

# Québec WHO Collaborating Centre for Safety Promotion and Injury Prevention

ACTIVITY REPORT

# 2006



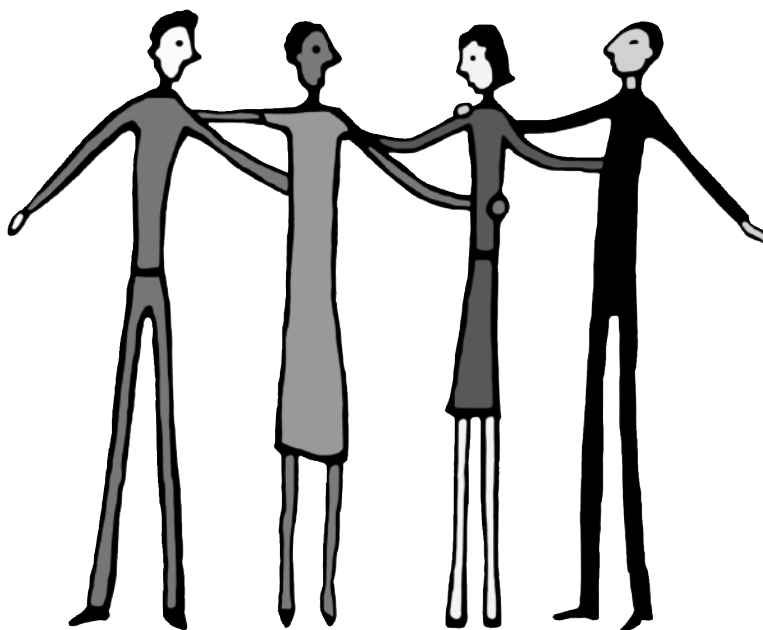
Québec 

Organisation mondiale de la santé  
World Health Organization

# Québec WHO Collaborating Centre for Safety Promotion and Injury Prevention

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# 2006



Québec 

- Institut national de santé publique
- Ministère de la Santé et des Services sociaux
- 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

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

Safety is a state in which threats and conditions that can cause 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 that enables individuals and communities to realize their aspirations.

Regardless of the life setting considered, the attainment of an optimum level of safety demands that individuals, communities, governments and other interveners create and maintain the following conditions:

1. a climate of cohesion, social peace and fairness that protects rights and freedoms at the family, local, national and international levels;
2. the prevention and control of injuries and other consequences or other harm caused by accidents;
3. respect for the values and physical, material or psychological integrity of individuals;
4. access to effective prevention, control and rehabilitation measures to ensure that the first three conditions are achieved.

These conditions can be assured by initiatives that focus on:

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

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<sup>1</sup> Source: Québec WHO Collaborating Centre for Safety Promotion and Injury Prevention, WHO Collaborating Centre on Community Safety Promotion, Karolinska Institutet, World Health Organization, *Safety and Safety Promotion: Conceptual and Operational Aspects*, Québec, October 1998.





## DESCRIPTION OF THE COLLABORATING CENTRE

The Centre is composed of a group of public health institutions in Quebec under the scientific coordination of the Institut national de santé publique du Québec (INSPQ) that, as part of its mission, establishes links with various organizations at the national and international level to promote cooperation and the sharing of knowledge.

### PARTNER ORGANIZATIONS

- Direction générale de la santé publique, 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, Department Manager, Promotion de saines habitudes de vie et de dépistage, ministère de la Santé et des Services sociaux du Québec (e-mail address: lillianne.bertrand@msss.gouv.qc.ca).
- Jasline Flores, professional researcher, Institut national de santé publique du Québec.
- Dr Robert Maguire, Director, 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, professional researcher, 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, Injury Issues, 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, development and the dissemination of intersectoral approaches to promote safety and prevent intentional and unintentional injuries.

## **2006-2010 MANDATE**

1. Collaborate in the activities of WHO/PAHO.
2. Satisfy the needs of the international community.
3. Support the Réseau francophone de prévention des traumatismes et de promotion de la sécurité.

