

# Québec Collaborating Centre for Safety Promotion and Injury Prevention

ACTIVITY REPORT

# 2005



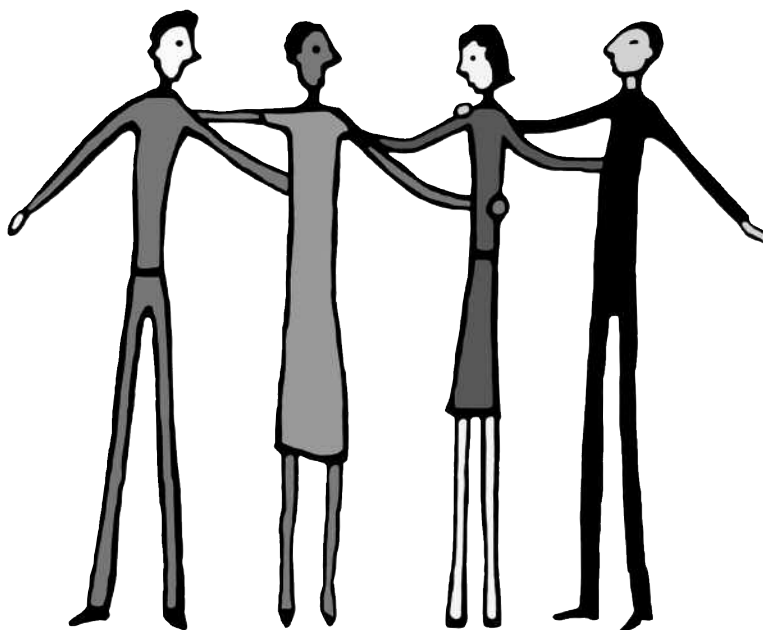
Québec 

Organisation mondiale de la santé  
World Health Organization

# Québec Collaborating Centre for Safety Promotion and Injury Prevention

ACTIVITY REPORT

# 2005



Québec 

- Agences de la santé et des services sociaux de Montréal, de la Montérégie, de la Capitale-Nationale et du Bas-Saint-Laurent / Directions de la santé publique
- Institut national de santé publique
- Ministère de la Santé et des Services sociaux

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GRAPHIC DESIGN  
LUCIE CHAGNON

DOCUMENT DEPOSITED ON SANTÉCOM ([HTTP://WWW.SANTECOM.QC.CA](http://www.santecom.qc.ca))  
CALL NUMBER: INSPQ-2006-036

LEGAL DEPOSIT – 3<sup>RD</sup> QUARTER 2006  
BIBLIOTHÈQUE ET ARCHIVES NATIONALES DU QUÉBEC  
NATIONAL LIBRARY OF CANADA  
ISBN 2-550-47233-0 (PRINTED VERSION)  
ISBN 2-550-47234-9 (PDF)  
(ORIGINAL EDITION: ISBN 2-550-47231-4, GOUVERNEMENT DU QUÉBEC, MONTRÉAL)

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## DEFINITION OF THE NOTION OF SAFETY<sup>1</sup>

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.
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.
- Behaviour.

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1. 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.



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## DESCRIPTION OF THE QUÉBEC WHO COLLABORATING CENTRE FOR SAFETY PROMOTION AND INJURY PREVENTION

### PARTICIPATING ORGANIZATION

- 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.
- Agence de la santé et des services sociaux du Bas-Saint-Laurent.
- Agence de la santé et des services sociaux de la Montérégie.
- Agence de la santé et des services sociaux de Montréal.
- Agence de la santé et des services sociaux de la Capitale-Nationale.

### STEERING COMMITTEE

- Lillianne Bertrand, Head of the services, Promotion de saines habitudes de vie et de dépistage, ministère de la Santé et des Services sociaux du Québec.
- Denis Drouin, Director of the Promotion of Health and Welfare, ministère de la Santé et des Services sociaux du Québec.
- Jasline Flores, Consulting professional in injury prevention, Institut national de santé publique du Québec.
- Dr. Robert Maguire, Public health officer, Direction régionale de santé publique du Bas-Saint-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 la Capitale-Nationale.
- Patrick Morency, Head of the Injury prevention program, Direction de santé publique de Montréal.
- Diane Sergerie, Consulting professional in Injury prevention, Direction régionale de santé publique de la Montérégie.
- Danielle St-Laurent, Coordinator of the Knowledge surveillance unit, Institut national de santé publique du Québec.
- Marc St-Laurent, Coordinator of the Injury prevention team, Direction régionale de santé publique du Bas-Saint-Laurent.
- Hélène Valentini, Coordinator of International cooperation, Institut national de santé publique du Québec.

### 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.



## **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.

## **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.

## **DESCRIPTION OF ACTIVITIES**

### ***Surveillance***

1. To develop and promote appropriate data collection methods to capture the magnitude and nature of injuries.

### ***Violence prevention***

2. To provide country and local-level practitioners with tools for the prevention of interpersonal violence.
3. To advocate increased investment in violence prevention.

