

Québec

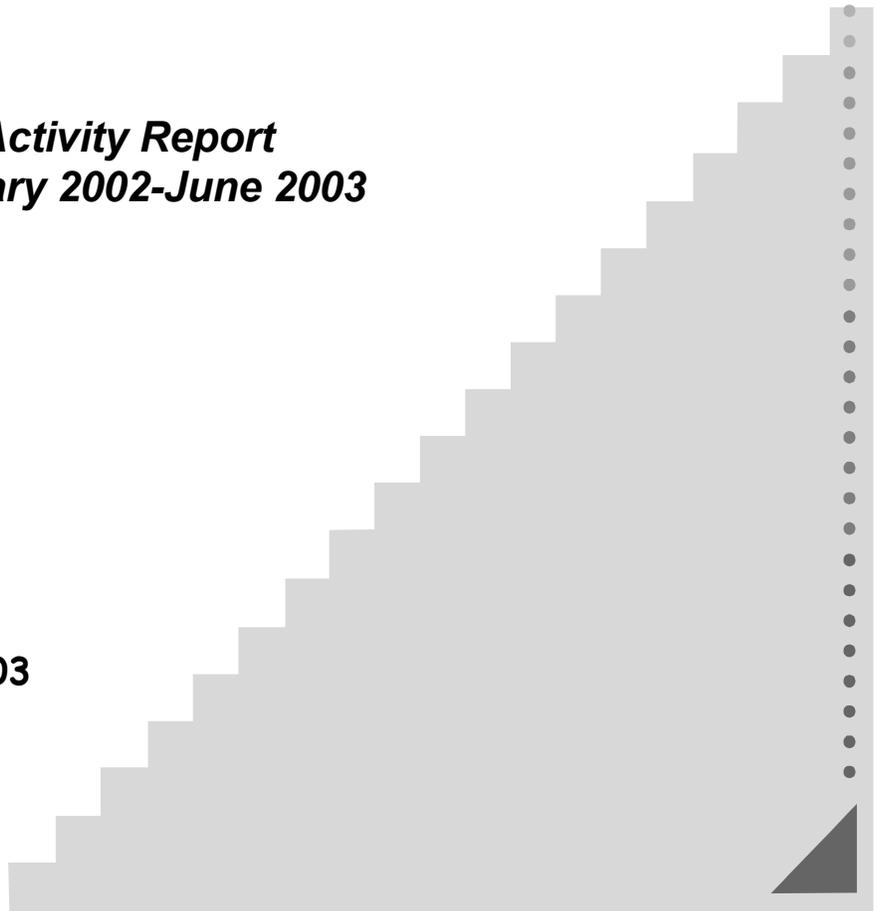


Québec WHO Collaborating
Centre for safety promotion
and injury prevention

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

***Activity Report
January 2002-June 2003***

**Québec City
September 2003**





Québec WHO Collaborating Centre for Safety Promotion
and Injury Prevention



Régies régionales de la Santé et des Services sociaux :

Directions de la santé publique
du Bas-St-Laurent
de la Montérégie
de Montréal-Centre
et de Québec

Québec 

• Institut national de santé publique
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Appendix 1 Participating organization

Appendix 2 Letter of Designation and Terms of Reference

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.**

Source : Centre collaborateur OMS du Québec pour la promotion de la sécurité et la prévention des traumatismes, WHO Collaborating Centre on Community Safety Promotion, Karolinska Institutet, World Health Organisation, 1998. *Safety and Safety Promotion : Conceptual and Operational Aspects*, Québec.

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.

2002-2006 Mandate

1. Collaborating with the WHO in the development of methods and in the implementation of **surveillance** systems;
2. Supporting the **French-language network** regarding safety promotion and injury prevention;
3. Collaborating with the WHO in the drafting of documents advancing **safety promotion** and **violence, suicide and injury prevention** with regards to incentive measures and policies.

Description of the Collaborating Centre (cont.)

Participating organizations (Appendix 1)

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

Institut national de santé publique du Québec (INSPQ)

Direction de santé publique du Bas-St-Laurent

Direction de santé publique de la Montérégie

Direction de santé publique de Montréal-Centre

Direction de santé publique de Québec

Steering committee

Ms Lillianne Bertrand, ministère de la Santé et des Services sociaux du Québec

Mr Denis Drouin, director of the Promotion of Health and Welfare, ministère de la Santé et des Services sociaux du Québec

Dr Robert Maguire, public health officer, Direction régionale de santé publique du Bas-St-Laurent

Dr Pierre Maurice, scientific coordinator of the Safety and Injury Prevention Unit, Institut national de santé publique du Québec and coordinator of the community safety team, Direction régionale de santé publique de Québec.

Ms Monique Rainville, consulting professional in injury prevention, Direction régionale de santé publique de Québec

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

Ms Diane Sergerie, consulting professional in injury prevention, Direction régionale de santé publique de la Montérégie

Ms Danielle St-Laurent, coordinator of the knowledge-surveillance unit, Institut national de santé publique du Québec

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1. Introduction

The Québec WHO Collaborating Centre (CC) for safety promotion and injury prevention exists since 1995. It is made up of a group of institutions which are part of the Québec public health network. There are four regional public health branches (Montréal-Centre, Montérégie, Québec and Bas-St-Laurent) as well as the Direction générale de la santé publique du ministère de la Santé et des Services sociaux du Québec and the Institut national de santé publique du Québec. Within their respective mandates, these organizations run promotional activities on safety and the prevention of intentional and unintentional injuries. These activities cover various fields of intervention such violence and suicide prevention as well as safety promotion and injury prevention in urban environments, in transportation, in residential and in recreational and sports activities.

The designation of the Centre was extended by the WHO Director-General for the 2002-2006 period. The letter confirming this certification can be found in Appendix 2. This report presents the main projects that have been realized by the Centre between January 2002 and June 2003 to reach the objectives of its 2002-2006 plan of action. These projects, as well as the objectives and the products expected from this plan of action are covered in the table presented in the following section and are also briefly described in section 3. The centre's other realizations that are not directly part of the 2002-2006 plan of action but that are of international interest in injury prevention follow in section 4. Finally, the Centre's main communications and publications, a prospective outlook and financial aspects can be found in the subsequent sections of this report.

2. Table of activities realized (January 2002 to June 2003)

In 2002, the World Health Organization (WHO) proposed a new plan of action in violence and injury prevention to its Collaborating Centre (see Appendix 2, section III, Description of activities). This plan included the objectives and productions that the Collaborating Centre has committed itself to. In April 2002, this contribution took the form of the Centre's 2002-2006 plan of action. This document states the ongoing and completed projects carried out in our Centre and contributing to the achievement of WHO pursued objectives. The latter, as well as WHO expected products and the CC main projects are summarized in the following table. The projects are briefly explained in section 3. References to the sections can be found in the last column of the table.

