



Québec

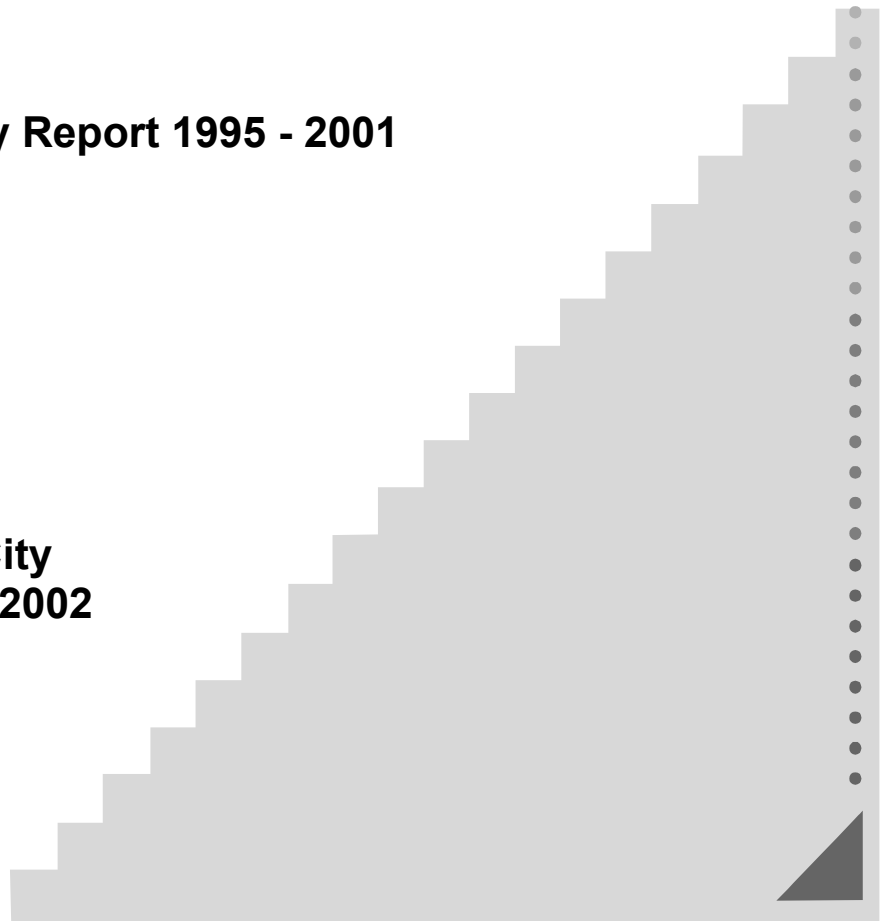


Québec WHO Collaborating  
Centre for safety promotion  
and injury prevention

**Québec WHO Collaborating Centre  
for Safety Promotion  
and Injury Prevention**

**Activity Report 1995 - 2001**

**Québec City  
February 2002**





Québec WHO Collaborating Centre for Safety Promotion and Injury Prevention



Gouvernement du Québec  
Ministère de la Santé et des Services sociaux  
Direction générale de la santé publique and Institut national de santé publique  
du Québec



Régies régionales de la Santé et des Services sociaux:  
Directions de Santé publique  
du Bas-St-Laurent  
de la Montérégie  
de Montréal-Centre  
et de Québec

**Coordination:**

Dr. Pierre Maurice  
2400, avenue d'Estimauville  
Beauport (Québec)  
G1E 7G9  
Telephone : (418) 666-7000, ext. 345  
Fax : (418) 666-2776  
E-mail : Pierre.Maurice@ssss.gouv.qc.ca

## TABLE OF CONTENTS

|  | <b>page</b> |
|--|-------------|
| Definition of the concept of safety .....  | 5           |
| Description of the Collaborating Centre.....   | 6           |
| 1. Introduction.....   | 9           |
| 2. Review of activities (November 1995 to October 2001) .....  | 9           |
| 2.1. Objective 1 : Promote at the international level the role of the health care sector in promoting policies, environments and behaviour likely to enhance the safety of populations .....   | 9           |
| 2.1.1. Involvement in deliberations on violence in accordance with WHO guidelines.....   | 9           |
| 2.2. Objective 2 : Contribute at the international level to the development of approaches that make it possible to better promote safety in the community.....                                 | 11          |
| 2.2.1. Development of a monograph on safety concepts and a safety promotion approach .....   | 11          |
| 2.3. Objective 3 : Provide direction at the international level to the promotion of knowledge, research and evaluation in order to satisfy the most pressing needs in the realm of safety..... | 13          |
| 2.3.1. Establishment of the International French-speaking Injury Prevention and Safety Promotion Network.....  | 13          |
| 2.3.2. France-Québec Technical Cooperation .....   | 14          |
| 2.3.3. Organization of the <i>Sixth World Conference on Injury Prevention and Control</i> .....  | 15          |
| 2.4. Objective 4 : Contribute to the development of international training programs in the realm of safety, particularly in the French-speaking countries .....                                | 15          |
| 2.4.1. International French-language training on safety promotion and injury prevention .....  | 15          |