### ***Burns***

4. To advocate for increased attention and resources to address burns.

### ***Falls***

5. To increase global efforts to prevent falls and mitigate their consequences.

### ***Safety promotion***

6. To develop the concept and specify criteria for its measurement and integration with “injury prevention” and “human security”.

***Advocacy***

7. To provide a platform to integrate injury and violence prevention into public health agendas around the world.
8. To strengthen networking for violence and injury prevention.



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## ACTIVITY 1 – TO DEVELOP AND PROMOTE APPROPRIATE DATA COLLECTION METHODS TO CAPTURE THE MAGNITUDE AND NATURE OF INJURIES

### *How the activity was implemented*

- A. Development of a geographic information system (GIS) to study the geographic distribution of road users injured on Montréal Island based on the information files of the Urgences-santé ambulance service. An initial descriptive report was drafted in June 2005 and includes, for each Montréal borough, three maps illustrating the sites of collisions involving pedestrians, cyclists and the occupants of motor vehicles. These initial findings aroused the interest of the media and many Montréal interveners in the realm of transportation planning. (Patrick Morency, e-mail: [pmorency@santepub-mtl.qc.ca](mailto:pmorency@santepub-mtl.qc.ca))
- B. A study produced by the INSPQ on recreational and sports-related injuries that resulted in hospitalization in Québec between 1994 and 2002. This detailed epidemiological analysis of hospitalizations stemming from such injuries covers all of Québec and sheds light on the phenomenon and supports the planning of promotion and safety measures pertaining to sports and recreational activities. (Jean-Marc Daigle, e-mail: [jean-marc.daigle@inspq.qc.ca](mailto:jean-marc.daigle@inspq.qc.ca))
- C. Evaluation of the quality of information concerning accident risk factors in the reports of ski patrols in 19 sectors of Québec. In the wake of a study focusing on the effect of wearing a protective helmet and the severity of head and neck injuries sustained by skiers and snowboarders, researchers examined the reliability of information reported by ski patrols and information collected by means of telephone interviews or self-administered questionnaires among skiers and snowboarders to determine different declarations of alpine accidents. The study was conducted between November 2001 and April 2002 among 4 377 skiers and snowboarders observed by ski patrols. (Yvonne Robitaille, e-mail: [yvonne.robitaille@inspq.qc.ca](mailto:yvonne.robitaille@inspq.qc.ca))
- D. Analysis of the severity of injuries in snow parks and on other trails in Québec 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 study was therefore conducted to examine the severity of injuries sustained by skiers and snowboarders in snow parks compared with other trails during the 1999-2000 to 2003-2004 seasons. This study focuses on the injury rates among snowboarders and skiers. More specifically, the severity of the injuries was analysed in light of snow parks and other trails to determine and describe the relationship between such severity and certain characteristics of individuals likely to sustain injuries when downhill skiing and snowboarding. (Denis Hamel, e-mail: [denis.hamel@inspq.gouv.qc.ca](mailto:denis.hamel@inspq.gouv.qc.ca))

## **Publications**

- Daigle, J. M. (2005). *Hospitalisations pour traumatismes d'origine récréative et sportive au Québec de 1994 à 2002*. Québec : Institut national de santé publique du Québec, 87 pages. Se référer au site : [http://www.inspq.qc.ca/pdf/publications/360-HospitalisationsTORS\\_1994-2002.pdf](http://www.inspq.qc.ca/pdf/publications/360-HospitalisationsTORS_1994-2002.pdf)
- Goulet, C., Hagel, B., Hamel, D. et Légaré, G. (2005). *Étude comparative de la sévérité des blessures subies par les skieurs alpins et les surfeurs des neiges dans les parcs à neige et les autres pistes des stations du Québec de 1999 et 2004*. Ministère de l'Éducation, du Loisir et du Sport, 21 pages.
- Hagel, B. E., Pless, I. B., Goulet, C., Platt, R. W. et Robitaille, Y. (2004). Quality of information on risk factors reported by ski patrols. *Injury Prevention*. 10(5), 275-279.
- Morency, P. et Cloutier, M. S. (2005). *Distribution géographique des blessés de la route sur l'île de Montréal (1999-2003)*; cartographie pour les 27 arrondissements. Montréal : Direction de santé publique de Montréal, 158 pages.

## **Papers**

- Morency, P. et Cloutier, M. S. (2004). Insécurité routière : *La géomatique au secours de la santé publique*. Communication par affiche, 8<sup>e</sup> Journées annuelles de santé publique, Montréal, novembre.

## **Evaluation**

The projects presented encompass evaluative components and some of them are evaluation projects. Project C is an example.