2002-2006 Plan of Action			
<i>WHO Objectives</i>	<i>WHO Expected Products</i>	<i>CC Main Projects Realized or in Progress</i>	<i>Reference</i>
1. To develop and promote appropriate data collection methods to capture the magnitude and nature of injuries	1.1 <i>International Classification of External Causes of Injuries</i> : adaptation of the classification for French-speaking countries	<ul style="list-style-type: none"> Adapting the <i>International Classification of External Causes of Injuries</i> for French-speaking countries (in progress) 	Section 3.1
2. To provide country- and local-level practitioners with tools for the prevention of interpersonal violence	2.1 Good practices for Interpersonal Violence Prevention: Database publication and ongoing maintenance	<ul style="list-style-type: none"> Taking inventory of effective intervention strategies, tool design and assessment and dispensing awareness and training to interveners working with children witnessing marital violence (realized) 	Section 3.2
3. To advocate increased investment in violence prevention	3.1 Global Campaign on the Prevention of Violence	<ul style="list-style-type: none"> National distribution of the WHO World Report on Violence and Health (ongoing) Integrating the issues pertaining to violence against children, teenagers, women and the elderly within the action goals of the province-wide public health program (realized) 	Section 3.2
	3.2 Violence prevention framework	<ul style="list-style-type: none"> Implementing a prevention and intervention policy pertaining to violence and sexual assault in youth sports and leisure activities (in progress). 	Section 3.2

2002-2006 Plan of Action			
<i>WHO Objectives</i>	<i>WHO Expected Products</i>	<i>CC Main Projects Realized or in Progress</i>	<i>Reference</i>
4. To advocate for increased attention and resources to address small arms and landmines	4.1 Advocacy documents on the impact of small arms on health	<ul style="list-style-type: none"> • Contributing to the organization and the holding of Seminar on the Role of Public Health in Preventing War-Related Injuries in 2002 (realized) • Drafting a chapter on small arms and landmines for a book on the role of public health as it pertains to terrorism (realized) 	Section 3.3
5. To advocate for increased attention and resources to address burns	5.1 Advocacy documents on tap water temperature	<ul style="list-style-type: none"> • Public health notice on prevention of scalding and legionellosis cases associated to hot tap water in private homes (realized) 	Section 3.4
6. To increase global efforts to prevent falls and mitigate their consequences	6.1 Manuel of good practices for the prevention of fall injuries	<ul style="list-style-type: none"> • Developing a reference guide to effective practices in fall prevention (in progress) • Integrated program of dynamic balance (in progress) • Mobilization program for the elderly to reduce falls in the home (in progress) 	Section 3.5

2002-2006 Plan of Action			
<i>WHO Objectives</i>	<i>WHO Expected Products</i>	<i>CC Main Projects Realized or in Progress</i>	<i>Reference</i>
7. To develop the concept and specify criteria for its measurement and integration with injury prevention and human security	7.1 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	<ul style="list-style-type: none"> • Reissuing and translation of <i>A Guide for Québec Municipalities</i>¹ (realized) • Establishing a French-language virtual resource centre (Internet) for safety promotion and crime prevention (Phase I realized and phase II in progress) • Developing training in safety promotion for local communities (Phase I realized) • Developing a survey methodology to document the safety of people (realized) 	Section 3.6
8. To provide a platform to integrate injury and violence prevention into public health agendas around the world	8.1 World Conferences on Injury Prevention and Safety Promotion: Montréal 2002 and Austria 2004	<ul style="list-style-type: none"> • Organizing and holding the 6th World Conference on Injury Prevention and Control in May 2002 in Montréal (realized) • Taking part in the Second Advanced Nordic-Baltic Course on Safety Promotion and Injury Prevention Research held in Estonia in August 2002 (realized) • Taking part in the organization of the 7th World Conference on Injury Prevention and Safety Promotion (in progress) 	Section 3.7

1 Renée Levaque, 2003. [Safety in Life Settings - A Guide for Québec Municipalities](http://www.inspq.qc.ca/english/publications/default.asp?Submit=1) Comité intersectoriel sur la sécurité dans les milieux de vie. Québec : Ministère de la Sécurité publique, Institut national de santé publique du Québec, 67 p.
<http://www.inspq.qc.ca/english/publications/default.asp?Submit=1>

2002-2006 Plan of Action			
<i>WHO Objectives</i>	<i>WHO Expected Products</i>	<i>CC Main Projects Realized or in Progress</i>	<i>Reference</i>
9. To strenghten networking for violence and injury prevention	9.1 Develop/strenghten regional networks and strategies on injuries and violence prevention within the International Francophone Network on Safety Promotion and Injury Prevention	<ul style="list-style-type: none"> • Organizing and holding a cooperation seminar including a meeting of the Francophone International Network on Safety Promotion and Injury Prevention, held in Montréal in 2002 (realized) • Large-scale delivery in Québec, Belgium and France of a home injury prevention kit for children (in progress) • Adapting <i>A Guide for Québec Municipalities</i>² for Belgium • Taking part in the organization of the 5th International Francophone Seminar on Safety Promotion and Injury Prevention (in progress) 	Section 3.8

2 Id. previous note

3. Assessment of projects realized in association to the products expected from the 2002-2006 plan of action (January 2002-June 2003)

In this section, the activities, the communications and the publications carried out in association with the plan of action are briefly described.

3.1 Surveillance

International Classification of External Causes of Injuries: adaptation of the classification for French-speaking countries

The Québec Centre contributed to an international French-language work group to analyze the French translation of the *International Classification of External Causes of Injuries* (ICECI). The group's objective consisted in validating the architecture and the constructs of the original English-language classification, as well as verifying the French version for the accuracy of the translation, the legitimacy of the amalgamations and its coherence within a French-language context. Québec's contribution focussed more specifically on the following themes: transportation, sports, suicide and occurrence location. A Québec document was produced in July 2002³ and a report on the work of the international French-language group was presented to ICECI authorities at a conference in Paris in April 2003.

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3.2 Prevention of interpersonal violence

Children witnessing marital violence

In 1995, the *Politique québécoise d'intervention en matière de violence conjugale*⁴ (*Québec Intervention Policy on Intimate Partners Violence*) already recognized the urgency of improving knowledge and developing the

3 Nicole Girard, Société de l'assurance automobile du Québec, Claude Goulet, Secrétariat au loisir et au sport, Gilles Légaré, INSPQ, Yvonne Robitaille, Direction régionale de santé publique de Montréal-Centre et Danielle St-Laurent, INSPQ, 2002. *Commentaires sur la version française de la « International Classification of Exernational Causes of Injuries » (ICECI)*, , Juillet, 64 pages.

