



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

*Activity Report
July 2003-July 2004*

**Québec City
November 2004**



Québec WHO Collaborating
Centre for Safety Promotion
and Injury Prevention

Québec 





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

Québec 

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- Agences de développement de réseaux locaux de services de santé et de services sociaux du Bas-Saint-Laurent, de la Montérégie, de Montréal et de la Capitale Nationale
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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 the family, local, national or international level;**
- 2) the prevention and control of injuries and other consequences or harm caused by accidents;**
- 3) the respect of the values and the physical, material and psychological integrity of 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: Québec WHO Collaborating Centre for Safety Promotion and Injury Prevention, 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 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. Collaborate with WHO to develop methods and implement **surveillance** systems.
2. Support the **French-language network** regarding safety promotion and injury prevention.
3. Collaborate with WHO in the drafting of documents that foster **safety promotion and violence, suicide and injury prevention** with regard to incentive measures and policies.

Description of the Collaborating Centre (continued)

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-Saint-Laurent

Direction de santé publique de la Montérégie

Direction de santé publique de Montréal

Direction de santé publique de la Capitale Nationale

Steering committee

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1. Introduction

The Québec WHO Collaborating Centre (CC) for Safety Promotion and Injury Prevention, established in 1995, comprises institutions in the Québec public health network, i.e. four regional public health branches (Montréal, Montérégie, Capitale Nationale 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 (see Appendix 1). 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.

In 2002, WHO adopted a safety promotion and injury prevention action plan and renewed the Centre's designation for the period 2002-2006. The plan included the objectives and initiatives to which the Collaborating Centre undertook to contribute. Appendix 2 presents the mandate, the initiatives that the Centre has committed itself to carrying out during this period and the designation letter.

This report reviews the key activities that the Centre carried out between July 2003 and July 2004. The themes covered, the objectives targeted and the activities realized appear in the summary table below. The activities are then briefly described in section 3. Subsequent sections of the report focus on the Centre's future outlook and financial questions.

2. Activities carried out between July 2003 and July 2004

This section examines in a summary table the Centre's objectives and the key activities that it is promoting. The last column of the table indicates the section of the report in which the reader can find information on the project.

| Summary of activities in 2003-2004 | | | |
|------------------------------------|---|---|--|
| <i>Theme</i> | <i>Objectives</i> | <i>Main CC projects carried out or under way</i> | <i>Reference</i> |
| VIOLENCE PREVENTION | <p>Promote more extensive investment in violence prevention</p> <p>Provide practitioners at the national and local levels with tools geared to the prevention of interpersonal violence</p> | <ul style="list-style-type: none"> • Implementation of a prevention and intervention policy pertaining to violence and sexual assault in youth sports and leisure activities • Cooperation project to prevent violence in Algerian schools • Training of interveners working with children who witness conjugal violence • Intervention aimed at children exposed to conjugal violence ("Je m'en sors, c'est mon sort" project) • Evaluation of training in respect of conjugal violence and the exposure of children to conjugal violence • Consolidation in Québec CLSCs of practices concerning conjugal violence • Evaluation in family medicine units of an intervention program concerning conjugal violence | <p>Section 3.1.1</p> <p>Section 3.1.2</p> <p>Section 3.1.3</p> <p><i>id.</i></p> <p><i>id.</i></p> <p>Section 3.1.4</p> <p>Section 3.1.5</p> |
| SUICIDE PREVENTION | Enhance knowledge of suicide prevention | <ul style="list-style-type: none"> • Scientific opinion on suicide prevention among young people | Section 3.2.1 |

| Summary of activities in 2003-2004 | | | |
|---|--|--|---|
| <i>Theme</i> | <i>Objectives</i> | <i>Main CC projects carried out or under way</i> | <i>Reference</i> |
| | Promote more extensive investment in suicide prevention | <ul style="list-style-type: none"> • Epidemiological analysis of the latest data on suicide available in Québec • Evaluation of an intensive community monitoring service for individuals who have attempted suicide • Evaluation of the implementation of three gatekeeper projects in the realm of suicide prevention | <p>Section 3.2.2</p> <p>Section 3.2.3</p> <p>Section 3.2.4</p> |
| <p>INJURY PREVENTION</p> <p><i>Injuries in the home</i></p> <p>a) Burns</p> <p>b) Falls</p> | <p>Promote the adoption of policies and regulations aimed at reducing burns</p> <p>Prevent falls and mitigate their consequences</p> | <ul style="list-style-type: none"> • Advocacy initiatives aimed at reducing burns in the home caused by tap water • Development of a reference guide to effective practices in fall prevention • Integrated program of dynamic balance • Mobilization program for the elderly to reduce falls in the home • Incorporation of the question of falls into the MSSS's public health priorities • Thematic training on fall prevention | <p>Section 3.3.1.1</p> <p>Section 3.3.1.2</p> <p><i>id.</i></p> <p><i>id.</i></p> <p><i>id.</i></p> <p><i>id.</i></p> |

| Summary of activities in 2003-2004 | | | |
|--|---|---|---|
| <i>Theme</i> | <i>Objectives</i> | <i>Main CC projects carried out or under way</i> | <i>Reference</i> |
| <p>c) Injuries among young children</p> <p><i>Injuries stemming from sports and recreational activities</i></p> <p><i>Traffic related injuries</i></p> | <p>Make available to interveners tools to prevent injuries in the home among children in underprivileged environments</p> <p>Promote a reduction of injuries stemming from sports and recreational activities</p> <p>Promote a reduction in traffic related injuries</p> | <ul style="list-style-type: none"> • Dissemination in Belgium and France of a Québec kit focusing on the prevention in the home of injuries among young children • Thematic training on the prevention of injuries stemming from sports and recreational activities • Training on playspace safety • Analysis of the severity of injuries in snow parks and on other slopes in Québec ski resorts • Monitoring project centred on the geographic distribution of collisions causing injury on Montréal Island • Elaboration of an analytical tool devoted to the development of safe cycling infrastructure | <p>Section 3.3.1.3</p> <p>Section 3.3.2.1</p> <p>Section 3.3.2.2</p> <p>Section 3.3.2.3</p> <p>Section 3.3.3.1</p> <p>Section 3.3.3.2</p> |
| Safety promotion | Development of methods and tools to measure safety in a population and to implement and evaluate local safety promotion initiatives | <ul style="list-style-type: none"> • Adaptation of <i>Safety in Life Settings - A Guide for Québec Municipalities</i>¹ for Belgium • Development of training in safety promotion and crime prevention for local communities | <p>Section 3.4.1</p> <p>Section 3.4.2</p> |