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## **ACTIVITY 2 – TO PROVIDE COUNTRY- AND LOCAL-LEVEL PRACTITIONERS WITH TOOLS FOR THE PREVENTION OF INTERPERSONAL VIOLENCE AND TO ADVOCATE INCREASED INVESTMENT IN VIOLENCE PREVENTION**

### ***How the activity was implemented***

- A. This marked the second phase of the support and collaboration project concerning the implementation of violence-prevention tools in Algerian schools, based on existing programs in Québec. The partnership was established with the Association pour la prévention de la violence (APV) in Algeria. The tools were introduced into two elementary schools and one secondary school in Alger. The implementation was accompanied by an evaluation process based on tools developed specifically for these programs in Québec. An Algerian name, SALAMOUNA, was chosen for the project and a day-long awareness and information session was organized in June 2005 in Alger, attended by over 200 interveners and parents. In the summer of 2004, the production was launched of an educational video, filming of which was completed in June 2005. The video will spearhead an awareness and information campaign to be implemented during a forthcoming stage with a view to extending to all Algerian schools this learning about non-violence. (Pierre H. Tremblay, e-mail: [ptremblay@santepub-mtl.qc.ca](mailto:ptremblay@santepub-mtl.qc.ca))
- B. A study devoted to the case management and follow-up of individuals who go to an emergency room following a suicide attempt to ensure coordinated case management and monitoring. First, a survey of the scientific literature on best practices in respect of the evaluation, treatment and follow-up of suicidal individuals led to the elaboration of a monitoring coordination protocol. A study is under way in three hospitals in the Montréal area to document the services now available to individuals who go to an emergency room following a suicide attempt. All told, 90 individuals admitted to hospital emergency departments after attempting suicide will participate in telephone interviews two weeks after leaving the hospital, then six weeks later. The interviews are designed to ascertain the services received in the emergency room and after the individual has left the hospital and to assess the participants' appraisal of such services. The findings will be available in the spring of 2006 and will be used to enhance current practices in the coordination of follow-up in respect of suicidal individuals. (Janie Houle), e-mail: [jhoule@santepub-mtl.qc.ca](mailto:jhoule@santepub-mtl.qc.ca))
- C. A study of the scope of and changes in suicide attempts based on emergency department information and management systems (SIGDU) in Montréal. No valid, complete data are now available on this population at high risk of suicide. The validity of data must first be established by pinpointing the extent and causes of under-reporting in order to suggest the appropriate remedial measures. Three pilot hospitals were selected to evaluate the extent of under-reporting. A research report was available in the fall of 2005 and a regional tour enabled all general hospitals to benefit from the lessons learned from this pilot study. (Janie Houle, e-mail: [jhoule@santepub-mtl.qc.ca](mailto:jhoule@santepub-mtl.qc.ca))

- D. Evaluation of a new telephone pairing service offered to individuals who have called a suicide prevention centre and in respect of whom it was deemed necessary to send emergency assistance given the serious nature of their suicidal ideas. The telephone pairing is intended to assess the situation and offer, if need be, additional contacts. Interviews conducted among the users indicate a high level of satisfaction, especially with regard to the interveners' attentiveness and availability. The evaluation report was released in September 2005. (Janie Houle, e-mail: [jhoule@santepub-mtl.qc.ca](mailto:jhoule@santepub-mtl.qc.ca))
- E. Evaluation of the implementation of the MARCO protocol, which formalizes, in the form of an agreement, referral and liaison procedures between different partners, e.g. hospitals, CLSCs, crisis centres, the Centre Dollard-Cormier, and Suicide Action Montréal, in order to better coordinate initiatives aimed at suicidal individuals and ensure better continuity of service. The protocol was implemented four years ago in three territories in the Montréal area and has aroused considerable interest in the other regions of Québec, several of which would like to draw inspiration from it in order to enhance their practices. Moreover, the Agence la santé et des services sociaux of Montréal has indicated its willingness to adopt the MARCO protocol throughout the territory as the protocol harmonizes completely with the new structure of the Québec health care system centred on local service networks. Under the circumstances, an implementation assessment is advisable in order to document this innovative experience and pinpoint strategies for the successful adoption of the protocol in other territories. Following data collection among all of the partners, the report was released in late 2005.
- F. The Centre is collaborating on projects with partners in the health and education networks and community agencies sector in the Québec City and Montérégie regions in order to enhance knowledge and develop measures aimed at children exposed to conjugal violence.
- Phase 2 of the training project for interveners working with children exposed to conjugal violence: The first phase of the project made it possible to (1) broaden understanding of this problem; (2) highlight the most promising measures to respond to the needs of exposed children; and (3) develop awareness and training initiatives aimed at interveners to enable them to subsequently become multiplying agents in their respective milieus. Phase 2 of the project has been under way since March 2004. It centres on three objectives: (1) heightening awareness among and training over 100 interveners working with urban, rural, aboriginal and immigrant clientele, with a view to enabling them to recognize cases of conjugal violence and children exposed to this type of violence and to intervene effectively with such children and their families; (2) intersectoral cooperation by means of an approach to develop the power to act; and (3) the establishment of conditions likely to ensure the project's survival. Furthermore, a videocassette was produced to accompany the tool designed to heighten awareness of the problem of children exposed to conjugal violence. Provision has been made for the designing of a learning activity packet for the videocassette and the evaluation of the tool, planned for next year. (France Paradis, e-mail: [france.paradis@ssss.gouv.qc.ca](mailto:france.paradis@ssss.gouv.qc.ca))