4 Gouvernement du Québec, 1995. *Politique québécoise d'intervention en matière de violence conjugale « Prévenir, dépister, contrer la violence conjugale »*. Ministère de la Santé et des Services sociaux, Québec, 71 pages.

interventions intended for children exposed to domestic violence. On the heels of this document, two intervention projects were developed jointly with different partners from the health, education and community group network of the Québec City and Montérégie regions in order to act on the harmful consequences on children aged 0-12 years. Financed under the Partnership Program of the National Crime Prevention Strategy (Justice Canada) for three years, the first phase of the project has just ended. The project was based on a concerted intersectoral early intervention strategy.

The three following documents outlined hereinafter present the main activities carried out: 1) a summary of the papers currently available, as well as the field experiments and the awareness and training tools intended for the practitioners working with children witnessing marital violence; 2) the assessment of the project's realization and the awareness and training activities offered to the practitioners targeted; and 3) the group leader's workbook produced for those taking part in this awareness activity.

The result of this assessment has shown that this project greatly contributed in shedding some light on the most promising interventions regarding the needs of children witnessing domestic violence. Awareness and training activities were developed for practitioners who then become multiplying agents in their respective settings. Moreover, a concerted intervention model was experimented in eleven collaborating organizations of the Québec City region. Phase II is planned in order to validate the tools developed and to provide awareness and training to more professionals.

The objective of the second project *C'est mon sort, je m'en sors* is to facilitate psychosocial adaptation of children witnessing domestic violence. The operational framework of this program consists in twenty separate and joint group meetings with the children and their mothers. The assessment of the program was carried out in collaboration with women shelters through a quasi-experimental research protocol with a non equivalent control group. The research report is currently being drafted.

Project leaders :

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Communication

Lessard G., Walsh N.-A., Paradis F., Després E., Côté I., 2002. *Projet d'intervention pour les enfants exposés à la violence conjugale : une approche centrée sur le développement du pouvoir d'agir*. Communication orale, Congrès conjoint « Bâtisseurs d'avenir » de l'Association des Centres jeunesse du Québec et de l'Association des CLSC et des CHSLD du Québec, Québec, novembre.

Publications

Arseneau Louise, Bouchard Manon, Lampron Christiane, Lessard Geneviève, Paradis France, Côté Isabelle, 2003. *Les enfants (0-12 ans) exposés à la violence conjugale : Projet d'intervention concertée et intersectorielle dans la région de Québec* Cahier d'animation de la journée de sensibilisation. Direction de santé publique de la Régie régionale de la santé et des services sociaux de Québec, Québec, 124 pages.

Lampron Christiane, Paradis France, Arseneau Louise, Bouchard Manon, Lessard Geneviève, 2003. *Les enfants (0-12 ans) exposés à la violence conjugale : Projet d'intervention concertée et intersectorielle dans la région de Québec Bilan des activités 2000-2003*. Direction de santé publique de la Régie régionale de la santé et des services sociaux de Québec, Québec, 80 pages.

Lessard Geneviève, Lampron Christiane, Paradis France, 2003. *Les stratégies d'intervention à privilégier auprès d'enfants exposés à la violence conjugale : recension des écrits*. Institut national de santé publique du Québec, Québec, 55 pages.

National distribution of the WHO's World Report on Violence and Health

The Collaborating Centre greatly contributed to make known the WHO's World Report on Violence and Health⁵, published in 2002, throughout the Québec network of public and private organizations. Among others, this document was presented some time after its publication at a national seminar on domestic violence.

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5 World Health Organization, under the leadership of Étienne G. Krug et al., 2002. *World Report on Violence and Health*. Geneva, 376 pages.

Communication

Maurice Pierre, 2002. *Violence conjugale, perspectives de santé publique d'ici et d'ailleurs*. Communication orale, Colloque sur la violence conjugale : perspectives actuelles pour le réseau de la santé et des services sociaux, Québec, avril.

Integrating the issues pertaining to violence against children, teenagers, women and the elderly within the action goals of the province-wide public health program

In 2002 and following a vast consultation covering the entire network and its organizations, le ministère de la Santé et des Services sociaux committed itself to reviewing its priorities in order to orientate public health action for the next ten years. Some of the *Programme national de santé publique 2003-2012*⁶ (*province-wide public health program*) expected results are the decrease of 1) violence against women and 2) abuse, negligence and violence against children, teenagers and the elderly. Local, regional and national actions will aim at these socio-sanitary objectives.

Project leader : Ms Marthe Hamel

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Implementing a prevention and intervention policy pertaining to violence and sexual abuse in youth sports and leisure activities

The Centre is currently taking part in the implementation of the *Politique de prévention et d'intervention en matière de violence et d'agression sexuelle dans les sports et loisirs des jeunes*⁷. This policy is in keeping with the following objectives: 1) promoting a safe and stimulating life setting for youth, 2) making adults and organizations accountable in terms of protecting minors, 3) setting boundaries pertaining to interactions between adults and children, 4) reducing the risks of violence and sexual abuse and 5) providing support for the practitioners and adults in authority in order for them to act appropriately in situations of violence and sexual abuse. Municipal, community and school activity groups are targeted for the implementation of this policy.

6 Ministère de la Santé et des Services sociaux du Québec, sous la direction de Richard Massé et Léonard Gilbert, 2003. *Programme national de santé publique 2003-2012*. Gouvernement du Québec, Québec, 133 pages.

7 Direction de la santé publique, de la planification et de l'évaluation de la Régie régionale de la santé et des services sociaux de la Montérégie, 2000. *Guide d'implantation-Politique de prévention et d'intervention en matière de violence et d'agression sexuelle*. 102 pages. <http://www.loisirquebec.com/centredocumentation>

Communication

Pilote Ruth, 2002. *La prévention de la violence et des agressions sexuelles dans les sports et les loisirs des jeunes*. Communication orale et présentation par affiche, 6e Conférence mondiale sur la prévention et le contrôle des traumatismes, Montréal, 12-15 mai.

3.3 Small arms and landmines

Seminar on the Role of Public Health in Preventing War-Related Injuries

In collaboration with the Centers for Disease Control and Prevention (CDCs), the WHO, Ryerson University in Toronto, International Physicians for the Prevention of Nuclear War (IPPNW) and the National Public Health Institute of Québec, a seminar was organized on the role of public health in preventing war-related injuries. This activity took place in Montréal from May 9 to 11, 2002, in the wake of the 6th World Conference on Injury Prevention and Control. Approximately one hundred people took part.

Project leader : Dr Antoine Chapdelaine

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Communication

Chapdelaine Antoine, 2002. *The Epidemiological Basis for the Prevention of Firearm Injuries*. Communication orale, International Individual Disarmament Symposium, Istanbul, 18-19 janvier.

Publication

Cukier Wendy and Chapdelaine Antoine, 2003. Chapter *Small arms, explosives, and incendiaries*, pages 155-174. In: *Terrorism and Public Health: a Balanced Approach to Strengthening Systems and Protecting People* by Barry S. Levy and Victor W. Sidel, Oxford University Press, New York, 377 pages.