|  |    |
|--|----|
| 2.4.2. Ongoing training in safety promotion and injury prevention, violence and suicide .....      | 16 |
| 2.4.3. Publication of master's and doctoral theses .....   | 16 |
| 2.5. Objective 5: Disseminate the knowledge acquired and foster its practical implementation ..... | 17 |
| 2.5.1. Participation in national and international events .....                                    | 17 |
| 2.5.2. International Communication (1999-2001) .....   | 17 |
| 2.5.3. National and Local Communication (2000-2001).....   | 19 |
| 2.5.4. Publications (1999-2001).....   | 21 |
| 3. Outlook for the coming years .....  | 26 |
| 4. Financial questions .....   | 26 |
| Appendix 1 Participating establishments .....  | 28 |

## **Definition of the notion of safety**

**Safety is a state in which hazards and conditions leading to physical, psychological or material harm are controlled in order to preserve the health and well-being of individuals and the community. It is an essential resource for everyday life, needed by individuals and communities to realise their aspirations.**

**Attaining an optimum level of safety requires individuals, communities, governments and others to create and maintain the following conditions, whichever setting is considered:**

- 1) a climate of social cohesion and peace as well as of equity protecting human rights and freedoms, at a family, local, national or international level ;**
- 2) the prevention and control of injuries and other consequences or harms caused by accidents;**
- 3) the respect of the values and the physical, material and psychological integrity of the individuals ; and**
- 4) the provision of effective preventive, control and rehabilitation measures to ensure the presence of the three previous conditions.**

**These conditions can be assured by initiatives aimed at:**

- . the physical, social, technological, political, economic and organizational environment; and**
- . behaviour.**

## **Description of the Collaborating Centre Québec WHO Collaborating Centre for Safety Promotion and Injury Prevention**

### **Mission**

The Collaborating Centre seeks to contribute at the international level to research and development and the dissemination of intersectoral approaches to promote safety and prevent intentional and unintentional injuries.

### **Objectives**

The Collaborating Centre strives to:

1. promote at the international level the role of the health care sector in promoting policies, environments and behaviour likely to enhance the safety of populations;
2. contribute at the international level to the development of approaches that make it possible to better promote safety in the community;
3. provide direction at the international level to the promotion of knowledge, research and evaluation in order to satisfy the most pressing needs in the realm of safety;
4. contribute to the development of international training programs in the realm of safety, particularly in the French-speaking countries;
5. disseminate the knowledge acquired and foster its practical implementation.

### **Participating establishments (Appendix 1)**

Direction générale de la santé publique (DGSP), ministère de la Santé et des Services sociaux du Québec

Institut national de santé publique du Québec

Direction de santé publique du Bas-Saint-Laurent

Direction de santé publique de la Montérégie

Direction de santé publique de Montréal-Centre

Direction de santé publique de Québec

**Description of the Collaborating Centre Québec  
WHO Collaborating Centre for Safety Promotion  
and Injury Prevention (suite)**

**Steering committee**

Dr. Robert Maguire, public health officer, Bas-Saint-Laurent

Dr. Pierre Maurice, coordinator of the community safety team, Direction de santé publique de Québec

Yvonne Robitaille, coordinator of the injury prevention team, Direction de santé publique de Montréal-Centre

Diane Sergerie, consulting physician in injury prevention, Direction de santé publique de la Montérégie

Marc St-Laurent, head of the injury prevention program, Direction générale de la santé publique, ministère de la Santé et des Services sociaux

**Coordination**

Dr. Pierre Maurice, 2400, avenue d'Estimauville, Beauport (Québec)  
G1E 7G9

Telephone : (418) 666-7000, ext. 345; fax : (418) 666-2776

E-mail : pierre.maurice@ssss.gouv.qc.ca

**Secretariat**

Marc St-Laurent  
E-mail : marc\_st-laurent@ssss.gouv.qc.ca

## 1. Introduction

The Québec WHO Collaborating Centre for Safety Promotion and Injury Prevention comprises a number of institutions in the Québec public health network, i.e. four regional public health branches (Montréal-Centre, Montérégie, Québec City and Bas-Saint-Laurent), the Direction générale de la santé publique in the ministère de la Santé et des Services sociaux du Québec, and the Institut national de santé publique du Québec. Under their respective mandates, these organizations develop a number of activities to promote safety and prevent intentional and unintentional injuries. Without being exhaustive, this report examines the main national and international initiatives that these organizations have undertaken in the realms of safety promotion and injury prevention. These activities cover an array of fields of intervention, i.e. safety promotion and injury prevention in urban areas, in the transportation sector and the home, and in conjunction with leisure activities and sports. They also cover the prevention of violence and suicide.