- G. A three-year project designed to facilitate the identification by interveners working in CLSCs of women who are the victims of conjugal violence and to support the measures adopted by such interveners. The project is making it possible to pinpoint best practices, conditions for success and courses of action and promising strategies. Phase 1 consisted in inventorying all of the tools available in Québec. It concluded with the publication of a reference document, planned in the fall of 2005. Phase 2 is intended to document interveners' current needs and practices. Over 300 respondents working in Québec health and social services centres and other Québec agencies interested in the problem of conjugal violence filled out the data collection questionnaire developed for this purpose. The findings of the analysis were released in late 2005. (France Paradis, e-mail: [france.paradis@ssss.gouv.qc.ca](mailto:france.paradis@ssss.gouv.qc.ca))
- H. Participation in the strategic transdisciplinary training program at the Université du Québec à Montréal devoted to research on suicide and its prevention. The program is aimed at recent doctoral graduates and researchers from the health sector who wish to refocus their research on suicide and its prevention. It is open to candidates from all countries. (Danielle St-Laurent, e-mail: [danielle.st.laurent@inspq.qc.ca](mailto:danielle.st.laurent@inspq.qc.ca))
- I. Participation in a research group that is seeking to understand and document the effect of the media coverage of the suicide of a well-known, popular Québec news broadcaster. In conjunction with the research, an analysis was conducted of the contents of the print media and of the suicide rate during the year after the suicide mentioned above, following the example of the analysis of the coroners' reports and calls to Québec suicide prevention centres in the three months after the event. (Danielle St-Laurent, e-mail: [danielle.st.laurent@inspq.qc.ca](mailto:danielle.st.laurent@inspq.qc.ca))
- J. Drafting of scientific advice on suicide prevention among young people. The advice takes stock of knowledge in the field and includes recommendations concerning the preventive strategies to be emphasized or avoided or in respect of which caution is advised. (Marie Julien, e-mail: [m.julien@rrsss16.gouv.qc.ca](mailto:m.julien@rrsss16.gouv.qc.ca))
- K. Analysis of the problem of suicides on a bridge in the Montréal area. At the request of a coroner, a task force was set up in recent years to find solutions to the problem of suicides on the Jacques Cartier Bridge. Following the submission of the task force's recommendations, various measures have been implemented, including the installation of suicide barriers. An assessment of the positive effect of the measures is under way.
- L. Evaluation of a program aimed at enhancing the ability of Québec general practitioners to detect, treat and refer patients who display serious suicidal ideations or various emotional problems.
- M. Evaluation of a guide to the implementation of prevention and intervention measures in respect of violence and sexual assault involving young people in the Montérégie region in targeted environments such as municipalities with recreation services, schools and associations, e.g. clubs, leagues, and sports and recreation associations that target young people. (Johanne Groulx, e-mail: [johanne.groulx@rrsss16.gouv.qc.ca](mailto:johanne.groulx@rrsss16.gouv.qc.ca))



## **Publications**

Arseneau, L. et Beaulieu, M. C. (2004). *J'ai besoin d'aide... mon papa et ma maman se chicanent trop fort*. Communication orale, Congrès provincial conjoint « Être avec les enfants », Québec, 22 novembre.

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

Julien, M., Prévaille, M., Groulx, S., Toussaint-Lachance, M., Deschênes, L. et Denis, J. L. (2004). *Implantation d'un programme de prévention du suicide s'adressant aux médecins généralistes*. Actes du 2<sup>e</sup> congrès international de la francophonie en prévention du suicide tenu à Liège en 2002.

Prévaille, M., Julien, M., Groulx, S., Deschênes, L., Denis, J. L., St-Laurent, D. et Fillion, Y. (2004). *Prévalence des idées suicidaires chez les personnes qui consultent en médecine générale*. Actes du 2<sup>e</sup> congrès international de la francophonie en prévention du suicide tenu à Liège en 2002.

Tousignant, M, Mishara, B. L., Caillaud, A., Fortin, V. et St-Laurent, D. (2005). The impact of media coverage of the suicide of a well-known Quebec reporter: the case of Gaetan Girouard. *Social Sciences & Medicine* 60(9), 1919-1926.

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- Caron, J., Julien, M. & Huang, J. (2005). *Changes in suicide methods in Quebec between 1987 and 2000: The possible impact of Bill C-17 on safe storage of firearms*. XXIII<sup>th</sup> Conference of the International Association for Suicide prevention. Durban: Afrique du sud.
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- Tremblay, P. H. (2004) *La prévention de la violence chez les jeunes : un édifice à construire par des attitudes et des actions*. Conférence en plénière. Journée sur la prévention de la violence, Alger, 2 juin.
- Tremblay, P. H. (2005). *La prévention de la violence chez les jeunes : un édifice à construire par des attitudes et des actions*. Conférence en plénière, Journée sur la prévention de la violence, Alger, 2 juin.

### **Evaluation**

Most of the projects presented encompass evaluative components and some of them are evaluation projects, e.g. projects L and M.