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

| Summary of activities in 2003-2004 | | | |
|---|---|--|--|
| <i>Theme</i> | <i>Objectives</i> | <i>Main CC projects carried out or under way</i> | <i>Reference</i> |
| | | <ul style="list-style-type: none"> • Establishment of a Web-based French-language virtual safety promotion and crime prevention resource centre • Development of a survey methodology to document the safety and victimization of individuals • Elaboration of safety diagnostic kit intended for local communities | <p>Section 3.4.3</p> <p>Section 3.4.4</p> <p>Section 3.4.5</p> |
| Support for the International Francophone Network on Safety Promotion and Injury Prevention | <p>Develop and strengthen regional networks and strategies on injury and violence prevention within the International Francophone Network on Safety Promotion and Injury Prevention</p> <p>Consolidate the International Francophone Network</p> | <ul style="list-style-type: none"> • 2nd Wallonia-Brussels/Québec bilateral cooperation initiative • Organizational support for and participation in the advanced safety promotion and injury prevention training session at the Université d'été francophone en santé publique de Besançon • Organizational support for and participation in the 5th International Francophone Seminar for Safety Promotion and Injury Prevention (Beirut, October 2003) | <p>Section 3.5.1</p> <p>Section 3.5.2</p> <p>Section 3.5.3</p> |
| Contribution to other international events | Contribute to safety promotion and injury prevention at the international level | <ul style="list-style-type: none"> • Organizational support for and participation in the 7th World Conference on Injury Prevention and Safety Promotion | Section 3.6.1 |

3. Assessment of projects realized in relation to the results anticipated from the 2002-2006 action plan (July 2003 to July 2004)

This section briefly reviews activities, papers and publications stemming from the action plan.

3.1 Violence prevention

3.1.1 Implementation of a prevention and intervention policy pertaining to violence and sexual assault in youth sports and leisure activities

The Centre is participating 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*². This policy is intended to: (1) promote life settings that are safe and stimulating for young people; (2) broaden the responsibility of adults and agencies with regard to the protection of minors; (3) structure relations between adults and children; (4) reduce the risk of violence and sexual assault; and (5) support interveners and adults in a position of authority to enable them to respond properly to violence and sexual assault. The policy's implementation targets municipalities, associations and educational organizations.

Moreover, an assessment of the policy's implementation is under way in the Montérégie region of Québec. The evaluative research is intended to: (1) enhance the policy's implementation; (2) bolster interveners' ability to administer the policy; and (3) bolster organizations' ability to administer the policy. The research report will be published in 2005.

Project leader: Ruth Pilote

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Presentation

D. Brown and R. Pilote (2003). *Le guide d'implantation de la politique québécoise de prévention et d'intervention en matière de violence et d'agression sexuelle*. Oral presentation at the 7th Journées annuelles de santé publique, Montréal, December 1-4.

3.1.2 Cooperation project to prevent violence in Algerian schools

² Direction de santé publique, de la planification et de l'évaluation, Régie régionale de la santé et des services sociaux de la Montérégie, 2000. *Guide d'implantation de la Politique de prévention et d'intervention en matière de violence et d'agression sexuelle*, 102 pages (<http://www.loisirquebec.com/centredocumentation>).

Drawing inspiration from the Montréal model that promotes violence prevention through videos, educational guides and promotional campaigns, the members of the Association pour la Prévention de la Violence (APV) in Algeria relied on the expertise of the Direction de santé publique de Montréal (DSP) to extend learning on non-violence to all Algerian elementary and secondary schools. The first stage of the "Agir à l'école pour prévenir la violence en Algérie" project began in July 2002 and focused on the project design; the establishment of a partnership between the APV, the DSP de Montréal and the Centre de communication en santé mentale (CECOM) de l'Hôpital Rivière-des-Prairies; the examination by the Algerian partners of three promising programs ("Contes sur moi," "Comment développer l'estime de soi" and "Le Sac à dos"), their translation into Arabic, adaptation to the Algerian context and the elaboration of a program intended for the schools. This program was implemented in September 2004 in conjunction with a pilot project involving two elementary schools and one secondary school in Algiers. The evaluation of the project is under way. An educational video will be produced in 2005 and is to be followed by a promotional campaign.

Project leader: Dr. Pierre H. Tremblay

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3.1.3 Children who witness conjugal violence

Starting in 1995, the *Politique québécoise d'intervention en matière de violence conjugale*³ recognized the urgency of broadening knowledge and developing measures aimed at children exposed to conjugal violence. In the wake of this report and in order to deal with the detrimental effects of this problem among children up to the age of 12, the Centre is collaborating on three projects in cooperation with partners in the health care and education networks and community agencies in the Québec City and Montérégie regions.

³ Ministère de la Santé et des Services sociaux du Québec (1995). *Politique québécoise d'intervention en matière de violence conjugale*, "Prévenir, dépister, contrer la violence conjugale," 71 pages.

PROJECT 1: TRAINING FOR INTERVENERS WORKING WITH CHILDREN WHO WITNESS
CONJUGAL VIOLENCE

Phase 1 of the project entitled *Les enfants de 0-12 ans exposés à la violence conjugale: projet d'intervention concertée et intersectorielle dans la région de Québec* has been completed.⁴ It has made it possible to (1) broaden knowledge of the problems experienced by children exposed to conjugal violence, especially the attendant protection factors;⁵ (2) shed light on the most promising measures to satisfy the needs of children exposed to conjugal violence;⁶ (3) develop and offer awareness and training activities aimed at interveners to enable them to become multiplying agents in their respective milieus; and (4) implement an intersectoral cooperation process in 11 environments targeted for intervention in the Québec City region.

Project leader: Dr. France Paradis

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Publications

L. Arseneau, M. Bouchard, C. Lampron, G. Lessard, F. Paradis and I. Côté (2003). *Les enfants (0-12 ans) exposés à la violence conjugale: Projet d'intervention concertée et intersectorielle dans la région de Québec Cahier du participant de la journée de sensibilisation*. Québec: Direction de santé publique de la Régie régionale de la santé et des services sociaux de Québec, 105 pages.