## 2. Review of activities (November 1995 to October 2001)

### 2.1. Objective 1: Promote at the international level the role of the health care sector in promoting policies, environments and behaviour likely to enhance the safety of populations

#### 2.1.1. Involvement in deliberations on violence in accordance with WHO guidelines

In conjunction with the WHO initiative aimed at making violence a public health priority, the Centre has participated actively in various activities:

#### 1996

Contribution to the “**Prevention of violence, a priority for public health**” resolution submitted to the 49th World Health Assembly in May 1996, and the proposed monograph, “Making Violence Prevention a Public Health Priority: A Program for the World Health Organization” drawn up by the WHO Violence and Health task force.

#### 1997

Presentation and **adoption of the “Prevention of violence, a priority for public health”** at the 50th World Health Assembly organized by WHO in May 1997. At that time, Dr. Christine Colin, Assistant Deputy Minister, Direction générale de la santé publique, ministère de la Santé et des Services sociaux du Québec, took part in the writing and adoption of an amendment bolstering the proposed initial resolution.

Designation of Dr. Antoine Chapdelaine as **focal point on behalf of WHO with respect to violence related to firearms**. More specifically, this function committed the Centre to 1) inform WHO and its network of collaborating centres of firearms control initiatives the



world over and to 2) promote a public health perspective in all attempts to reduce injuries caused by firearms.

**Technical assistance to French government** following the tabling in France of a **private bill to better control firearms** in France.

### 1998

Presentation of **Québec's experience in the realm of the prevention of family violence** at the *Séminaire atelier sur la prise en charge des victimes de violence* held in December 1998 in Constantine, Algeria. The seminar brought together over 100 Algerian participants to reflect on violence in general and to propose courses of action to better deal with the problem at the local level. It led to a WHO-sponsored pilot project in an Algerian community.

### 1999

Organization of a **mission to enable a French delegation** to visit Québec and **learn about practical aspects of firearms injury prevention and gun control in Québec**.

### 2000

Organization of two **workshops on individual and collective violence** in conjunction with the 3<sup>e</sup> *Congrès des responsables locaux des Amériques* to be held in Québec City from March 13 to 16, 2000.

Preparation of a document<sup>1</sup> on **positions and policies emphasized by governments and the leading NGOs concerned with the problem of small arms** It also provided the findings of research on the most promising solutions put forward to date. This project was carried out by means of a grant from the Canadian Centre for Foreign Policy Development of the federal Department of Foreign Affairs and International Trade.

Moreover, our Collaborating Centre's interest in firearms-related violence led to its involvement in numerous international activities, several of which it jointly organized:

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1 F. Gaudreault, L. Sauvageau and A. Chapdelaine (1999). *Review of recent governmental actions in light arms and appreciation of their effectiveness. Proposition of an Individual Security Index*. Canadian Centre for Foreign Policy Development. Department of Foreign Affairs and International Trade, Canada (unpublished document).

- *3rd United Nations Regional Workshop on Firearms Regulation for the Purposes of Crime Prevention and Public Safety (the Americas)*, São Paulo, Brazil, December 8 to 12, 1997;
- *International Workshop on Small Arms and Firearms Injury: Finding a Common Ground for Public Health*, Château Frontenac, Québec City, February 7, 1998;
- *Conference on Small Arms and Firearms: Finding Common Ground (for the prevention of crime and the prevention of conflicts or the development of peace)*, Ryerson Polytechnic University, Toronto, March 6, 1998;
- *Workshop on Small Arms and Firearms Injury Surveillance and Research*, Ryerson Polytechnic University, Toronto, May 18, 1998;
- *International NGO Conference on Actions on Small Arms*, Orillia, Canada, August 17 to 19, 1998;
- *First PREPCOM for the United Nations Conference on Small Arms* held in New York in March 2000;
- *14th Congress of International Physicians for the Prevention of Nuclear War (IPPNW)* held in Paris in June 2000.

**2.2. Objective 2 : Contribute at the international level to the development of approaches that make it possible to better promote safety in the community;**

**2.2.1. Development of a monograph on safety concepts and a safety promotion approach**

In response to a request from the World Health Organization, in 1996 our Collaborating Centre launched an initiative intended to define a safety promotion approach encompassing measures to prevent violence, suicide and accidental injury. To this end, a number of activities were organized:

- A review of the literature on the concepts of safety and safety indicators in various communities (1996-1997);
- Production of a preliminary report entitled *Safety and safety promotion: Conceptual and operational aspects* »<sup>2</sup> (May 1997);
- Publication and presentation of this document at a number of national and international events (1997);

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2 P. Maurice, M. Lavoie, A. Chapdelaine and H. Bélanger Bonneau (1997). "Safety and safety promotion : Conceptual and operational aspects" in *Chronic Dis Canada*, 18(4): 179-186.