### **ACTIVITY 3 – TO ADVOCATE INCREASED INVESTMENT IN VIOLENCE PREVENTION**

#### ***How the activity was implemented***

- A. Pursuit of the dissemination of the worldwide report on violence and health published by the World Health Organization.
  
- B. Steps aimed at assessing with financial partners the possibility of investing more extensively in the Québec public health network in the realm of violence. This additional investment would make it possible to allocate resources to the development of programs aimed at facilitating intervention in the realm of violence prevention in general in Québec, especially from the standpoint of violence towards women, children and the elderly.

#### ***Publications and other outcomes***

None.



## **ACTIVITY 4 – TO ADVOCATE FOR INCREASED ATTENTION AND RESOURCES TO ADDRESS BURNS**

### ***How the activity was implemented***

- A. Presentations focusing on a reduction in burns caused by tap water in private homes and the prevention of Legionnaires' disease stemming from hot tap water. Participation on the task force of the Comité permanent des installations techniques de bâtiments et de plomberie. In 2005, submissions were made to the Canadian Commission on Building and Fire Codes and the Canadian Standards Association to present the recommendations adopted and emphasize the public health sector's perspective, with a view to finding an applicable, acceptable and durable solution to the two problems. (Michel Lavoie, e-mail: [lavoie.michel@ssss.gouv.qc.ca](mailto:lavoie.michel@ssss.gouv.qc.ca))
  
- B. Collaboration with the Bureau du coroner du Québec to produce written documents in order to standardize coroners' inquests of deaths stemming from burns caused by tap water. (Michel Lavoie, e-mail: [lavoie.michel@ssss.gouv.qc.ca](mailto:lavoie.michel@ssss.gouv.qc.ca))



## ACTIVITY 5 – TO INCREASE GLOBAL EFFORTS TO PREVENT FALLS AND MITIGATE THEIR CONSEQUENCES

### *How the activity was implemented*

- A. In conjunction with a strategy to prevent falls among elderly people, various mandates were carried out, including the documentation of the circumstances surrounding falls among the elderly and mandates pertaining to training and the evaluation of the fall prevention service continuum among elderly people living at home. A training program is under way and is offered to interveners from regional public health branches and local networks. (Liliane Bertrand, e-mail: [lilianne.bertrand@msss.gouv.qc.ca](mailto:lilianne.bertrand@msss.gouv.qc.ca))
- B. Evaluation of the integrated program of dynamic balance (PIED), aimed at preventing falls and fractures among autonomous elderly people living in the community by targeting several risk factors associated with falls. The program seeks to enhance balance and leg strength, contribute to maintaining good bone health, enable participants to adapt their homes and adopt safe behaviour, improve their feeling of personal efficacy with respect to fall prevention, and encourage participants to engage in regular physical activity. It targets autonomous elderly people living at home. The program includes two group exercise sessions led by a professional, a section devoted to exercises in the home, and prevention capsules. (Yvonne Robitaille, e-mail: [yvonne.robitaille@inspq.qc.ca](mailto:yvonne.robitaille@inspq.qc.ca))
- C. Introduction of the 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 and who have fallen during the past year or who have trouble walking or maintaining their balance. A pilot phase of the program was implemented in two CLSC territories in the Québec City area in 2004 and is now operating at the regional level. An array of implementation follow-up and evaluation tools have been developed over the past year. The preventive medical measures section is aimed at enhancing preventive clinical practices pertaining to the problem by providing general practitioners in the region with applied training and intervention tools geared to the elderly clientele that consults them. The non-personalized multifactorial section seeks to make available group exercise programs designed to improve strength and balance and inform the clientele about other risk factors. The balance program was elaborated in 2004 and planning was carried out in respect of the infrastructure required to introduce the PIED and balance programs. (Catherine Gagnon, e-mail: [catherine.gagnon@ssss.gouv.qc.ca](mailto:catherine.gagnon@ssss.gouv.qc.ca))
- D. Elaboration of an analytical strategy to allow for more refined monitoring of hospitalization data respecting falls among the elderly. An administrative data file was introduced to provide information on the activities of specialized-care and general hospitals in Québec. The study seeks to shed light on morbidity stemming from falls and improve the measurement of the extent of injuries in the population based on administrative data files devoted to the volume of activity in general and specialized-care hospitals in Québec. More specifically, this study attempts to make a distinction between indicators of health services use and the “falls leading to hospitalization” morbidity indicator among Québec residents 65 or over between 1991 and 2003. The authors are



simultaneously exploring a method to differentiate between two categories of elderly adults, i.e. individuals residing in residential and long-term care centres (CHSLDs) and other individuals, most of whom live at home. (Yvonne Robitaille, e-mail: [yvonne.robitaille@inspq.qc.ca](mailto:yvonne.robitaille@inspq.qc.ca))

- E. Elaboration of an agreement with the Université de Montréal to draft evaluation specifications concerning the implementation and operation of the program respecting the continuum of services in fall prevention among the elderly throughout the Québec public health network.