G. Lessard and F. Paradis (2003). *Recension des écrits sur la problématique des enfants exposés à la violence conjugale et les facteurs de protection*. Québec: Institut national de santé publique du Québec, 39 pages (<http://www.inspq.qc.ca>).

⁴ C. Lampron, F. Paradis, L. Arseneau, M. Bouchard and G. Lessard (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*. Québec: Direction de santé publique, Régie régionale de la santé et des services sociaux de Québec, 80 pages.

⁵ G. Lessard and F. Paradis (2003). *Recension des écrits sur la problématique des enfants exposés à la violence conjugale et les facteurs de protection*. Québec: Institut national de santé publique du Québec, 39 pages (<http://www.inspq.qc.ca>).

⁶ G. Lessard, C. Lampron and F. Paradis (2003). *Les stratégies d'intervention à privilégier auprès d'enfants exposés à la violence conjugale: recension des écrits*. Québec: Institut national de santé publique du Québec, 55 pages (<http://www.inspq.qc.ca>).

PROJECT 2: INTERVENTION AIMED AT CHILDREN EXPOSED TO CONJUGAL VIOLENCE (“JE M’EN SORS, C’EST MON SORT”)

This project is intended to foster the psychosocial adaptation of children exposed to conjugal violence through 20 separate and joint group meetings with children and their mothers. The Direction de santé publique de la Montérégie, in collaboration with reception centres, evaluated the project by means of a quasi-experimental research protocol with a non-equivalent control group. Some of the project’s impact on children and mothers was compared with the group of children and mothers that did not benefit from the same measures. A publication was produced on the evaluation.

Project leader: Dr. Catherine Risi

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Publication

I. Émond, C. Risi and F. Pilote (2004). *Évaluation du programme de prévention J’m’en sors, c’est mon sort! pour les enfants exposés à la violence conjugale*. Direction de santé publique, Agence de développement de réseaux locaux de services de santé et de services sociaux de la Montérégie, 94 pages.

http://www.rrsss16.gouv.qc.ca/Menu_Gauche/4-Publications/3-Monographies_Orientations_Rapports/nouveautes_publication.htm

PROJECT 3: EVALUATION OF TRAINING IN RESPECT OF CONJUGAL VIOLENCE AND THE EXPOSURE OF CHILDREN TO CONJUGAL VIOLENCE

More than 500 interveners from local community service centres (CLSCs) and community agencies participating in a home visit and support program for young parents during the perinatal period similar to *Naître égaux – Grandir en santé* took part in a two-day training session devoted to conjugal violence and the exposure of children to conjugal violence. The evaluation of the training focused on post-test impact with an experimental group and a control group. The objective was to measure the level of satisfaction and the training’s usefulness from the standpoint of the development of a feeling of competence to detect conjugal violence and intervene minimally through professional practice. The results of the evaluation were disseminated in the fall of 2004.

Project leader: Johanne Groulx

Collaborator: Ruth Pilote

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3.1.4 Consolidation in Québec CLSCs of practices concerning conjugal violence

This three-year project initiated by the Institut national de santé publique du Québec is intended to enable CLSC staff to identify women who are the victims of conjugal violence and to support such staff when they intervene. To this end, best practices, conditions for success and promising courses of action and strategies will be pinpointed once interveners' needs, current practices and the tools available have been inventoried and analysed. The inventorying of interveners' needs and current practices is under way. The data collection questionnaire elaborated for this purpose was distributed in all Québec CLSCs and in other Québec agencies interested in conjugal violence.

Project leader: Dr. France Paradis

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3.1.5 Evaluation in family medicine units of an intervention program concerning conjugal violence

Implemented between 1999 and 2002, the *Programme d'intervention en matière de violence conjugale dans les unités de médecine familiale* focused on the integration of an intervention framework respecting conjugal violence into the standard practice of nearly 200 physicians in eastern Québec. Members of the Collaborating Centre evaluated the implementation process and the program's impact. Training content geared to the physicians' needs was elaborated in light of the implementation evaluation's findings. The observations revealed significant differences between trained and untrained physicians, especially from the viewpoint of their knowledge of the problem and their desire and ability to seek out cases of conjugal violence and to deal with the victims.

Project leaders: Dr. France Paradis and Renée Levaque

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Presentation

R. Levaque, F. Paradis, P. Maurice and J. Théorêt (2004). *Assessment of a Domestic Violence (DV) Intervention Program for Quebec Family Physicians*. Poster session, 7th World Conference on Injury Prevention and Safety Promotion, Vienna, June 6-9.

Publications

F. Paradis, R. Levaque, J. Théorêt and L. Langlois (2004). *Intervention auprès des victimes de violence conjugale. Trousse de formation à l'intention des médecins en médecine familiale*, 2nd edition. Beauport: Direction régionale de santé publique, Agence de développement de réseaux locaux de services de santé et de services sociaux de la Capitale nationale, 123 pages.

R. Levaque, F. Paradis and P. Maurice (2003). *Programme d'intervention en matière de violence conjugale dans les unités de médecine familiale Rapport d'évaluation*. Beauport: Direction de santé publique, Régie régionale de la santé et des services sociaux de Québec.

3.2 Suicide prevention

3.2.1 Scientific opinion on suicide prevention among young people

At the request of the Table de coordination nationale en santé publique, the Institut national de santé publique du Québec drafted a scientific opinion on suicide prevention among young people. The agency had a mandate to review knowledge in this field and formulate recommendations on the preventive strategies to be emphasized. The studies analysed focused on 11 preventive strategies. A limited number of studies based on ecological specifications suggest that five of the 11 preventive strategies may affect suicide rates but that no study proves the efficacy of any strategy from the standpoint of the key suicide risk factors, i.e. attempted suicide, mental disorders and family factors. Moreover, worrisome findings were reported with regard to certain strategies. The opinion includes 11 recommendations.

Project leader: Marie Julien

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Publication

M. Julien and J. Laverdure (2004). *Avis scientifique sur la prévention du suicide chez les jeunes*. Montréal: Unité Développement et adaptation des personnes, direction Développement des individus et des communautés, Institut national de santé publique du Québec, 50 pages (<http://www.inspq.qc.ca>).