- Establishment of an Internet discussion group assembling over 25 international experts engaged in the field of injury promotion or safety promotion (October 1997-January 1998);
- Organisation of an initial international seminar with a view to achieving a consensus on a number of key issues pertaining to safety and the principles of a safety promotion approach (Quebec City, February 1998);
- Participation in the organization of a second international seminar in order to pursue reflection and validate concepts (Stockholm, May 1998);
- Publication of the final version of the document "Safety and safety promotion: Conceptual and operational aspects"<sup>3</sup> (1998).

The project has also afforded an opportunity to establish links with the Karolinska Institutet in Sweden, a world leader in the field of safety promotion in the community and injury prevention.

### **Spinoff**

- **Production of a guide for Québec municipalities to promote the concept of a safe city**

In conjunction with the WHO "**Safe Communities**" and "**Healthy Cities**" programs, this project carried out between 1996 and 1999 was intended to develop and promote a concept of a safe city for all Québec municipalities and produce a guide to help the municipalities to promote the safety of their residents. An intersectoral committee chaired by the Association des directeurs généraux des municipalités du Québec produced a document entitled *Guide d'amélioration de la sécurité dans les milieux de vie destiné aux municipalités du Québec*.<sup>4</sup> The Centre helped write the guide, which was distributed to all Québec municipalities and to many of their partners. The guide proposes a definition of safety and a general approach to community mobilization with a view to enhancing public safety in the cities. It is based largely on the monograph mentioned earlier.

- **Realization of two projects to implement the *Guide à l'intention des municipalités québécoises***

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3 P. Maurice, M. Lavoie, A. Chapdelaine, H. Bélanger Bonneau, L. Svanström, L. Laflamme, R. Andersson and C. Romer (1998). "Safety and safety promotion: Conceptual and operational aspects," Québec, 22 pages plus appendices.

4 Comité intersectoriel sur la sécurité dans les milieux de vie, Renée Levaque Charron (editor), Centre de santé publique de Québec, "Guide à l'intention des municipalités, Sécurité dans les milieux de vie, Pour le mieux-être des citoyens, des citoyennes et des familles," May 1999, 69 pages and appendices.

At the end of 1999, through a grant obtained from the federal Department of Justice, two pilot projects based on the approach proposed in the guide were set up in two Québec cities, Longueuil and Mont-Joli. The Centre participated in the request for a grant and in designing and evaluating the pilot projects.<sup>5</sup>

- **Elaboration of tools to diagnose safety in life settings**

In conjunction with the *Guide à l'intention des municipalités québécoises*, the Québec WHO Collaborating Centre is participating through the Institut national de santé publique du Québec, in collaboration with the ministère de Sécurité publique du Québec, in an initiative aimed at providing interveners and organizations who so desire an array of operating tools to diagnose safety in life settings. The first phase of the project consists in the elaboration of a survey questionnaire designed to ascertain the community's needs from the standpoint of the safety of individuals. The questionnaire will clarify the problems reported, community concerns and the behaviour adopted by community residents with respect to safety. It is now in the pre-testing phase and will be used shortly in a pilot project involving four sites in the Québec City region. The Réseau québécois des villes et villages en santé (RQVVS) is responsible for carrying out the pilot project, to be funded through a grant from the National Crime Prevention Centre.

- **Influence of province-wide and municipal policies**

Since its publication, the monograph has appreciably influenced the manner in which safety promotion and injury prevention are conceptualized in Québec. In 2001, the concepts elaborated inspired, in particular, the drafting of the *Politique nationale en prévention de la criminalité*<sup>6</sup> and the *Politique de sécurité urbaine de la ville de Québec*.<sup>7</sup>

## **2.3. Objective 3: Provide direction at the international level to the promotion of knowledge, research and evaluation in order to satisfy the most pressing needs in the realm of safety**

### **2.3.1. Establishment of the International French-speaking Injury Prevention and Safety Promotion Network**

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5 D. Sergerie and D. Fortier (2001). *Rapport synthèse de la démarche visant l'implantation du Guide sur la sécurité en milieu de vie : Projet pilote « Le métro de Longueuil »*. Direction de la santé publique, RRSSS Montréal, December.

6 Ministère de la Sécurité publique (2001). *Politique ministérielle en prévention de la criminalité. Pour des milieux de vie plus sécuritaires*. Gouvernement du Québec, Québec, 36 pages.