(François Champagne, e-mail: [francois.champagne@umontreal.ca](mailto:francois.champagne@umontreal.ca))

### **Publications and other outcomes**

Robitaille, Y., Laforest, S., Fournier, M., Gauvin, L., Parisien, M., Corriveau, H. et Trickey F. (2004). *Améliorer l'équilibre pour prévenir les chutes : évaluation du programme PIED en milieu communautaire*. Journées annuelles de santé publique, Montréal, présentation par affiche, 29 nov.-1<sup>er</sup> déc.

Robitaille, Y. Évaluation du programme P.I.E.D. en milieu communautaire (2002 – 2005). Faits saillants. Journée de formation des formateurs, INSPQ.

Robitaille, Y. et Gratton, J. (2005). *Les chutes chez les adultes agés : vers une surveillance plus fine des données d'hospitalisation*. Institut national de santé publique du Québec. 20 pages.

Participation in the doctoral committee of Johanne Filiatrault, "Évaluation de l'impact d'un programme de prévention des chutes offert en milieu communautaire sur la peur de chuter, la confiance en son équilibre et la restriction d'activités associée à la peur de chuter chez des aînés autonomes," Université de Montréal, Département de médecine sociale et préventive, Programme Santé Publique. (Yvonne Robitaille, e-mail: [yvonne.robitaille@inspq.qc.ca](mailto:yvonne.robitaille@inspq.qc.ca))

External referee, comprehensive examination of Bernard-Simon Leclerc, PhD, Programme de santé publique, option épidémiologie. "Évaluation de l'implantation et des effets d'un projet d'intervention multifactorielle et interdisciplinaire personnalisée en prévention des chutes à domicile chez les aînés." (Yvonne Robitaille, e-mail: [yvonne.robitaille@inspq.qc.ca](mailto:yvonne.robitaille@inspq.qc.ca))

### **Evaluation**

Most of the projects presented encompass evaluative components and some of them are evaluation projects, e.g. projects B and E.

## ACTIVITY 6 – TO DEVELOP THE CONCEPT AND SPECIFY CRITERIA FOR ITS MEASUREMENT AND INTEGRATION WITH “INJURY PREVENTION” AND “HUMAN SECURITY”

### *How the activity was implemented*

- A. Establishment of a virtual French-language resource centre to promote safety 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 that are seeking to promote safety and prevent crime in their territory. This site will ultimately offer visitors an array of published or hitherto unpublished documents chosen for their potential to support various initiatives. It will assemble information on the process of enhancing safety and safety enhancement tools pertaining to problems such as violence, non-violent crime, road safety, land use planning, municipal recreation, and a feeling of security. Updating and the ongoing enrichment of the site are the main activities in this project. (Louise-Marie Bouchard, e-mail: [louise.marie.bouchard@ssss.gouv.qc.ca](mailto:louise.marie.bouchard@ssss.gouv.qc.ca))
- B. Testing of an unpublished survey questionnaire on the victimization and safety of individuals at the provincial and microscale levels. The findings from these initiatives will be evaluated during the coming year. This questionnaire will be available on the Web site of the Centre québécois de ressources en promotion de la sécurité et en prévention de la criminalité. (Louise-Marie Bouchard, e-mail: [louise.marie.bouchard@ssss.gouv.qc.ca](mailto:louise.marie.bouchard@ssss.gouv.qc.ca), Jasline Flores, e-mail: [jasline.flores@inspq.qc.ca](mailto:jasline.flores@inspq.qc.ca))
- C. Elaboration of a safety diagnostic kit designed for local communities. This project stems from the *Politique ministérielle en prévention de la criminalité*, in which the ministère de la Sécurité publique du Québec attributed to the regional county municipalities (RCMs) and the big municipalities responsibility for the elaboration and implementation of a local crime prevention strategy. The diagnostic kit is designed to equip and support local communities in this process by facilitating the identification and analysis of security problems in the communities. The tools elaborated are being validated by users in the field at the seven pilot sites selected to initiate and implement a local safety promotion and crime prevention strategy. The project will be completed in 2006. (Louise-Marie Bouchard, e-mail: [louise.marie.bouchard@ssss.gouv.qc.ca](mailto:louise.marie.bouchard@ssss.gouv.qc.ca))
- D. Analysis of the effect of protective helmets on the risk of head and neck injuries among skiers and snowboarders. The study was intended to examine the effect of the use of protective helmets on the severity of head and neck injuries among skiers and snowboarders in 19 downhill ski sectors in Québec, between November 2001 and April 2002. Among the cases included in this study are injured individuals evacuated by ambulance, individuals admitted to hospital, individuals who experienced a restriction in their normal daily activities, and cases where the victim reported travelling at high speed at the time of the accident or injury stemmed from jumps. (Yvonne Robitaille, e-mail: [yvonne.robitaille@inspq.qc.ca](mailto:yvonne.robitaille@inspq.qc.ca))

- E. Evaluation of the long-term effect of home visits concerning injury prevention among children. This evaluation was conducted in five Canadian paediatric teaching hospitals located in four major urban centres in the country. This study corroborates earlier studies that revealed the need for home injury prevention programs, especially when such programs focus on passive measures and a clear message. (Yvonne Robitaille, e-mail: [yvonne.robitaille@inspq.qc.ca](mailto:yvonne.robitaille@inspq.qc.ca))

### **Publications**

Hagel, B. E., Pless, I. B., Goulet, C., Platt, R. W. et Robitaille, Y. (2005) Effectiveness of helmets in skiers and snowboarders: Case-control and case crossover study. *British Medical Journal*. 5, 330 (7486), 281.