3.4 Burns

Public health notice on prevention of scalding and legionellosis cases associated to hot tap water in private homes

Over the last few months, the Institut national de santé publique du Québec (National Public Health Institute of Québec) was called upon to produce a notice on the prevention of scalding and legionellosis associated to hot water at the tap in private homes. This notice was drafted in keeping with a public consultation initiated during the revision of the Building and Plumbing Codes by the Canadian Commission on Building and Fire Codes. In fact, one of the issues concerned the temperature of hot water heated through electric hot water heaters in homes. The ideal water temperature had to prevent both scalding and cases of legionellosis. This notice reviews the pertinent literature for both problems, compares the risks and makes a certain number of recommendations to the responsible authorities in order to prevent both scalding and the transmission of legionellosis.

Project leader : Dr Michel Lavoie

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Communications

Sergerie Diane, Lavoie Michel, Maurice Pierre, 2003. *Hospitalisations (1998-1999) et Décès (1990-1999) attribuables à des brûlures causées par l'eau chaude du robinet (BECR) au Québec*. Communication orale, Journée scientifique de l'Unité de recherche en santé publique du Centre de recherche du CHUL, Québec, 11 juin.

Sergerie Diane, Lavoie Michel, Maurice Pierre 2002. *Décès et hospitalisations attribuables à des brûlures causées par l'eau chaude du robinet au Québec*. Présentation par affiche, 6^e Conférence mondiale sur la prévention et le contrôle des traumatismes, Montréal, 12-15 mai.

Publication

Lavoie Michel, Lévesque Benoît, Sergerie Diane, 2003. *Public health notice on prevention of scalding and legionellosis cases associated to hot tap water in private homes*. Institut national de santé publique du Québec, Québec, 8 pages.
<http://www.inspq.qc.ca/english/publications/default.asp?Submit=1>

3.5 Falls

Manual of good practices for the prevention of fall injuries

In partnership with French (Institut National de Prévention et d'Éducation pour la Santé en partenariat avec la Caisse nationale d'assurance maladie des travailleurs salariés) and Belgian (Éduca-Santé) organizations, the Québec Centre contributed to the project of drafting a reference guide to good practices in the prevention of falls in the home. This project therefore aims to establish recommendations for good practices to create programs for the prevention of falls in the elderly by taking into account the results of scientific research in the field in order to maintain or improve the functional autonomy of people over 60 to reduce the number of accidental falls.

Over the last year, a group of international French-language experts identified and then defined, based on the scientific literature, the risk factors of falls among the elderly, the tools and tests to assess the risk of falls and the interventions to prevent them. Three dimensions were analyzed: the person, the behaviours and the environment. The product will be made available to the practitioners in the field working with the elderly within the community and in hospitals as well as to those in charge of public health programs. It will serve as a reference tool in order to provide a variety of ways to act on this issue.

One of the subsequent steps of this project will consist in adapting the reference guide, particularly the interventions proposed, to the specific cultures of the targeted countries. With this document, there will also be training for the fieldworkers in order to make it more user-friendly. Finally, aspects of intervention assessment will also be dealt with, since they are under-developed in French-speaking countries.

Project leader : Mr Marc St-Laurent

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Integrated Program of Dynamic Balance (PIED, édition 2002)

This quasi-experimental research aims to document the effects of a prevention program focussing on increasing balance in the elderly. The main part of the program consists in two weekly sessions of physical exercise in small groups led by a professional during eleven weeks in addition to individual training at home. The research proposes to verify the effectiveness of this intervention when it is offered by community organizations. The challenge of this intervention is based on the capacity to combine the intensity and specificity of the exercises to a group activity compatible with the community approach. The last series of

balance and strength measurement will be assessed after the end of the program. The first results are expected to be made available in December 2004.

Project leader : Dr Yvonne Robitaille

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Communications

Laforest Sophie, Parisien Manon, Robitaille Yvonne, Trickey Francine, 2002. *A Critical Review of Exercise Programs for Groups or Individual Aimed at Increasing Strength and Balance in Older Adults*. Communication orale, 6^e Conférence mondiale sur la prévention et le contrôle des traumatismes, Montréal, 12-15 mai.

Parisien Manon, Laforest Sophie, Robitaille Yvonne, Trickey Francine, Genest Carole, 2002. *The Development of a Program for the Use of Community Organisations*. Présentation par affiche, 6^e Conférence mondiale sur la prévention et le contrôle des traumatismes, Montréal, 12-15 mai.

Trickey Francine, Parisien Manon, Robitaille Yvonne, Laforest Sophie, 2002. *Finding the Right Ingredients for the Design of an Exercise Program to Reduce Falls and Fractures in Healthy Seniors*. Communication orale, 6^e Conférence mondiale sur la prévention et le contrôle des traumatismes, Montréal, 12-15 mai.

Publication

Robitaille Y., Laforest S., Trickey F., Damestoy N., Nault S., Gauvin L. et Corriveau H., 2002. *Évaluation d'un programme d'amélioration de l'équilibre en milieu communautaire, en vue de réduire les chutes et leurs séquelles chez les aînés*. Résumé d'une recherche subventionnée par les Instituts de Recherche en Santé du Canada en janvier 2002. Direction de la santé publique de Montréal-Centre, Montréal.

Mobilization program for the elderly to reduce falls in the home (MARCHE)

This program, intended for people over 65 who are still living in their homes and have fallen in the last six months, mainly targets the following objectives: 1) identifying the risk factors for falls and 2) intervening according to a variety of individual and multidisciplinary intervention approaches in order to minimize or curb the effect of existing risk factors. The risk factors include vision, balance and walking problems, cognitive trouble, orthostatic hypotension, the inadequate use of medication, malnutrition and risk of fractures related to osteoporosis as well as environmental risks. The program is currently being implemented on the territories of two Québec City area Local Community Service Centers (CLSCs). This program will be implemented regionally following the assessment of the implementation phase.

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Communication

Gagné Denise, Gagnon Catherine, Paradis Michèle, Tourigny André, Lavoie Michel, Lévesque Benoît (2002). *Les défis liés à l'implantation d'un programme de prévention des chutes chez les aînés au domicile*. Présentation par affiche, 6^e Conférence mondiale sur la prévention et le contrôle des traumatismes, Montréal, 12-15 mai et VII Congrès annuel de la Société internationale francophone de gérontologie, Bruxelles, 23-25 septembre.

Publication

Gagné Denise et Gagnon Catherine, 2003. *Programme MARCHE : mobilisation auprès des aînés pour réduire les chutes dans l'environnement domiciliaire*. Direction de santé publique de la Régie régionale de la santé et des services sociaux de Québec, Québec, 143 pages.