7 Ville de Québec (2001). *Politique de sécurité*, Québec, 22 pages.

In 1995, the Centre collaborated on the establishment of the **International French-speaking Injury Prevention and Safety Promotion Network**, in association with representatives from France, Belgium and Switzerland. The network is intended to establish and bolster ties between French-speaking interveners in various disciplines with a view to developing, disseminating and exchanging expertise in order to promote public safety and prevent violence, suicide and accidental injury.

To date, the network has held four international seminars, i.e. in Paris in 1995, in Saint-Marc-sur-Richelieu (Québec) in 1997, in Ascona, Switzerland in 1999 and in Brussels in 2001. The Direction de la santé publique de la Montérégie, a member of the Québec Collaborating Centre, coordinated and organized the Saint-Marc-sur-Richelieu seminar. Under the theme "La volonté d'agir en prévention des traumatismes et des accidents," the seminar assembled over 70 participants, nearly half of them from outside Québec. All of the objectives pursued were met. An overview of the evaluation and comments revealed the participants high level of satisfaction. The organization of the event and the quality of the presentations were the key highlights.

The Centre has also participated in other network projects:

- Collaboration in organizing the activities of the scientific committees and participation in the organization of the other three seminars;
- Active participation in the consultation carried out to produce a glossary of the key terms relevant to the field of safety promotion and injury prevention;<sup>8</sup>
- Contribution to the elaboration of a directory of French-language resource persons who have developed expertise in the field of safety promotion and injury prevention;
- Participation in a survey of the principal data banks pertaining to injuries and "accidents" available in the French-speaking countries.

### 2.3.2. France-Québec Technical Cooperation

A technical cooperation project between France and Québec was initiated in 1999 to support the initiatives of the Québec and French governments with respect to the prevention of violence, suicide and unintentional injury, especially among young people. The Commission permanente de coopération franco-québécoise provided a grant in respect of the project, under which three working sessions were organized between the two partner countries in 1999 and 2001, one of them in Québec (1999) and the other two in Paris (2000-2001). The project was intended, in particular, to foster cooperation between France and Québec as regards the prevention of violence, suicide and injury through the

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8 *International Classification for External Causes of Injuries (ICECI): Guidelines for Counting and Classifying External Causes of Injuries for Prevention and Control (1997).*

pooling of expertise and a comparative analysis of problems and the measures adopted by the Québec and French governments.

The work program was centred on the implementation of concrete measures in pertaining to four specific safety themes, i.e. safety in living environments and the prevention of violence, road safety, suicide prevention and the prevention of household accidents and injuries. A report was drafted for each of the seminars presenting the conclusions of various task forces and the exchange and technical cooperation program.

### **2.3.3. Organisation of the 6th World Conference on Injury Prevention and Control in May 2002** (see: [www.trauma2002.com](http://www.trauma2002.com))

In 1998, our collaborating centre was selected to organize and host the 6th World Conference on Injury Prevention and Control, a major international event to be held in Montréal in May 2002. Six major safety themes will be examined: road safety; occupational safety; safety in recreational and sports activities, in the home and in establishments, including product safety; suicide prevention; the prevention of violence; and care for victims and rehabilitation. To date, 21 internationally renowned speakers have agreed to appear at plenary sessions and experts from the five continents have submitted roughly 1000 proposals for presentations. In addition, 15 ancillary conferences will be held in conjunction with the event.

## **2.4. Objective 4 : Contribute to the development of international training programs in the realm of safety, particularly in the French-speaking countries**

### **2.4.1. International French-language training on safety promotion and injury prevention**

International training devoted to safety and injury prevention concepts, approaches and methods was held in Québec City in June 1997. A scientific committee coordinated by Dr. Antoine Chapdelaine and Dr. Pierre Maurice of the Centre de santé publique de Québec and made up of representatives from France, Belgium, Switzerland and Québec, and Dr. Claude Romer of WHO, set up the course.

Participants examined the main causes of a lack of safety and the occurrence of injury and the best prevention strategies, including recourse to public policy from the standpoint of technological, behavioural, social and environmental factors. Priority was given to the methods, tools and technologies that are useful to interveners engaged in planning, implementing and evaluating safety promotion and injury prevention programs, including communications and intersectoral coordination skills. Over 30 professors, seven of them from overseas, participated in one or more theoretical or practical sessions planned during the week. The course assembled over 50 students representing various disciplines

and responsible for safety promotion or injury prevention programs or projects, from Canada (Québec, Ontario and New Brunswick), France, Belgium, Switzerland, Cameroon and Morocco.

This training is the first of its kind in the French-speaking community and for this reason, a special effort was made to gather participants' comments and evaluate each training session. Overall, the students expressed a high degree of satisfaction. The organization, quality of presenters, program, and scope of the fields covered were among the strongest points noted. The density of the program and the lack of time for discussion need improvement. All of the theoretical sessions were recorded on video.