3.2.2 Epidemiological analysis of the latest data on suicide available in Québec

This study produced by the INSPQ presents a cursory epidemiological analysis of suicide based on the most recent data available. To provide a complete picture of the situation in Québec, the study analysed changes in suicide rates over time according to age, sex and region of residence. The comparison with the rest of Canada and the leading industrialized nations sheds additional light on the true scope of the phenomenon in Québec.

Leader project: Danielle St- Laurent

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Publication

D. St-Laurent and C. Bouchard (2004). *L'épidémiologie du suicide au Québec : que savons-nous de la situation récente ?* Québec : Institut national de santé publique du Québec, 23 pages (<http://www.inspq.qc.ca>).

3.2.3 Evaluation of an intensive community monitoring service for individuals who have attempted suicide of an

In 1998, the *Stratégie québécoise d'action face au suicide : S'entraider pour la vie*⁷ designated individuals who have already attempted suicide as a priority group in respect of which special measures should be implemented given the documented risks of recurrences. A project devoted to intensive community

⁷ Ministère de la Santé et des Services sociaux du Québec (1998). *Stratégie québécoise d'action face au suicide : S'entraider pour la vie*, 94 pages.

monitoring was tested aimed at individuals who visited a hospital emergency department following a second or subsequent suicide attempt. The evaluation was conducted by a member of the Collaborating Centre. The report notes that the users, interveners and managers of the agencies interviewed regarded the service as being useful. Above all, users appreciated the response to their need for moral support while the interveners noted the measure's accessibility, the promptness of follow-up and the implementation of a tighter safety net around the person in difficulty. The recommendations formulated can be useful to launch this service in other territories.

Project leader: Dr. Lise Cardinal

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Publication

P. Racine, L. Cardinal, C. Gagnon *et al.* (2003). *Expérimentation d'un service de suivi communautaire intensif auprès des personnes ayant fait une tentative de suicide et se présentant à la salle d'urgence Évaluation de l'implantation*. Québec : Direction de santé publique, Régie régionale de la santé et des services sociaux de Québec, 71 pages plus appendices.

<http://www.rrsss03.gouv.qc.ca/D-Publications-DSPQ09.html>

3.2.4 Evaluation of the implementation of three gatekeeper projects in the realm of suicide prevention

The premise underlying the "gatekeeper" strategy in suicide prevention is that (1) suicidal individuals are under-identified and that (2) the probability of their being identified and helped increases with the number of people trained to recognize precursor signs of suicidal behaviour and to react appropriately to the situation. The evaluation of the implementation of three "gatekeeper" pilot projects in the Québec City region was intended to highlight decisive factors with regard to the elaboration, implementation and maintenance of a suicide prevention gatekeeper project in different intervention milieus.

Data were collected between April 2001 and June 2002 and a multiple case study evaluation was adopted. The research sought to highlight the factors that hamper or facilitate the implementation and maintenance of projects during the observation period. The following factors had a decisive influence: the definition of the role of the gatekeeper; the gatekeeper's training and support needs; the characteristics of the community and the milieus in which the project is implemented and those of the agency carrying out the project;

choices made with respect to the project's coordination; the cooperation mechanisms adopted; and other factors pertaining to the individuals who act as gatekeepers.

Moreover, the measure appears to offer worthwhile preventive potential although its impact on the incidence of suicidal behaviour has not been established. This potential is based on the perceived usefulness of increasing the number of individuals able to recognize a situation in which the life of family member or friend, colleague or fellow citizen is threatened and to provide the appropriate assistance. The measure is all the more relevant when complementary initiatives such as the implementation of crisis services and the training of primary care interveners bolster the safety net for suicidal individuals. The recommendations formulated in the report could serve as a guide for future projects.

Project leader: Dr. Lise Cardinal

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Publication

L. Cardinal and M. Rainville (2004). *Évaluation de l'implantation de trois projets de Sentinelles en prévention du suicide dans la région de la Capitale nationale*. Québec: Direction régionale de santé publique de la Capitale nationale, 37 pages plus appendices.

3.3 Injury prevention

3.3.1 Injuries in the home

3.3.1.1 Burns

Initiatives aimed at reducing burns in the home caused by tap water

In June 2003, the Institut national de santé publique produced a public health opinion on the prevention of burns and legionellosis caused by tap water in the home. The key question examined in the opinion was the ideal water temperature at which burns and legionellosis can be avoided. Aside from a review of the scientific literature covering the two problems, the opinion compares risks and formulates recommendations aimed at the authorities responsible in order to prevent burns and the transmission of legionellosis.

The opinion was drafted in conjunction with a public consultation that coincided with the revision by the Canadian Commission on Building and Fire Codes of building and plumbing codes. In 2004, the authors submitted to the Commission and the Canadian Standards Association the recommendations adopted and presented the public health sector's perspective with a view to finding an applicable, acceptable and durable solution to the two problems. A scientific article was also published. The opinion can be consulted on line at

<http://www.inspq.qc.ca/publications>.

Project leader: Dr. Michel Lavoie

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Publications

B. Lévesque, M. Lavoie and J. Joly (2004). "Residential water heater temperature: 49 or 60 degrees Celsius?" in *Canadian Journal of Infectious Disease*, Vol. 15(1):11-12.

M. Lavoie, B. Lévesque and D. Sergerie (2003). "Prévention des cas de brûlures et de légionelloses liés à l'eau chaude du robinet" in *Bulletin d'information en santé environnementale*, Vol. 14(5):1-8.

3.3.1.2 Falls

Development of a reference guide to effective practices in fall prevention

The Québec WHO Collaborating Centre is contributing to the elaboration of reference guide devoted to good practices respecting the prevention of falls in the home, in partnership with the Institut National de Prévention et d'Éducation pour la Santé and the Caisse nationale d'assurance maladie des travailleurs salariés in France and Éduca-Santé in Belgium. This project is intended to establish recommendations on good practices pertaining to fall prevention programs for the elderly bearing in mind the findings of scientific research in this field in order to maintain or enhance the functional autonomy of people 60 years of age or over. It is aimed at the managers of public health programs and interveners who work with the elderly in community and medical settings and will serve as a reference for multifactorial measures designed to deal with the problem.

Following the final consultation, the guide was slated for publication in December 2004. Training is planned subsequently for users.

