal, the adaptation of various environments, e.g. housing and accessible paratransit, and user-friendly, safe urban planning, so as to foster the integration and social participation of the elderly, prevent exclusion and delay the loss of autonomy.

4. *Improve lifestyle habits and accidental injury rates*

Lifestyle habits pose a problem as is revealed by such current trends as sedentariness, excess weight and smoking. The consequences are well known and risks are compounded when an individual displays several factors. Without intervention, chronic diseases will develop in a disturbing manner, thus further burdening already heavily taxed health services.

The importance of promoting support and education measures among individuals suffering from chronic conditions such as cardiovascular disease, cancer, asthma, chronic obstructive lung disease, diabetes, obesity, dental disease and osteoporosis is well known. In addition to the relevant individual action, e.g. clinical management and health education, we must create environments that promote health, especially by means of intersectoral collaboration.

Injury mortality rates in Montréal are lower than or similar to those elsewhere in Québec, except for the mortality of pedestrians, which is 25% higher. Moreover, accidents are the leading cause of death among children and falls account for a high percentage of hospital admissions among the elderly.

Key initiative

Encourage positive lifestyle habits by altering life settings, especially through concerted policies that promote physical activity and improved diet, better strategies to prevent smoking and extensive implementation of programs and measures to prevent injuries and falls among the elderly, such as the PIED program.

5. *Reduce the transmission of HIV and other communicable diseases*

We must closely monitor communicable diseases in an urban environment, where the population is highly mobile, with particular emphasis on sexually-transmitted and blood-borne infections. The spreading of HIV infections and hepatitis C in marginalized groups, such as injection drug users, is rising appreciably. Despite a reduction in the number of AIDS cases as a result of better therapy, the number of HIV-infected individuals is increasing. This situation, combined with an upsurge in risk factors and a reduction in preventive behaviour could increase the infection's burden. Furthermore, the relaxation noted of reliance on preventive methods is another source of concern given the steady increase in other sexually-transmitted infections.

It is important to maintain constant vigilance to prevent the spreading of infections and diseases. We must establish special links with front-line health professionals and the hospital network in order to alert them to real or anticipated threats, to report diseases and apply control measures when effective means to do so, e.g. vaccination, are available.

Key initiative

Step up prevention and the promotion of safe behaviour regarding sexually-transmitted and blood-borne infections and promptly apply measures to control communicable diseases.

6. *Reduce respiratory illnesses related to air quality and climate change*

Problems stemming from the quality of indoor air (mould, asbestos, tobacco smoke) and outdoor air (smog, ragweed pollen, road traffic) are contributing significantly to higher respiratory morbidity and mortality (asthma, allergic rhinitis, and the aggravation of existing cardiorespiratory diseases) among the elderly. Foreseeable temperature increases associated with climate change will exacerbate the problem and strategies to deal with it must be implemented.

Key initiative

Promote among decision-makers concerted policies to enhance the salubriousness of housing and institutions such as schools and hospitals, to reduce airborne emissions from fixed and mobile sources, to control ragweed and implement strategies to adapt to climate change.

In collaboration with various partners (City of Montréal, government departments, the CLSCs, NGOs and physicians), heighten awareness among Quebecers and health professionals of this question and the individual and collective preventive measures that can reduce sources of exposure and health problems, e.g. the asthma control program, the Info-Smog program, and heat wave alerts.

7. *Increase vigilance in response to real or anticipated threats from biological, chemical or physical agents*

Extreme weather conditions, major industrial accidents and epidemics are all threats that encourage interveners in the health and social services network to prepare themselves and work with partners, especially the City of Montréal. The September 11, 2001 terrorist attacks have clearly shown the health sector's vulnerability to chemical, biological or nuclear terrorism in an urban setting.

It is crucial to quickly gain access to information, such as incident reports, notifications concerning infections, poisoning and reportable diseases to intervene effectively among the individuals affected and their contacts,

as well as communities at risk. Some emergency situations demand rapid, extensive mobilization of the health and social services network's resources, e.g. the vaccination campaign against meningitis. For this reason, it is important to make provision for increasingly rigorous planning.

Key initiative

Contribute to preparing emergency measures plans in collaboration with partners such as the ministère de la Sécurité civile and the City of Montréal and develop the resource mobilization plan stipulated in the *Public Health Act* in collaboration with the health and social services network, i.e. the CLSCs and hospitals.

8. Document emerging mental health problems in the workplace

Cases of mental health problems and violence in the workplace recorded between 1994 and 2000 engendered the longest compensation periods in all cases compensated by the CSST. However, effective prevention measures could be introduced with the support of partners in the region. To elaborate an intervention plan, it is essential to improve our knowledge of the problem and the main groups at risk.

Key initiative

Document, in collaboration with our partners, mental health problems and violence in the workplace as well as effective strategies in order to establish a concerted intervention plan among those groups most at risk.

Notes

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