3.6 Development of methods and tools to measure safety in a population and to implement as well as to evaluate safety promotion initiatives at a local level

Reissuing and translation of *A Guide for Québec Municipalities*

Published in 1999, the document *Safety in Life Settings. A Guide for Québec Municipalities*⁸ was reissued jointly by the Institut national de santé publique du Québec (INSPQ) and by the ministère de la Sécurité publique du Québec (Québec Public Security Ministry). It should be mentioned that this document, distributed in 1 400 Québec municipalities, aimed to help these municipalities improve the safety of their citizens and promote the concept of a safe city on the territory. Following the interest shown by the participants at the 6th World Conference on Injury Prevention and Control, the Guide was translated into English and is now available in pdf format on the INSPQ Internet site:

www.inspq.qc.ca/pdf/publications/062_SecuriteMilieuxVie.pdf

Project leader : Ms Renée Levaque

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Through the Institut National de santé publique du Québec and in collaboration with the ministère de la Sécurité publique du Québec, the publication of the *Guide* has lead the Québec Collaborating Centre to get involved in a process aimed at providing interested practitioners or organizations with a series of operational tools to make a safety diagnosis of their life setting. In 2002 and 2003, three significant realizations were carried out: the setting up of a French-language virtual resource centre (Internet) promoting safety and crime prevention, the development of training promoting safety for local communities and the creation of a survey methodology to document the safety of people. These realizations are briefly presented hereinafter.

8 Renée Levaque, 2003. [Safety in Life Settings - A Guide for Québec Municipalities](http://www.inspq.qc.ca/english/publications/default.asp?Submit=1) Comité intersectoriel sur la sécurité dans les milieux de vie. Québec : Ministère de la Sécurité publique, Institut national de santé publique du Québec, 67 p.
<http://www.inspq.qc.ca/english/publications/default.asp?Submit=1>

Establishing a French-language virtual resource centre (Internet) for safety promotion and crime prevention

The Centre québécois de ressources en promotion de la sécurité et en prévention de la criminalité (CRPSPC) was designed to support local communities seeking to promote safety and prevent crime on their territory. This project is in keeping with the publication of the aforementioned guide intended for municipalities and the *Politique ministérielle en prévention de la criminalité*⁹ (*Departmental Crime Prevention Policy*). This site will provide visitors with a set of published or unpublished documents selected for their intervention support potential. Information will be available on the site on the safety improvement process. Also available will be tools to improve safety regarding various problems such as violence, non-violent crime, road safety, land use planning, municipal leisure activities and the feeling of safety.

Project leader : Ms Louise Marie Bouchard

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Communication

Bouchard Louise Marie, 2002. *Centre québécois de ressources en promotion de la sécurité et en prévention de la criminalité*. Communication orale, colloque du ministère de la Sécurité publique du Québec, Drummondville, 12-13 novembre.

Developing training in safety promotion for local communities

The distribution of the Guide to improving safety and the interest it has generated has led to the development of a training program aiming to empower local communities looking to improve safety in their life setting. The project's first phase consisted in preparing the training modules based on the phases of the process suggested in the Guide. The result was five modules, developed from pilot-projects in which community representatives were closely involved. A second phase is planned for the development of the learning tools that will come with the modules and allow for wider distribution to the communities who wish to implement this process.

Project leader : Ms Renée Levaque

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9 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. <http://www.msp.gouv.qc.ca/prevention/prevention.asp?ndn=00&txtSection=prevent>

Developing a survey methodology to document the safety of people

A survey questionnaire aiming to assess the needs of a community as they pertained to the safety of people was developed. The purpose of this questionnaire is to better understand the problems reported, the issues expressed as well as the behaviours adopted by the population in terms of safety. It respects the frame of reference based on the definition of safety used in the guide for the municipalities: *Safety in Life Settings. A Guide for Québec Municipalities*¹⁰ and aims to reveal more about the population's experience regarding the five following themes: 1) safety in general, 2) violence and crime, 3) suicide, 4) unintentional injuries and 5) peace, equity and social cohesion. Each of these themes is analyzed using four categories of indicators: 1) the presence or absence of a problem, 2) the risk and protection factors, 3) the protection behaviour of individuals as well as 4) the perception and the use of the services available. This questionnaire will soon be validated in a Québec municipality. The pilot project's realization will fall under the responsibility of the *Réseau québécois des villes et villages en santé* (RQVVS). This questionnaire's assessment was the object of two publications.

Project leader : Ms Monique Rainville

E-mail : monique.rainville@ssss.gouv.qc.ca

Communication

Bouchard Louise Marie, Rainville Monique, Maurice Pierre, Lavertue Robert, Levaque Renée (2002). *L'enquête sur la sécurité des personnes de la région de Québec : pour apprécier les besoins de la collectivité en matière de sécurité*. Communication orale, 6^e Conférence mondiale sur la prévention et le contrôle des traumatismes, Montréal, 12-15 mai.

Publications

Rainville Monique, Bouchard Louise Marie, Lavertue Robert, Maurice Pierre, Levaque Renée, 2003. *Enquête sur la sécurité des personnes: bilan de l'élaboration du questionnaire*. Institut national de santé publique du Québec, Ministère de la Sécurité publique du Québec, Québec, 16 pages plus questionnaire.

Rainville Monique, Bouchard Louise Marie, Lavertue Robert, Maurice Pierre, Levaque Renée, 2003, *Enquête sur la sécurité des personnes : recueil des annexes*. Institut national de santé publique du Québec, Ministère de la Sécurité publique du Québec, Québec.

10 Id. note 8: <http://www.inspq.qc.ca/english/publications/default.asp?Submit=1>

3.7 Participation in international events

6th World Conference on Injury Prevention and Control

The 6th World Conference on Injury Prevention and Control was held in Montréal in May 2002. The Centre was in charge of organizing the event. Nearly 1 500 people from over one hundred countries from around the world took part in this large-scale event including sixty-five award holders from developing countries. An Internet site dedicated to promotion and communications was created for the two years preceding the conference. The scientific community was made up of 160 people from Canada and several other countries around the world. The 1 100 conferences, posters or videos presented dealt with one of the nine following themes: 1) Road Safety, 2) Occupational Safety, 3) Sports and Leisure Safety, 4) Home and Institutional Safety, 5) Product Safety, 6) Suicide Prevention, 7) Violence Prevention, 8) Post-Trauma Care and Rehabilitation, 9) Cross-Disciplinary Themes. These communications were gathered in an imposing Book of Abstracts distributed to the participants and available at the following Internet address:

www.inspq.qc.ca/pdf/publications/129_Trauma2002.pdf

Other than oral and poster presentations, the technical visits and social activities generated a great deal of interest and satisfaction of those who had taken part. Moreover, nineteen satellite events related to safety promotion or injury prevention were held on the fringes of the conference. Finally, the **People's Right to Safety Charter**¹¹ was adopted at the closing ceremonies of this international gathering which proved to be a great success.