Project leader: Marc St-Laurent

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Integrated program of dynamic balance (PIED, 2002 edition)

This quasi-experimental research is intended to document the impact of a prevention program aimed at improving elderly people's balance. The program's main section consists in two weekly meetings devoted to physical exercise in small groups led by a professional for 11 weeks, along with individual training in the home. The research proposes to ascertain the efficacy of such intervention when it is offered by community agencies. The challenge from the standpoint of intervention centres on the ability to combine the intensity and specific nature of the exercises with a group activity that is compatible with the community-based approach. An analysis of the findings is under way. The preliminary findings indicate an improvement in static balance and mobility attributable to the program in the experimental group at the conclusion of the three-month program. The findings concerning the program's medium-term impact (12 months) will be available in 2005.

Project leader: Dr. Yvonne Robitaille

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Presentations

Y. Robitaille, S. Laforest, M. Fournier, L. Gauvin, M. Parisien, H. Corriveau and F. Trickey (2004). *Improving Balance Among Older Adults In A Community Context: Moving Towards Successful Fall Prevention*. Poster session, 7th World Conference on Injury Prevention and Safety Promotion, Vienna, June 6-9.

Y. Robitaille and J. Gratton (2003). *Épidémiologie des chutes chez les aînés au Québec*. Oral presentation, 7th Journées annuelles de santé publique, Montréal, December 1.

Y. Robitaille, S. Laforest, M. Fournier, L. Gauvin, F. Trickey and M. Parisien (2003). *Towards successful falls prevention: Effectiveness of a group-based exercise intervention delivered by community organizations*. Oral presentation, American Public Health Association, San Francisco, November 15-19.

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

This program is intended for elderly people 65 years of age or over still living in their own homes who have fallen during the previous year or are experiencing

problems with walking or maintaining their balance. It is intended to: (1) pinpoint risk factors with respect to falls and (2) provide an individual, multifactorial and multidisciplinary response with a view to minimizing or eliminating the impact of the risk factors present. The risk factors covered are visual, balance, walking and cognitive disorders, orthostatic hypotension, inappropriate use of medication, malnutrition and risks of fractures stemming osteoporosis and environmental risks. The pilot phase of the project has been implemented in two CLSC territories in the Québec City region. The conditions governing implementation were defined and the intervention and training tools elaborated for the interveners concerned will be used when the program is extended to the region in 2005. Tools and measures aimed specifically at general practitioners were developed to enhance preventive clinical practices geared to the problem.

Project leader: Dr. Denise Gagné

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Presentation

C. Gagnon, D. Gagné and A. Tourigny (2004). *A health education project for physicians in a fall prevention program for elderly people living at home*. Poster session, 7th World Conference on Injury Prevention and Safety Promotion, Vienna, June 6-9.

Publication

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

Incorporation of the question of falls into the MSSS's public health priorities

In 2003, the MSSS decided to revise its guidelines respecting falls among the elderly. The department set up a task force to produce a policy paper in this respect. Several members of the Collaborating Centre participated actively in the elaboration of the paper, which showed that falls among the elderly are an important public health problem that could be mitigated through measures whose efficacy is acknowledged. The policy paper proposes the establishment in each region of Québec of a continuum of services aimed at preventing falls.

Based on the recommendations put forward in the paper, the MSSS decided to earmark \$4 million a year for fall prevention. This recurring amount will be apportioned fairly among Québec's regions to initiate the implementation of a fall prevention service. In the coming months, training and intervention tools will be developed for the professionals and interveners concerned.

Project leader: Isabelle Garon

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Publication

Gouvernement du Québec (2004). *La prévention des chutes dans un continuum de services pour les aînés vivant à domicile. Cadre de référence*. Direction générale de la santé publique, ministère de la Santé et des Services sociaux du Québec, 105 pages.

Thematic training on fall prevention

In December 2003, the Collaborating Centre organized, in conjunction with the 8th Journées annuelles de santé publique held in Montréal, a one-day thematic training session devoted to fall prevention among elderly people living at home. The speakers focused on the epidemiology of falls among the elderly, the Haddon approach applied to falls, risk factors and measures whose efficacy is acknowledged, the components and conditions of the implementation of a continuum of fall prevention services for the elderly, the multifactorial, multidisciplinary clinical and medical approach, and the population-based approach centred on dynamic balance. The texts of the talks are available on the INSPQ Web site at: <http://www.inspq.qc.ca/jasp/archives/2003.asp?A=9>.

Project leader: Dr. Denise Gagné

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3.3.1.3 Injuries among young children

Dissemination in Belgium and France of a Québec kit focusing on the prevention in the home of injuries among young children

The Direction régionale de santé publique du Bas-Saint-Laurent designed the kit focusing on the prevention in the home of injuries among young children. The kit contains safety devices and information leaflets on the prevention of accidents likely to affect children up to 4 years of age and is given to parents by nurses visiting low-income households. To date, the evaluations reveal that the

kit can be regarded as an effective prevention tool. The project earned recognition in the health care network for its contribution to health prevention and its innovative features.

It was necessary to adapt the kit for dissemination in France and Belgium. Initial implementation initiatives have proven promising and broader dissemination of the kit and project evaluation are continuing.

Project leader: Dr. Sylvain Leduc

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Publication

M.S. Sznajder, S. Leduc, M.-P. Janvrin, M.-H. Bonnin, P. Aegerter, F. Baudier and B. Chevallier (2003). "Home delivery of an injury prevention kit for children in four French cities: a controlled randomized trial" in *Injury Prevention*, 9:261-265.

3.3.2 Injuries stemming from sports and recreational activities

3.3.2.1 Thematic training on the prevention of injuries stemming from sports and recreational activities

In keeping with the one-day thematic session on fall prevention among the elderly living in their own homes that the Collaborating Centre organized in conjunction with the 8th Journées annuelles de santé publique (see section 3.3.1.2), a one-day thematic training session devoted to injuries stemming from sports and recreational activities was organized. Eight speakers gave talks focusing on the general epidemiology of sports injuries, injuries in sports that involve gliding or sliding (epidemiology, regulation and use of helmets), the protective efficacy of helmets in sports activities (cycling, skiing, snowboarding), skateboarding injuries, the safety of cycling paths and the implementation of the Québec policy governing violence and sexual assault in conjunction with sports activities. The texts of the talks are available on the INSPO Web site at: <http://www.inspq.qc.ca/jasp/archives/2003.asp?A=9>.