### **Spinoff**

The Centre organized a training session devoted to safety promotion and injury prevention in October 1999. Twelve participants from the health, justice and public security sectors attended the training session. It offered participants theoretical presentations on the underlying principles of public health initiatives in the fields of safety promotion and the prevention of violence, suicide and injury. These presentations were followed by discussions of cases intended to illustrate operational aspects of intervention. The participants evaluated the training.

#### **2.4.2. Ongoing training in safety promotion and injury prevention, violence and suicide**

Since 1995, the Centre has participated actively in training undergraduate students enrolled in medicine or other programs. It is also involved in supervising community health residents and master's and doctoral candidates.

#### **2.4.3. Publication of master's and doctoral theses**

Brent Hagel, *Helmet use and effectiveness in child and adolescent skiers and snowboarders* (in progress). Doctorate, Epidemiology and Biostatistics, McGill University.

Pierrette Doyon, *Facteurs critiques d'implantation de mesures préventives dans les petites entreprises* (in progress). Master's degree in community health, Université Laval.

Jasline Flores (1998). *Blessures associées à la pratique de la bicyclette répertoriées par le SCHIRPT de l'Hôpital de l'Enfant-Jésus à Québec : étude descriptive et faisabilité d'une étude cas-croisé*. Master's degree in epidemiology, Université Laval.

Isabelle Lamontagne (1999). *Risque environnemental domiciliaire et histoires de chutes chez les aînés autonomes*. Master's degree in community health, Université Laval.

Sonia Mathieu (2001). *Motivation des organismes publics et privés de la communauté urbaine de Québec à s'impliquer dans la réduction du risque environnemental de chute au domicile des personnes âgées*. Master's degree in community health, Université Laval.

Monique Rainville (2000). *La perception qu'ont les aîné(e)s de leur sécurité dans le quartier et au domicile*. Master's degree in community health, Université Laval.

## **2.5. Objective 5 : Disseminate the knowledge acquired and foster its practical implementation**

### **2.5.1. Participation in national and international events**

Since 1995, aside from the collaboration already mentioned in the preceding sections, the Centre has participated actively in a number of national and international events, indicated below.

- ***Fifth World Conference on Injury Prevention and Control***, New Delhi, March 2000. In response to an invitation from the organizers, it was decided to organize at that time two French-language workshops under the themes “effective strategies for enhancing safety in the community” and “intersectoral mobilization strategies to enhance public safety and prevent injury and accidents.” The workshops were highly successful.
- ***Canadian Conference on Injury Prevention and Control 2000***, Kananaskis, Alberta, October 2000. The Centre agreed to help organize the conference and delegated several members to attend the event.
- ***Colloque international sur les inégalités socio-économiques et la prévention des blessures***, Paris, September 2000. A member of the Collaborating Centre gave a talk.

### **2.5.2. International Communications (1999-2001)**

#### **2001**

Chapdelaine, A. (2001). *Linking medical evidence with policy creation: The epidemiological basis for the prevention of firearm injuries*. International Physicians



for the Prevention of Nuclear War (IPPNW), "Aiming for Prevention: an international medical conference on small arms and gun violence and injury," Helsinki, September 28-30.

Leduc, S. (2001). *Prévention des accidents survenant à de jeunes enfants : évaluation d'une trousse utilisée lors des visites à domicile*. 4<sup>e</sup> Séminaire international francophone de prévention des accidents et des traumatismes, Brussels, Belgium, July 8-11.

Leduc, S. (2001). *Prévention des accidents survenant à de jeunes enfants et utilisation d'une trousse lors des visites à domicile : protocole d'évaluation*. Commission permanente de coopération France-Québec, Paris, France, December.

Maurice, P. and Rainville, M. (2001). *Enquête sur la sécurité des personnes de la région de Québec*. 4<sup>e</sup> Séminaire international francophone de prévention des accidents et des traumatismes, Brussels, Belgium, July 8-11.

Pilote, Ruth (2001). *La prévention de la violence et des agressions sexuelles dans les sports et les loisirs des jeunes*. 1<sup>er</sup> congrès francophone sur les agressions sexuelles, Québec, Canada, January 31 to February 2.

Robitaille, Y. (2001). *La prévention des chutes chez les aînés : utilité pour la prise de décision, d'un bilan des interventions dites efficaces*. 4<sup>e</sup> séminaire international francophone de prévention des accidents et des traumatismes et de promotion de la sécurité, Brussels, Belgium, July 8-11.

Sergerie, Diane (2001). *Leçons d'un projet pilote sur l'implantation d'un Guide sur la sécurité en milieu municipal*, Direction de santé publique, RRSSS Montérégie. 4<sup>e</sup> séminaire international francophone sur la prévention des traumatismes et la promotion de la sécurité, Brussels, Belgium, July 8-11.

## 1999-2000

Bélangier-Bonneau, H., Bergeron, J., Rannou, A., Thouez, J.-P. (2000). *Geographics factors related in Pedestrian behavior*. IX Symposium international en géographie de la santé, Montreal, Abstracts, July 3-7.