Project leader : Dr Pierre Maurice

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Publication

Comité organisateur national du Centre co llaborateur de l'OMS, 2003. *6^e Conférence mondiale sur la prévention et le contrôle des traumatismes Rapport final d'activités*. Centre collaborateur de l'OMS, Genève, 49 pages plus annexes.

6th World Conference on Injury Prevention and Control, 2002. *Book of Abstracts*. P.U.L., Montréal, 1435 pages.

Taking part in the Second Advanced Nordic-Baltic Course on Safety Promotion and Injury Prevention Research (Estonia 2002)

The Second Advanced Nordic-Baltic Course on Safety Promotion and Injury Prevention Research was held in Estonia, in August 2002, under the aegis of Karolinska Institutet of Stockholm. The Centre was invited to give two sessions upon the request of the organizing committee. The first session consisted in the presentation of the safety promotion reference model developed jointly in 1996 by the Centre and the Karolinska Institutet upon request from the WHO. This model combines violence, suicide and unintentional injury prevention¹². The second presentation dealt with the impact of cultural differences in injury prevention.

Project leader : Dr Pierre Maurice

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7th World Conference on Injury Prevention and Safety Promotion

The Centre is actively involved in the preparation of the 7th World Conference on Injury Prevention and Safety Promotion to be held in Vienna in 2004. All of the experience acquired during the organization of the 6th conference can be put to good use. Specifically, the Centre's members are part of the international organizing committee and the event's scientific committee.

Project leader : Dr Pierre Maurice

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

11 Internet address: www.inspq.qc.ca .

12 Maurice, P., Lavoie, M., Chapdelaine, A., Bélanger-Bonneau, H., Svanström, L., Laflamme, L., Andersson, R., and Romer, C., (1998). *Safety and Safety Promotion: Conceptual and Operational Aspects*, Québec, 22 pages plus appendices.

3.8 Develop/ strengthen regional networks and strategies on injuries and violence prevention within the International Francophone Network on Safety Promotion and Injury Prevention

Organizing and holding a cooperation seminar in Montréal in 2002 including a meeting of the International Francophone Network on Safety Promotion and Injury Prevention

In keeping with the France-Québec and Belgium-Québec bilateral cooperation activities, the Centre organized a seminar in May, on the fringes of the 6th World Conference on Injury Prevention and Control. The theme of this meeting was **Coopération et transfert des connaissances** (Cooperation and knowledge transfer) and several activities were open to the international francophone network. There were four objectives for this meeting: 1) Advancing the Franco-Québec and Belgian-Québec cooperation; 2) Consolidating the activities of the international francophone network on safety promotion and injury prevention; 3) Seeking new avenues to initiate new bilateral or multilateral cooperation projects; 4) Transmitting, for the benefit of the network, project results and the experience acquired in the bilateral cooperations. The members of the network took advantage of this opportunity to hold their annual meeting. Four oral communications and one round-table discussion have allowed the participants to reflect on the various aspects of cooperation and knowledge transfer.

Project leader : Ms Danielle St-Laurent

E-mail : danielle.st.laurent@inspq.qc.ca

COMMUNICATION

Sauvageau Lyne, Chapdelaine Antoine, 2002. *Apprentissages tirés de l'expérience de la coopération France-Québec en prévention des traumatismes*. Communication orale, Séminaire de coopération en promotion de la sécurité et prévention des traumatismes, Montréal, 9-11 mai.

Large-scale delivery of a home injury prevention kit for young children

A home injury prevention kit for young children was developed by the Direction de santé publique du Bas-Saint-Laurent. This kit is given to families by a nurse during a post-natal visit at the home. The kit contains safety devices and information brochures on the prevention of accidents likely to affect young children in the home. Upon handing over the kit, the nurse uses this opportunity to advise the family on the safe behaviours to adopt. To date, studies show that the kit can be considered as an effective prevention tool. In Québec, it was integrated into the *Naître Égaux-Grandir en Santé* program¹³ (*To be born equal-To grow in health*) of the Bas-St-Laurent. The initiative has inspired a growing number of regions to adopt this tool in their interventions by adapting it to their needs. In France and in Belgium, the first implementation initiatives of the kit have proved promising and a larger-scale distribution and assessment process has been undertaken. The next studies will aim at assessing how this tool can make the job easier for the home careworkers in order to improve the relationship of trust that needs to be established with the families.

Project leader : Dr Sylvain Leduc

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Communications

Leduc Sylvain, 2002. *Assessment of a Kit for Preventing Traumas from Occurring to Young Children at Home*. Communication orale conjointe des expérimentations québécoise, française et belge, 6^e Conférence mondiale sur la prévention et le contrôle des traumatismes, Montréal, 12-15 mai.

Leduc Sylvain, 2002. *Kit sécurité maison: un programme pour prévenir les accidents domestiques des jeunes enfants*. Communication orale, Journée de formation et d'appel à projet, Caisse Nationale d'Assurance-Maladie de France, Paris, novembre.

Publication

Sznajder Marc S., Leduc Sylvain, Janvrin Marie-Pierre, Bonnin Marie- Hélène, Aegerter Philippe, Baudier François, Chevallier Bertrand, 2003. Home delivery of an injury prevention kit for children in four French cities: a controlled randomized trial. *Injury Prevention*, 9 :261-265.

13 Ministère de la Santé et des Services sociaux du Québec, 1980. *Naître Égaux-Grandir en santé*. Gouvernement du Québec, Montréal, 201 pages
<http://206.167.52.1/fr/document/publication.nsf/0/9163e6ba613e7c08852569ac00543a53?OpenDocument>

Adapting A Guide for Québec Municipalities for Belgium

In keeping with the 1^{re} *Coopération Québec-Belgique*, work on adapting the *Sécurité dans les milieux de vie. Guide à l'intention des municipalités*¹⁴ (see section 3.6) document to the Belgian reality has been undertaken. Representatives from Éduca-Santé (Belgium) and from the Collaborating Centre (Québec) have worked together to prepare the validation and implementation of the safety improvement process proposed in the Guide for Belgium. By taking into account the implementation success criteria of the process in Belgian and Québec environments, an accompanying document for the communities will be developed following this first phase.

Project leader : Ms Renée Levaque

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Organizing the 5th international francophone seminar for safety promotion and injury prevention

The Centre is actively participating in the organization of the next international francophone seminar for safety promotion and injury prevention which will be held in Beirut in October 2003. Held this year under the theme "*Citoyenneté et prévention des traumatismes : du citoyen au citoyen*", the event offers an opportunity to examine the relations between health key people and other community key stakeholders within the framework of injury prevention practices and safety promotion.

Project leader : Ms Danielle St-Laurent

E-mail : danielle.st.laurent@inspq.qc.ca

14 Renée Levaque, (éd.) 2001. *Sécurité dans les milieux de vie. Guide à l'intention des municipalités*. Comité intersectoriel sur la sécurité dans les milieux de vie. Québec : Ministère de la Sécurité publique, Institut national de santé publique du Québec, 69 p. plus annexes.