Project leader: Diane Sergerie

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3.3.2.2 Training on playspace safety

Over the past year, the ministère de l'Emploi, de la Solidarité sociale et de la Famille du Québec has made compulsory *A Guideline on Children's Playspaces and Equipment — a National Standard of Canada* in respect of all Québec day care services. The Institut national de santé publique du Québec was asked to publicize the standard among the agencies and associations concerned. Theoretical and practical training on safety in public playspaces elaborated by the Direction de santé publique de la Montérégie was used for this purpose. The training includes a visual electronic presentation, a video devoted to various inspection methods and an on-site demonstration of the application of the inspection methods. Each participant receives a booklet containing all of the diagrams, photographs and slides presented. The training session has already been presented 10 times to the directors of public, municipal, school and day care playspaces and to professionals who are responsible for ensuring compliance by day care service facilities.

Project leader: David Fortier

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Presentation

D. Fortier (2003). *Choix et stratégies pour aborder la sécurité dans les aménagements cyclables d'un point de vue de santé publique*. Oral presentation, 7th Journées annuelles de santé publique, Montréal, December 1-4.

3.3.2.3 Analysis of the severity of injuries in snow parks and on other slopes in Québec ski resorts

Downhill skiing and snowboarding are very popular winter sports in Québec, where it is estimated that nearly 550 000 participants make between 6 million and 7 million visits a year to 87 ski resorts. The absence of regulations governing snow parks in Québec is often singled out with respect to the upsurge of severe injuries sustained in such parks. A comparative study was conducted to examine the severity of injuries sustained by skiers and snowboarders in snow parks and on other slopes. The study focused on injury rates among skiers and snowboarders. More specifically, the severity of injuries was analysed in snow parks and on other slopes.

Project leader: Denis Hamel

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Presentation

C. Goulet, B. Hagel, D. Hamel and D. Légaré (2004). *Severity of ski patrol reported injuries sustained by skiers and snowboarders in snow. Parks compared with other slopes*. Poster session, 7th World Conference on Injury Prevention and Safety Promotion, Vienna, June 6-9.

3.3.3 Traffic related injuries

3.3.3.1 Monitoring project centred on the geographic distribution of collisions causing injury on Montréal Island

This project focuses on the geographic distribution of road users injured on Montréal Island by exploring a new source of information by means of geographic information systems (GIS). It covers all users injured in road accidents on Montréal Island who required ambulance service (1999-2003). Urgences-santé's information systems made it possible to identify the category of road user, describe the severity of the injuries and pinpoint the site of intervention. Following validation, 37 843 injured parties, including 5 032 pedestrians, were selected for analysis. The findings reveal that the collision sites are highly dispersed. In some central boroughs, at least one pedestrian has been injured at between 20% and 25% of intersections. The geographic dispersal of collisions involving a pedestrian highlights widespread insecurity among pedestrians on Montréal Island. A map of collision sites will be published for each of Montréal's 27 boroughs.

Project leader: Dr. Patrick Morency

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Presentation

P. Morency and M.-S. Cloutier (2004). *Insécurité routière : La géomatique au secours de la santé publique*. Poster session, 8th Journées annuelles de santé publique, Montréal, November.

3.3.3.2 Elaboration of an analytical tool devoted to the development of safe cycling infrastructure

An analysis of problems pertaining to injuries sustained by cyclists and the search for safe practices in respect of cycling as a recreational activity or a means of transportation encouraged the Québec public health network to pinpoint the development of safe cycling infrastructure as a priority target for intervention. *La sécurité des aménagements cyclables : un point de vue de santé publique* indicates the key safety parameters for cycling paths, especially

with regard to the layout of intersections. It also suggests guidelines governing the safety of cycling paths and proposes a decision-support tool that incorporates these guidelines. The tool elaborated comprises an analytical approach based on intersectoral cooperation. It is aimed at interested partner agencies in the government, municipal, corporate and private sectors and is intended to pinpoint solutions to the problems stemming from the sharing of roads by cyclists, motorists, pedestrians and the drivers of other non-motorized vehicles. The safety of families must be included among the criteria given priority when cycling infrastructure is planned. The analytical tool will be published in the coming year.

Project leader: David Fortier

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Presentation

D. Fortier (2003). *Choix et stratégies pour aborder la sécurité dans les aménagements cyclables d'un point de vue de santé publique*. Oral presentation, 7th Journées annuelles de santé publique, Montréal, December 1-4.

3.4 Development of methods and tools to measure safety in a population and to implement and evaluate local safety promotion initiatives

3.4.1 Adaptation of *Safety in Life Settings - A Guide for Québec Municipalities*⁸ for Belgium

Adaptation for use in Belgium of *Safety in Life Settings – A Guide for Québec Municipalities* began in 2003 in conjunction with the 1st Wallonia-Brussels/Québec bilateral cooperation initiative. The version of the document adapted by the Belgians is circulating for comment among associations. Collaboration continued in the fall of 2004 through a telephone conference call that assembled representatives on both sides of the Atlantic interested in the question of promoting community safety. The initiative is intended to create new links between the Belgian and Québec partners.

⁸ *Id.*, see note 1.

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3.4.2 Development of training in safety promotion and crime prevention for local communities

Training in safety promotion and crime prevention for local communities stems from the interest aroused by *Safety in Life Settings – A Guide for Québec Municipalities*, now in its second edition. The guide proposes five modules, devoted to (1) basic factors and notions in the realm of safety and crime; (2) an introduction to teamwork; (3) the establishment of measures from the safety diagnosis to the action plan; (4) the attainment of a consensus; and (5) the evaluation of intervention. The modules are now undergoing final revision. The training was to be officially launched in November 2004 in conjunction with National Crime Prevention Week. In the course of the past year, several organizations have used the initial version of the modules to assess safety in their territories. The training modules will be made available in the **Centre québécois de ressources en promotion de la sécurité et en prévention de la criminalité** (see the following section).

Project leader: Renée Levaque

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3.4.3 Establishment of a Web-based French-language virtual safety promotion and crime prevention resource centre

The Centre québécois de ressources en promotion de la sécurité et en prévention de la criminalité (CRPSPC) was established to support local communities that are seeking to promote safety and prevent crime in their territories. The project stems from the publication of the guide mentioned earlier and the *Politique ministérielle en prévention de la criminalité*.⁹ The site will ultimately offer visitors an array of published and unpublished documents chosen for their potential to support the measures adopted. It will assemble information on the safety enhancement process and tools to improve safety from the standpoint of problems such as violence, non-violent crime, road safety, land use planning, municipal recreational activities and a feeling of security. The site was to be officially launched in November 2004 (<http://www.crpsspq.qc.ca>).