Lamontagne, I., Lévesque, B., Verreault, R., Maurice, P., Gingras, S. et Gauvin, D. (2000). *Residential Environmental Risk and Falling History of Autonomous Seniors*. Fifth World Conference on Injury Prevention and Control, Poster, New Delhi, Marsh.

Lavoie, M., Chapdelaine, A., St-Laurent, D. (2000). *Firearms storage in Quebec homes. Injury Prevention and Control*. Fifth World Conference on Injury Prevention and Control, Abstracts, New Delhi, Marsh.

Lavoie, M., Chapdelaine, A., St-Laurent, D. (2000). *L'entreposage des armes à feu gardées à domicile au Québec*. Premier Congrès international de la francophonie en prévention du suicide : S'entendre pour agir, Quebec, April.

Maurice, P. (2000). *Safety Promotion: Why and What ?* 5th World Conference on Injury Prevention and Control, New Delhi, Marsh.

Maurice P., Levaque R., Paradis F. (2000). *Croyances et attitudes des médecins de famille relativement à la violence conjugale*. 5th World Conference on Injury Prevention and Control, New Delhi, Marsh.

Sergerie, D., Farley, C. (2000). *Un biais positif en faveur de stratégies populationnelles vs de groupes à risque pour diminuer les inégalités socio-économiques liées aux traumatismes non intentionnels illustré à l'aide de trois mesures*. Colloque international sur les inégalités socio-économiques et la prévention des blessures, Paris, September.

Tremblay, M.J., Légaré, G. (2000). *Les besoins des adolescents et de leurs parents en prévention du suicide*. Premier congrès international de la francophonie en prévention du suicide : S'entendre pour agir, Quebec, Abstracts, April.

Trickey, F., Robitaille, Y., Laforest, S., Gosselin, C., Parisien, M. (1999). *Évaluation du Programme Intégré d'Équilibre Dynamique (P.I.E.D.) pour la prévention des chutes chez les aînés*. 3<sup>e</sup> Séminaire du Réseau francophone de promotion de la sécurité et de prévention des accidents et des traumatismes, Ascona, Switzerland, June 21-23.

### **2.5.3. National and Local Communication (2000-2001)**

Bélanger-Bonneau, H., Bergeron, J., Rannou, A., Thouez, J.-P. (2000). *Factors which influence Pedestrian behavior*. Canadian Conference on Injury Prevention and Control-2000, Kananaskis, (Abstracts), October 19-21.

Bélanger-Bonneau, H., Bégin, C., Durand, B., Rannou, A. (2000). *Prévenons les blessures chez les enfants : Guide pour les intervenants*, Canadian Conference on Injury Prevention and Control-2000, Poster session, Kananaskis, October 19-21.

Boyer, R., St-Laurent, D., Préville, M., Légaré, G., Massé, R., Poulain, C. (2000). *Idées suicidaires et parasuicides*. Colloque de l'Institut de la statistique du Québec,

findings of the 1998 social and health survey in “Journées annuelles de santé publique 2000,” Montréal, November.

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### 3. Outlook for next years

Our Collaborating Centre intends to pursue its collaboration with WHO over next years. Furthermore, it plans to participate, to the extent that its expertise and resources allow, in the implementation of various facets of the WHO Strategy for Injuries and Violence Prevention, in keeping with the mission and objectives mentioned earlier and collaboration initiatives already under way. Mention should be made of the following planned activities:

- Organisation of the 6th World Conference on Injury Prevention and Control in May 2002 (see: [www.trauma2002.com](http://www.trauma2002.com)) ;
- Develop methods and tools to measure safety in a population and to implement as well as to evaluate safety promotion initiatives at a local level;
- Implementation and evaluation of initiatives to promote safety at a local level;
- Support for initiatives aimed at adapting *International Classification for External Causes of Injuries (ICECI): Guidelines for Counting and Classifying External Causes of Injuries for Prevention and Control* (1997) to French-speaking countries.

However, it must be noted that our Collaborating Centre is part of the Québec public health network, which has undergone significant structural and functional changes in

recent years, to which the centre must adapt. In particular, a province-wide public health program will be released in the coming year covering safety promotion and injury prevention measures. The program will affect various fields of expertise that we are going to develop, which will undoubtedly change the scope of collaboration with WHO.

#### **4. Financial questions**

Under the agreement established, the plan of action does not call for any financial commitment by the Collaborating Centre and WHO. Most of the initiatives described earlier have been carried out through contributions of human or financial resources from the agencies participating in the Centre and the other agencies and government departments mentioned in this report.