King, W. C., Leblanc, J. C., Barrowman, N., Klasen, T. P., Bernard, A. C., Robitaille, Y. Tenenbein, M. et Pless, I. B. (2005) Long term effects of a home visit to prevent childhood injury: three year follow up of a randomized trial. *Injury Prevention*, 11,106-109.

### **Papers**

Bouchard, L. M., Flores, J., Maurice, P., Lavertue, R. et Rainville, M. (2005). *Survey on personal safety and victimization: Ethical considerations*. Présentation par affiche, 14<sup>th</sup> International Conference on Safe Communities, Bergen, Norvège, 13-15 juin.

Bouchard, L. M., Flores, J., Maurice, P., Lavertue, R., Rainville, M. et Tessier, M. (2005). *Survey on personal safety and victimization: The public's sense of safety is complex to assess*. Présentation par affiche, 14<sup>th</sup> International Conference on Safe Communities, Bergen, Norvège, 13-15 juin.

Rainville, M., Bouchard, L. M., Lavertue, R., Maurice, P., et Belley, C. (2005). *Local safety assessment: tool kit for local communities*. Communication orale, 14<sup>th</sup> International Conference on Safe Communities, Bergen, Norvège, 13-15 juin.

Rainville, M., Bouchard, L. M., Maurice, P., Lavertue, R. et Flores, J. (2005). *Survey on personal safety and victimization: Elaboration of the questionnaire*. Présentation par affiche, 14<sup>th</sup> International Conference on Safe Communities, Bergen, Norvège, 13-15 juin.

### **Other outcomes**

The site of the Centre québécois de ressources en promotion de la sécurité et en prévention de la criminalité (CRPSPC) has been accessible to the public since November 2004 (<http://www.crpssc.qc.ca>).

### **Supervision of students**

Supervision of Steeve Castonguay, a student at Université Laval completing a master's degree in community health on the prevention of injuries stemming from rock climbing. (Michel Lavoie)

### ***Evaluation***

Most of the projects presented encompass evaluative components and some of them are evaluation projects, e.g. project F.



## ACTIVITY 7 – TO PROVIDE A PLATFORM TO INTEGRATE INJURY AND VIOLENCE PREVENTION INTO PUBLIC HEALTH AGENDAS AROUND THE WORLD

### *How the activity was implemented*

- A. Organizational support for and participation in the advanced training session in safety promotion and injury prevention at the Université d'été francophone en santé publique de Besançon, France, in July 2004. At the request of the organizing committee, members of the Centre participated in the Université d'été's scientific committee and in the elaboration of the contents of the training module devoted to safety promotion and the prevention of intentional and unintentional injuries. Moreover, three members served as trainers to examine, among other things, basic concepts in the epidemiology of injury and suicide prevention. The latter theme was jointly managed with the Centre de recherche sur l'intervention sur le suicide et l'euthanasie at the Université du Québec à Montréal. A member of the Collaborating Centre also took stock of health promotion in Québec at the opening session of the event. (Pierre Maurice, Sylvain Leduc and Danielle St-Laurent)
- B. Participation in Bergen, Norway in June 2005 in the meeting of the international organizing committee of the 8th World Conference on Injury Prevention and Safety Promotion to be held in Durban, South Africa in 2006. (Pierre Maurice)
- C. Participation in the meeting of WHO Collaborating Centres held in Geneva in November 2004. (Pierre Maurice)
- D. Support for the organization of the 6th Séminaire international de prévention des traumatismes et de promotion de la sécurité organized by the Réseau francophone international en promotion de la sécurité et la prévention des traumatismes, held from November 28 to 30, 2005 in Annaba, Algeria. (Danielle St-Laurent)
- E. Organizational support for and participation in the Réunion des hauts fonctionnaires chargés de la prévention et du contrôle des traumatismes en Afrique francophone, held in Brazzaville, Congo, on September 20 and 21, 2005. (Pierre Maurice)

**Further implementation of the activity:** The meeting of senior public servants in Brazzaville (see point E) made it possible to establish ties between the French-speaking African nations and between these nations and existing organizations in the realm of safety promotion and injury prevention. Furthermore, it was decided during this meeting to propose a session of the Formation francophone sur la promotion de la sécurité et la prévention de la violence in conjunction with the 8th World Conference on Injury Prevention and Safety Promotion. The governments of Canada and France will be approached to obtain funding to provide grants to facilitate participation by professionals from the French-speaking African nations. Another meeting was also proposed at the Université d'été francophone en santé publique de Besançon, France, in July 2006, at which a module devoted to the prevention of violence, suicide and injury is being offered.