⁹ Ministère de la Sécurité publique du Québec (2001). *Politique ministérielle en prévention de la criminalité. Pour des milieux de vie plus sécuritaire*, 36 pages
(<http://www.msp.gouv.qc.ca/prevention/prevention.asp?ndn=00&txtSection=prevent>).

Project leader: Louise Marie Bouchard

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Presentations

L. M. Bouchard, P. Maurice, J. Flores *et al.* (2004). *Centre québécois de ressources en promotion de la sécurité et en prévention de la criminalité (CRPSPC)*. Poster session, 13th International Conference on Safe Communities, Prague, Czech Republic, June.

L. M. Bouchard and P. Maurice (2003). *Centre québécois de ressources en promotion de la sécurité et en prévention de la criminalité (CRPSPC)*. Poster session, 5^e Séminaire international francophone de prévention des accidents et des traumatismes et de promotion de la sécurité, Beirut, October 16-18.

3.4.4 Development of a survey methodology to document the safety and victimization of individuals

In 2002-2003, the Institut national de santé publique du Québec (INSPQ) and the ministère de la Sécurité publique du Québec jointly elaborated in collaboration with the Réseau québécois des Villes et Villages en Santé a survey questionnaire on the safety and victimization of individuals. The INSPQ subsequently received a grant from the National Crime Prevention Strategy (NCPS) to enable it to validate and test the questionnaire. The project comprises four sections spread over three years. The testing of the questionnaire's consistency has been completed. The relevance of the results obtained with this tool is being evaluated. The questionnaire will then be adapted for use at the province-wide, regional and local levels. The fourth section will be devoted to the elaboration of guides and aids designed to enable future users to achieve the greatest possible autonomy.

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3.4.5 Elaboration of a safety diagnostic kit intended for local communities

The elaboration of a safety diagnostic kit intended for local communities stems from the *Politique ministérielle en prévention de la criminalité*,¹⁰ under which the ministère de la Sécurité publique du Québec assigned to regional county municipalities (RCMs) and big municipalities responsibility for the elaboration and implementation of a local crime prevention strategy. The development of the diagnostic kit will aid and support local communities in their efforts by facilitating the identification and analysis of safety problems in the community.

¹⁰ *Id.* (see previous note).

All of the tools elaborated will be validated by users in the field at one of seven pilot sites selected to initiate and implement a local safety promotion and crime prevention strategy. The project will be completed in 2006.

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3.5 Support for the International Francophone Network on Safety Promotion and Injury Prevention

3.5.1 2nd Wallonia-Brussels/Québec bilateral cooperation initiative

The 1st Wallonia-Brussels/Québec bilateral cooperation initiative was held in Québec City in July 2003. Aside from work sessions devoted to safety promotion involving members from the Collaborating Centre, the Belgians met with representatives of Québec City and Montréal, interveners from community agencies, representatives from the ministère de la Sécurité publique, and individual Quebecers. In June 2004, in conjunction with activities held during the 2nd Wallonia-Brussels/Québec bilateral cooperation initiative, Québec representatives visited Belgium, where they met with representatives of associations and medical publishing houses. A presentation on safety promotion concepts and approaches was made to community representatives during the Réseau's "Vers des politiques communales de santé" plenary session in Namur.

The Québec representatives also participated in the deliberations of the Council of Europe in conjunction with the Séminaire sur le soutien des structures nationales aux initiatives locales de prévention de la violence. They acted as trainers at a seminar focusing on safety promotion strategies in a municipality intended for members of local conference pilot committees, local health promotion centres and the network of community representatives. At that time, part of the training program aimed at communities was presented. The representatives were invited to attend the monthly meeting of the Forum Sécurité du Projet Ville Charleroi 2020.

Project leader: Renée Levaque

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Presentation

P. Maurice (2004). *Sécurité dans les milieux de vie : Se donner les moyens*, oral presentation at the "Vers des politiques communales de santé" seminar held in Namur in June.

3.5.2 Organizational support for and participation in the advanced safety promotion and injury prevention training session at the Université d'été francophone en santé publique de Besançon

Advanced training devoted to safety promotion and the prevention of intentional and unintentional injuries took place at the Université d'été de Besançon in France in the summer of 2004. At the request of the organizing committee, members of the Collaborating Centre participated in the Université d'été's scientific committee and in the elaboration of the contents of training in the module dealing with safety promotion and the prevention of intentional and unintentional injuries. Moreover, three members acted as trainers in respect of this module. One of them also presented an overview of health promotion in Québec at the opening session of the event.

The participants were first invited to a general presentation focusing on basic concepts, i.e. the reference model used,¹¹ determining and risk factors, strategies available, documentation of problems, use of information and the adoption of the evaluation approach. They then had to choose two of three thematic workshops devoted to safety in the home, suicide prevention and the prevention of violence. Participants greatly appreciated the activity, which consolidated the Réseau international francophone pour la promotion de la sécurité et la prévention des traumatismes. The detailed program of the training session is available on the Web at:

<http://www.urcam.org/univete/pspt.pdf>.

Project leader: Dr. Pierre Maurice

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¹¹ P. Maurice, M. Lavoie, A. Chapdelaine, H. Bélanger-Bonneau, L. Svanström, L. Laflamme, R. Andersson and C. Romer (1998). *Sécurité et Promotion de la Sécurité: aspects conceptuels et opérationnels*, Québec, 22 pages plus appendices.

3.5.3 Organizational support for and participation in the 5th International Francophone Seminar for Safety Promotion and Injury Prevention

The Collaborating Centre participated actively in the organization of the **5th International Francophone Seminar for Safety Promotion and Injury Prevention** held in Beirut in October 2003. Under the theme "Citoyenneté et prévention des traumatismes : du citoyen au citoyen," the event afforded an opportunity to emphasize that it is necessary and useful to involve individuals in the conception, evaluation and implementation of preventive measures. The Collaborating Centre was responsible for the organization of the workshop on suicide prevention and it also participated in the scientific committee's deliberations. Two people from the Collaborating Centre attended the event. The Collaborating Centre's participation in this activity organized by the **International Francophone Network on Safety Promotion and Injury Prevention** rounds out the technical cooperation initiatives mentioned earlier and reflects the importance accorded over the past 10 years to the consolidation of links between professionals in the French-speaking countries involved in safety promotion and injury prevention.