4. Other activities at the Centre

4.1 Violence prevention

Streetworker awareness regarding sexual abuse

Awareness and training sessions were designed and given to the streetworkers in the the Montérégie region. This training aims at shedding some light on certain realities experienced by victims of sexual abuse (myths and realities, consequences, existing resources, legal recourse, prevention, etc.) and to give streetworkers the tools to recognize certain signs of abuse and to intervene appropriately.

Project leader : Ms Ruth Pilote

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Awareness and training for ethno-cultural organizations on domestic violence

Awareness and training sessions on domestic violence were offered to practitioners and volunteers of ethno-cultural organizations of the Montérégie region. The objectives of these training sessions were to 1) make practitioners aware of domestic violence and its effects, 2) give the participants the skills to better detect domestic violence among their clientele, 3) provide the appropriate references in terms of prevention and resources and 4) promote idea sharing on domestic violence awareness and on prevention strategies adapted to ethno-cultural realities.

Project leader : Ms Ruth Pilote

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4.2 Suicide prevention

Suicide prevention on bridges

Given the great number of suicide accessing annually from the Jacques-Cartier bridge in Montréal, the Québec coroner's office requested in 2002 that a work group be formed to help it make recommendations in order to reduce the number of suicides from that bridge. The Direction de santé publique de Montréal-Centre, with the collaboration of the Direction de santé publique de la Montérégie, took charge of this committee's work. The report produced in October 2002 presents the issues, proposes recommendations and identifies actions that could be exportable to other suicide risk sites.

Project leader : Dr Richard Lessard

E-mail : richard_lessard@ssss.gouv.qc.ca

Communication

Julien Marie, Perron Stéphane, Trickey Francine, Lessard Richard, 2003. *Bringing Suicide Prevention on The Safety Agenda of a Bridge*. Communication orale, International Conference on Suicide Prevention, Stockholm, 10-14 septembre.

Publication

Lessard Richard, Trickey Francine, Perron Stéphane, 2002. *Un pont sécuritaire pour tous*. Recommandations du Groupe de travail sur les suicides depuis le pont Jacques-Cartier. Rapport déposé au coroner Paul G. Dionne. Direction de santé publique, Régie régionale de la santé et des services sociaux de Montréal-Centre, Montréal, Québec, 31 pages.

4.3 Injury prevention in leisure activities

Training on play area safety

Theoretical and practical training on the safety of public play areas was also developed by the Direction de santé publique de la Montérégie in order to better make known the Canadian safety standard that applies to this sector. The training includes three elements: a visual electronic presentation, a video presenting the different inspection methods and a visit in the field to illustrate the application of those inspection methods. A workbook containing all of the plans, photographs and slides presented is given to each participant. The

training was given ten times to municipal, school, day-care and public play area authorities, as well as to the professionals who are mandated to inspect the conformity of the facilities in day-cares.

Project leader : Mr David Fortier

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5. Other communications

SAFETY FOR THE ELDERLY

Guay D., Riberdy H., Tourigny M., Mayer M., 2002. *L'abus et la négligence vécus par les enfants et les traumatismes : une coexistence réelle au Québec*. Communication orale, 6^e Conférence mondiale sur la prévention et le contrôle des traumatismes, Montréal, 12-15 mai.

Rainville M., Lavoie M., Maurice P., 2002. *La perception qu'ont les aîné(e)s de leur sécurité dans le quartier et au domicile*. Présentation par affiche, 6^e Conférence mondiale sur la prévention et le contrôle des traumatismes, Montréal, 12-15 mai.

SUICIDE

St-Laurent Danielle, 2002. *L'épidémiologie du suicide dans les différents pays du monde : qu'en savons-nous ? Et comment utiliser cette connaissance pour la prévention ?* Communication orale, Deuxième Congrès international de la francophonie en prévention du suicide, Liège, 18-22 novembre.

UNINTENTIONAL INJURIES

Hamel Denis, 2002. *Traumatismes et défavorisation au Québec*. Présentation par affiche, 6^e Conférence mondiale sur la prévention et le contrôle des traumatismes, Montréal, 12-15 mai.

Quesnel Géraldine, Bégin Claude, Morin Réal, April Nicole, 2002. *Évolution de la consommation d'alcool per capita au Québec et politiques publiques relatives à l'alcool*. Présentation par affiche, 6^e Conférence mondiale sur la prévention et le contrôle des traumatismes, Montréal, 12-15 mai.

Rainville Monique, 2003. *Portrait des consultations à l'urgence de l'Hôpital de l'Enfant-Jésus de Québec pour des traumatismes d'origine récréative ou sportive*. Communication orale, Journée scientifique de l'Unité de recherche en santé publique du Centre de recherche du CHUL, Québec, 11 juin.

Robitaille Yvonne, Gratton J, 2003. *Utilité des données d'hospitalisation pour la prévention des blessures : rôle essentiel des codes E800-E000* Présentation par affiche, Congrès de l'Association Québécoise des archivistes médicales, Laval, 8-9 mai.

Sanfaçon Guy, Lachaine Jean-Pierre, Des Lauriers Camille, 2002. *PRODTOX : A Link between Canadian Poison Control Centers*. Présentation par affiche, 6^e Conférence mondiale sur la prévention et le contrôle des traumatismes, Montréal, 12-15 mai.

Sergerie Diane, 2003. *Outils et méthode d'analyse appliqués aux décès par traumatisme*. Session de formation, Colloque des coroners du Québec, Longueuil, 24 avril.

VIOLENCE

Tremblay P.H., Martin R., 2002. *Violence ! Prévenir de toute urgence*. Présentation par vidéo, 6^e Conférence mondiale sur la prévention et le contrôle des traumatismes, Montréal, 12-15 mai et 52th Annual Meeting, Canadian Psychiatric Association, Banff, Alberta, novembre.

6. Other publications

ABUSE, NEGLIGENCE, VIOLENCE TOWARD THE ELDERLY

Drolet Marie, Gagné Denise, St-Julien Luce, Proulx Pierre et Cengig Agnès, 2003. *Expérience de partenariat dans la région de Québec*. Communication orale, Conférence québécoise sur la violence envers les aînés : agir en collectivité, Montréal, 14-15 avril.

Drolet Marie, Gagné Denise, St-Julien Luce, 2003. Comité régional d'experts sur l'abus, la négligence et la violence envers les aînés, région de Québec : Bilan et perspectives 2003-2005. Direction de santé publique de la Régie régionale de la santé et des services sociaux de Québec, 21 pages.

Gagné Denise, 2003. La mise en place du Comité régional d'experts sur l'abus, la négligence et la violence envers les aînés de la région de Québec : une expérience de partenariat local et régional intersectoriel. *Dialogue (Bulletin du réseau québécois pour contrer les abus envers les aînés)*, Vol 1 no 1, Avril, page 6.