## ***Appendix 1***

## **Participating establishments**

**The Québec WHO Collaborating Centre for Safety Promotion and Injury Prevention is made up of the organizations listed below.**

### **Direction générale de la santé publique (DGSP) du ministère de la Santé et des Services sociaux du Québec**

In keeping with other branches in the department, the Direction générale de la santé publique assists the Minister in establishing health and social services policies and programs and ensures their implementation and application by the regional health and social services boards, and their evaluation. The DGSP coordinates the public health program and takes the necessary steps to protect public health.

In particular, the Direction générale de la santé publique is responsible for analysing and monitoring the state of Quebecers' health, pinpointing priority health problems and the most vulnerable groups, and focusing on factors that affect health and well-being by intervening directly with the public and the systems governing Quebecers in order to prevent social and health problems and to promote good health.

Specifically, its initiatives are aimed at reducing deaths from disease and injuries, morbidity, disabilities and handicaps. Safety promotion and the prevention of intentional and unintentional injuries are a priority in the branch.

### **The National Public Health Institute of Quebec**

In its statutes, the National Public Health Institute of Quebec created in 1998, has the mission to advise the minister of Health and Social Services and the Regional Boards on their Public Health missions. It must build upon and develop the expertise in Public Health and put it at the service of all the population of Quebec, For that purpose it must contribute to develop, disseminate and put into practice new knowledge, inform the minister and the population about priority health problems and what measures to implement to counter them as well as collaborate with Universities in Public Health training programs. Considering Quebec's will to exchange with other nations on the experiences and successes of Public Health, the Institute must also establish links with a broad range of national and international organisations.

To fulfil this mission, the Institute adopts an open and decentralised organisational model that will call on the Public Health expertise that is available in Quebec in a networking organisational mode so as to cover the full range of research, training, communications and services needed. The resources of this network are grouped according to themes such as *the development, the adaptation and the safety and security of the population*. It is under this one theme that the activities of expertise related to the prevention of non-intentional injuries, of violence, of suicides as well as the expertise pertaining to safety promotion and security in communities.

## **Regional public health offices**

The Québec public health network is made up of 16 regional offices. The following legislated responsibilities are defined for the regional public health director:

- (1) inform residents of the general state of individual health, priority health problems, the most vulnerable groups, key risk factors and the measures he deems effective for monitoring their development and, if need be, for conducting the necessary studies or research;
- (2) pinpoint situations likely to endanger public health and ensure that the necessary measures are adopted to protect the public;
- (3) provide safety promotion and injury prevention expertise and advise the regional board on preventive services that are useful in reducing mortality and avoidable morbidity;
- (4) pinpoint situations in which intersectoral initiatives are necessary to prevent disease, injury or social problems that affect the health of the population and, when he deems it appropriate, take the steps that he judges necessary to promote such initiatives;
- (5) the director also assumes any other function attributed to him by the *Public Health Protection Act* (c. P-35).<sup>9</sup>

In keeping with this mandate, several regional public health offices in Québec have undertaken initiatives to promote safe environments and behaviour and to prevent intentional or unintentional injuries. The four regional public health offices involved in the Collaborating Centre are indicated below.

### **a) *Direction de santé publique du Bas-Saint-Laurent***

The Direction de santé publique du Bas-Saint-Laurent serves a population of over 200 000 inhabitants living in 138 municipalities. The regional public health team is made up of 44 employees in eight work units. The work units devoted to social adaptation and physical health are involved in the prevention of unintentional and intentional injuries. Two consulting physicians and three health care professionals are working in this field.

### **b) *Direction de santé publique de la Montérégie***

The Direction de santé publique de la Montérégie serves a population of over 1.3 million inhabitants living in 205 municipalities south of Montréal Island. It has roughly 160 employees, including four professionals working within an injury prevention program. The

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9      Gouvernement du Québec, *Public Health Protection Act*, R.S.Q., c. 60, Québec, 42 pages, 2001.

group has been responsible since 1985 for the development, application and evaluation of an injury prevention program.

***c) Direction de santé publique de Montréal-Centre***

The Direction de santé publique de Montréal-Centre serves a population of nearly 1.8 million inhabitants living in 29 municipalities. It has about 300 employees. The injury prevention program brings together six professionals from different backgrounds in the human and health sciences, e.g. demographics, epidemiology and paediatrics. The team has received a mandate to pinpoint and monitor injuries, inform the public and promote the implementation of effective measures with a view to preventing injuries and minimizing their consequences.

***d) Direction de santé publique de Québec***

The Direction de santé publique de Québec serves a population of over 600 000 inhabitants living in 74 municipalities. It is responsible for the Centre de santé publique de Québec, which has roughly 200 employees in seven administrative units. Among these units, the community safety service promotes safe, non-violent environments and behaviour and seeks to reduce the incidence and consequences of intentional and unintentional injuries. Ten health care professionals trained in epidemiology or public health, including seven physicians, staff the service.