Project leader: Danielle St-Laurent

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Presentation

P. Maurice (2003). "Soutien aux collectivités locales pour l'amélioration de la sécurité."
Oral presentation, 5th International Francophone Seminar for Safety Promotion and
Injury Prevention, Beirut, October 16-18.

3.6 Contribution to other international events

3.6.1 Organizational support for and participation in the 7th World Conference on Injury Prevention and Safety Promotion

The 7th World Conference on Injury Prevention and Safety Promotion was held in Vienna in June 2004 and was a resounding success. The Collaborating Centre was extensively involved in organizing the event, through the international organizing committee, the scientific committee and the awards committee. Moreover, it collaborated in the drafting and presentation of seven papers and poster sessions. It is noteworthy that four of the oral presentations and poster

sessions were selected as finalists for the best oral presentation and best poster session awards and one of them won the best oral presentation award (the papers are listed below).

Project leader: Dr. Pierre Maurice

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Presentations

S.A. Girard, M. Picard, M. Simard, R. Larocque, F. Turcotte, A. Simpson and S. Roy (2004). *Work-related accidents associated with noise induced hearing loss and noisy workplace*. Oral presentation, 7th World Conference on Injury Prevention and Safety Promotion, Vienna, June 6-9 (finalist for the best oral presentation award).

C. Goulet, B. Hagel, D. Hamel and D. Légaré (2004). *Severity of ski patrol reported injuries sustained by skiers and snowboarders in snow*. Poster session, 7th World Conference on Injury Prevention and Safety Promotion, Vienna, June 6-9 (finalist for the best poster award).

B. Hagel, C. Goulet, R. Platt, I.B. Pless and Y. Robitaille (2004). *Helmet effectiveness in skiers and snowboarders*. Oral presentation, 7th World Conference on Injury Prevention and Safety Promotion, Vienna, June 6-9 (winner of the best oral presentation award).

B. Hagel, C. Goulet, R. Platt, I.B. Pless and Y. Robitaille (2004). *Testing the risk compensation hypothesis: Helmet use in skiing and snowboarding*. Poster session, 7th World Conference on Injury Prevention and Safety Promotion, Vienna, June 6-9 (finalist for the best poster award).

R. Levaque, P. Maurice, L. Poirier and B. van Kelegom (2004). *Safety in Life Settings: from Theory to Interventions*. Poster session, 7th World Conference on Injury Prevention and Safety Promotion, Vienna, June 6-9.

4. Outlook for the coming years

The mandate of the WHO Collaborating Centre was renewed until 2006. In keeping with its mission, the objectives of the action plan (see Appendix 3) and the collaboration initiatives already undertaken, the Centre will, insofar as it is able and its expertise allows, participate in the implementation of various initiatives pertaining to the WHO strategy for the prevention of violence and unintentional injuries.

5. Financial questions

Under the agreement established, the action plan 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.

Direction générale de la santé publique (DGSP), 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, application and evaluation by the regional health and social services boards. 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 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.

Institut national de santé publique du Québec

The statutes of the Institut national de santé publique du Québec (National Public Health Institute of Québec), which was established in 1998, stipulate that its mission is to advise the Minister of Health and Social Services and the regional boards on their public health missions. It builds upon and develops public health expertise and makes it available to all Quebecers. To this end, it helps to develop, disseminate and put into practice new knowledge, informs the Minister and the public about priority health problems and the measures necessary to deal with them, and collaborates with the universities in respect of public health training programs. Given Québec's willingness to share with other nations its experience

and success in the realm of public health, the INSPQ also establishes links with a broad range of national and international organizations.

To fulfil its mission, the INSPQ has adopted an open, decentralised organizational model that relies on the public health expertise available in Québec obtained by means of a network that covers the full range of necessary research, training, communications and services. The network's resources are grouped by themes, e.g. development, adaptation and public safety and security, which encompass expertise related to the prevention of unintentional injuries, violence and suicide, and expertise pertaining to safety promotion and security in the community.

Regional public health offices

The Québec public health network is made up of 18 regional offices. Pursuant to the legislation, the regional public health director is responsible for:

1. informing residents of the general state of individual health, priority health problems, the most vulnerable groups, key risk factors and the measures he deems to be effective to monitor their development and, if need be, to conducting the necessary studies or research;
2. identifying situations likely to endanger public health and ensuring that the necessary measures are adopted to protect the public;
3. providing safety promotion and injury prevention expertise and advising the regional boards on preventive services that are useful in reducing mortality and avoidable morbidity;
4. identifying situations in which intersectoral initiatives are necessary to prevent disease, injury or social problems that affect public health and, when he deems it appropriate, taking 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).¹²

¹² Gouvernement du Québec (2001). *Public Health Act*, R.S.Q., c. 60, 42 pages.

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 and unintentional injuries. The four regional public health offices involved in the Collaborating Centre are indicated below.

Direction de santé publique du Bas-Saint-Laurent

The Direction de 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 intentional and unintentional injuries and are staffed by a consulting physician and four health care professionals.

Direction de santé publique de la Montérégie

The Direction de santé publique de la Montérégie serves a population of nearly 1.3 million inhabitants living in 195 municipalities located south of Montréal Island. The team comprises approximately 160 employees, including three professionals assigned to an injury prevention program. Since 1985, this group has been responsible for the development, promotion and implementation of an injury prevention support program covering roads, the home and sports and recreational activities in all CLSC territories.

Direction de santé publique de Montréal

The Direction de santé publique de Montréal serves a population of 1.8 million residents living on Montréal Island and has approximately 300 employees. The unintentional injury prevention program employs two professionals while five other professionals with training in the humanities and health contribute to suicide and violence prevention on other teams. Priorities for the next three years include pedestrian safety, fall prevention among older adults, a reduction in intentional injuries through safety promotion, and land use development.

Direction de santé publique de la Capitale Nationale

The Direction de santé publique de la Capitale Nationale serves a population of nearly 650 000 inhabitants living in 46 municipalities. It has roughly 200 employees working in 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 respecting the WHO
Collaborating Centre for the period 2002-2006**

Appendix 3

**Mandate and work plan of the WHO Collaborating
Centre for the period 2002-2006**