SUICIDE

Chapdelaine Antoine, 2003. *Étude des intoxications au monoxyde de carbone des émissions de véhicules-moteur*. Communication orale, Journée scientifique de l'Unité de recherche en santé publique du Centre de recherche du CHUL, Québec, 11 juin.

Légaré Gilles, Dorval Jean-François, Ross Claude, 2002. *Programme de diminution de l'accès aux armes à feu*. Communication orale, 6^e Conférence mondiale sur la prévention et le contrôle des traumatismes, Montréal, 12-15 mai.

Racine Pierre, Cardinal Lise, Gagnon Claude, 2003. *Évaluation de l'implantation d'un service de suivi communautaire intensif auprès des personnes ayant fait une tentative de suicide et se présentant dans une salle d'urgence*. Direction de santé publique de la Régie régionale de la santé et des services sociaux de Québec, Québec, 71 pages plus annexes.

UNINTENTIONAL INJURIES

Leduc Sylvain, Sergerie Diane, Sanfaçon Guy, Pelletier-Bourgeois Carmelle, 2002. *Avis scientifique concernant l'utilisation de sirop d'ipéca et du charbon activé à domicile*. Institut national de santé publique du Québec, 18 pages.

Légaré Gilles, 2003. Trotinettes et traumatismes, un problème à surveiller. *Bulletin épidémiologique de l'Institut national de santé publique du Québec*, septembre, pages 1-5.

Rainville Monique, 2002. *Portrait des cas de brûlures répertoriés à l'urgence de l'Hôpital de l'Enfant-Jésus de Québec (1991-2000)*. Direction de santé publique de la Régie régionale de la santé et des services sociaux de Québec, Québec, 28 pages.

Régie régionale de la santé et des services sociaux de Montréal-Centre, Direction de santé publique, 2002. *Mémoire sur le Virage à droite au feu rouge*. Déposé à la Commission spéciale du conseil pour l'étude de la pertinence de l'implantation du virage à droite au feu rouge sur le territoire de la Ville de Montréal, 19 novembre.

Robitaille Y., Bourbeau R., Goulet C., Pless, I.B., 2002. *Blessures, exposition au risque et mesures de protection*, p. 411-430, chapitre 18 In : Enquête sociale et de Santé auprès des enfants et des adolescents québécois 1999. Institut de la statistique du Québec, Les Publications du Québec, Québec, 520 pages.

Rossignol M., Moride Y., Perreault S., Boivin J.F., Ste-Marie L.G., Robitaille Y., Poulin de Courval L., Fautrel B., 2002. : Recommendations for the Prevention of Osteoporosis and Fragility Fractures : International Comparison and Synthesis. *Int. J. Tech. Ass. Health Care*, 18(3) :597-610.

Sergerie Diane, 2003. Chapitre *La prévention*, pages 348-381. In : Mieux vivre avec notre enfant de la naissance à deux ans Guide pratique pour les mères et les pères. Institut national de santé publique du Québec, Québec, 432 pages.

Schaefer Carmen, 2003. *Blessures à domicile État de situation en Montérégie et mesures de prévention*. Direction de santé publique de la Régie régionale de la santé et des services sociaux de la Montérégie, Longueuil, 234 pages.

Schaefer Carmen, 2003. *Blessures à domicile État de situation en Montérégie et mesures de prévention Rapport synthèse*. Direction de santé publique de la Régie régionale de la santé et des services sociaux de la Montérégie, Longueuil, 80 pages plus annexes.

VIOLENCE

Bouchard Louise Marie, Côté Liliane, Levaque Renée, Paquet Judith, 2002. *Portrait des plaintes pour des infractions criminelles commises dans un contexte conjugal : de l'ouverture du dossier jusqu'à l'arrêt des procédures*. Présentation par affiche, 6^e Conférence mondiale sur la prévention et le contrôle des traumatismes, Montréal, 12-15 mai.

Fernet M., Hamel C., Rondeau L., Tremblay P.H., 2003. *Amour, Violence et Jeunes : Aperçu de la situation*. Site Internet de la Direction de santé publique de Montréal-Centre. www.santepub-mtl.qc.ca/jeunesse.

7. Doctoral and Master's publications

Hagel Brent, 2003. *Helmet Effectiveness in Skiers and Snowboarders*. Doctorat en épidémiologie et biostatistiques, Université McGill.

Doyon Pierrette, 2002. *Facteurs critiques d'implantation de mesures préventives dans les petites entreprises*. Essai de maîtrise en santé communautaire, Université Laval.

8. Outlook for the coming years

The mandate of the Collaborating Centre with the WHO was renewed until 2006. In conformity with the mission and the objectives of the plan of action presented hereinafter (see section 2) and in keeping with the collaboration activities already undertaken, the Centre will take part, inasmuch as its capacity and expertise allow, in the implementation of different activities of the WHO strategy for the prevention of violence and unintentional injuries.

9. 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 organizations

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

La 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.

L'Institut national de santé publique du Québec

In its statutes, the Institut national de santé publique du Québec (National Public Health Institute of Québec) 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 the whole Quebec population, 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 Québec'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 18 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. identify 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. identify 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).¹⁵

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.

Direction de santé publique du Bas-St-Laurent

The Direction de la santé publique du Bas-Saint-Laurent serves a population of over 203 585 inhabitants living in 117 municipalities. The regional public health team is made up of 42 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. A consulting physician and four health care professionals work in this field of intervention.

Direction de santé publique de la Montérégie

The Direction de santé publique de la Montérégie serves a population of nearly 1.2 million inhabitants living in 195 municipalities south of the island of Montréal. The team includes approximately 160 employees, including three professionals working within an injury prevention program. Since 1985, this group has been responsible for the development, promotion and implementation support for injury prevention intervention program on the road, in the home and in sports and leisure activities for all of the territories of the CLSC.

Direction de santé publique de Montréal-Centre

The Direction de santé publique de Montréal-Centre serves a population of 1.8 million people living on the island of Montréal. This branch has approximately 300 employees. The unintentional injury prevention program includes two professionals while five other professionals contribute to suicide and violence prevention in other teams. They have various training in the humanities and in health. The priorities for the next three years include pedestrian safety, fall prevention among older adults and reducing intentional injury through the promotion of safety and land use development.

15 Gouvernement du Québec, (2001). *Loi sur la santé publique*, L.R.Q., chapitre 60, Québec, 42 pages.

Direction de santé publique de Québec

The Direction de santé publique de Québec serves a population of nearly 650 000 inhabitants living in 46 municipalities. This office has roughly 200 employees that are part of nine 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. Fifteen health care professionals trained in epidemiology or public health, including seven physicians, staff the service.

Appendix 2

Letter of Designation and Terms of Reference