A meeting was planned in the fall of 2006 to ensure follow-up to the activities that have been initiated in each participating country.

- F. Participation as a speaker at the plenary session of the 14th International Conference on Safe Communities in Bergen, Norway from June 13-15, 2005. (Pierre Maurice)
- G. Supervision of a training session devoted to safety promotion and injury prevention for a delegation of Cuban public health representatives held in Québec City on October 19, 2004. (Pierre Maurice)
- H. Participation in the World Health Organization's TEACH-VIP comprehensive injury prevention and control curriculum.

**Further implementation of the activity:** In its capacity as an active member of the Réseau francophone international en promotion de la sécurité et la prévention des traumatismes, the Centre is involved in the French translation of the TEACH-VIP curriculum.

### ***Publications and other outcomes***

Maurice, P. (2005). *Public health and crime prevention: A collaborative initiative to Promote Safety*. Présentation en plénière au 14<sup>th</sup> International Conference on Safe Communities, Bergen (Norvège), 13-15 juin.

## **ACTIVITY 8 – TO STRENGTHEN NETWORKING FOR VIOLENCE AND INJURY PREVENTION**

### ***How the activity was implemented***

- A. Meeting and discussions with officials from the Fondation Osvaldo Cruz (FIOCRUZ) in Brazil concerning epidemiology, measures aimed at target populations and the elderly, adolescents, young people and women, and the consequences of violence from the standpoint of rehabilitation. Meeting with the secretary of state for health of the state of Rio de Janeiro to discuss projects under way respecting, in particular, epidemiological surveillance of accidents and violence towards various segments of the population. The prevention of intentional and unintentional injuries is one of the areas for intervention that the secretary of state for health is considering. Meeting with the coordinator of the life support and health promotion unit of the Mainhos de Vento hospital (Porto Allegro education and research institute) to discuss the centre's injury prevention initiatives and its impact on the organization of traumatology services. The integration into the health care system of injury prevention and support from the national government to bolster local and regional measures are being considered in conjunction with these deliberations. (Denis Drouin, e-mail: [denis.drouin@msss.gouv.qc.ca](mailto:denis.drouin@msss.gouv.qc.ca))

### ***Publications and other outcomes***

Participation in the analysis group of the Cree Health Survey on the theme of injury. (Yvonne Robitaille and Gilles Légaré)

Participation as a member of the steering committee of the Registre des traumatismes du Québec. (Yvonne Robitaille)

Member of the editorial board of Injury Prevention, published by the British Medical Journal. (Yvonne Robitaille)





## ACTIVITY 9 – OTHER ACTIVITIES OF INTEREST

### *How the activity was implemented*

- A. Drafting of advice on issues pertaining to highway driving speed and its consequences for health and solutions to remedy the problem. A systematic review of the evaluative literature is under way to ascertain the most effective measures to efficiently reduce speed and the attendant injuries. This project is intended to provide public health advice on the intersectoral policy directions that the Québec government will adopt from a collaborative standpoint. (Diane Sergerie, e-mail: [d.sergerie@rrsss16.gouv.qc.ca](mailto:d.sergerie@rrsss16.gouv.qc.ca))
  
- B. Participation in a project aimed at increasing proper use of children's car seats. This project is the responsibility of an intersectoral committee comprising representatives of the ministère de la Santé et des Services sociaux (MSSS), the Société de l'assurance automobile du Québec (SAAQ) and the Institut national de santé publique du Québec. This year, the committee is focusing on the definition of the policy directions to be emphasized in this respect and a proposed program of activities, which, once it is implemented, should increase by at least 75% the proper use of children's car seats in Québec. A pilot project under the program should be implemented in the coming year. (Michel Lavoie, e-mail: [lavoie.michel@ssss.gouv.qc.ca](mailto:lavoie.michel@ssss.gouv.qc.ca))
  
- C. Elaboration of the Fiches – Média – Trauma project, aimed at supporting public health interveners working in the realm of injury prevention when they interact with the media, whether to respond to a request for an interview or to draw media attention to specific topics. The information kit produced will include a section on practical tips on interacting effectively with the media, a section on the injury prevention approach, and a section comprising six thematic fact sheets (playgrounds, children's car seats, drowning, accidental poisoning, snowmobiles, and driving while impaired). Training on the theme of communication with the media will also be offered to the interveners concerned, who will receive the tools in the coming months. Other thematic fact sheets should be drafted subsequently. (Michel Lavoie, e-mail: [lavoie.michel@ssss.gouv.qc.ca](mailto:lavoie.michel@ssss.gouv.qc.ca))



## **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.

### ***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**  
**PARTICIPATING ORGANIZATIONS**



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## APPENDIX – 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).

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.



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.

Within their respective mandates, these organizations run promotional activities on safety and 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.



- Agences de la santé et des services sociaux de Montréal, de la Montérégie, de la Capitale-Nationale et du Bas-Saint-Laurent / Directions de la santé publique
- Institut national de santé publique
- Ministère de la Santé et des Services sociaux



Organisation mondiale de la santé  
World Health Organization