## **GENERAL OBJECTIVES AND ACTIVITIES**

1. Contribute to WHO initiatives linked to the development of monitoring systems and the adoption of existing classifications pertaining to injuries:
  - a. contribute to the adaptation and the validation in French of the ICECI classification system in collaboration with other French-speaking countries participating in the Réseau francophone de prévention des traumatismes et de promotion de la sécurité;
  - b. conduct studies to document the transition from CIM9 to CIM10 (French version) in order to be in a position to produce progressive data despite the significant impact observed from the standpoint of prevalence;
  - c. disseminate work carried out on the ICECI classification and the transition from CIM9 to CIM10.
2. Collaborate with WHO on initiatives aimed at creating, mobilizing and supporting injury prevention networks:
  - a. participate in the activities of the International Organizing Committee (IOC) of the World Conferences on Injury Prevention and Safety Promotion;
  - b. participate in the organization of the World Conferences on Injury Prevention and Safety Promotion; for the 9th Conference in 2008 in Mexico City, support the Instituto Nacional de Salud Pública de México in collaboration with the WHO Regional Office for the Americas and WHO Headquarters;
  - c. support the establishment of the International Society for Violence and Injury Prevention.
3. Collaborate on WHO's program of activities in the realm of safety promotion and injury prevention:
  - a. participate in the annual meetings of the network of WHO Collaborating Centres for Violence and Injury Prevention;

- 
- b. pursue the dissemination and implementation of the World Report on Violence and Health;
  - c. pursue the dissemination and implementation of the World Report on Road Traffic Injury Prevention;
  - d. contribute to the preparation, dissemination and implementation of the World Report on Child Injury Prevention (to be published in 2008);
  - e. contribute to the adaptation in French of TEACH VIP;
  - f. contribute, in collaboration with WHO and PAHO, to the training of Latin American interveners in the realms of injury prevention and safety promotion;
  - g. promote the use of TEACH VIP in French-speaking countries.
4. Support the WHO Global Mentoring Program:
    - a. participate in the program's development;
    - b. serve as a mentor.
  5. Support training and programming initiatives in the realm of fall prevention among the elderly through the development of:
    - a. tools in the realm fall prevention among the elderly;
    - b. a training program that targets staff, including physicians, in the health services network.
  6. Host in Québec foreign missions from French-speaking and other countries. Accept trainees, especially from Latin America and Europe.
  7. Contribute to the development of the initiatives of the Réseau francophone de prévention des traumatismes et de promotion de la sécurité:
    - a. promote involvement by French-speaking countries in safety promotion and injury prevention;
    - b. participate in the organization of seminars in the French-speaking network;
    - c. collaborate on training initiatives organized for French-speakers through participation in the organization of:
      - i. the injury prevention and safety promotion module at the Université d'été de santé publique de Besançon, France;
      - ii. training in conjunction with international events, e.g. French-language seminars, the world conference, and so on.
    - d. Help to mobilize French-speaking countries in Africa in the realm of safety promotion and injury prevention by means of:
      - i. support for AFRO to engage in follow-up to the consultations held in Brazzaville at the Réunion des hauts fonctionnaires chargés de la prévention et du contrôle des traumatismes en Afrique francophone;

- ii. the dissemination of information and tools;
- iii. training initiatives;
- iv. the integration of African professionals into the Réseau francophone de prévention des traumatismes et de promotion de la sécurité.
- e. Foster the exchange of expertise among professionals working in French-speaking countries.

**NOTE TO THE READER**

This report is submitted each year to WHO and is part of the organization's management and monitoring requirements in respect of the **Québec WHO Collaborating Centre for Safety Promotion and Injury Prevention**. It refers solely to activities linked to WHO's mandate. To learn more about the other activities of the organizations that make up the Centre, please contact Jasline Flores ( [jasline.flores@inspq.qc.ca](mailto:jasline.flores@inspq.qc.ca)).

## **ACTIVITY 1 – CONTRIBUTE TO WHO INITIATIVES LINKED TO THE DEVELOPMENT OF MONITORING SYSTEMS AND THE ADOPTION OF EXISTING CLASSIFICATIONS PERTAINING TO INJURIES**

- Contribute to the adaptation and the validation in French of the ICECI classification system in collaboration with other French-speaking countries participating in the Réseau francophone de prévention des traumatismes et de promotion de la sécurité.
- Conduct studies to document the transition from CIM9 to CIM10 (French version) in order to be in a position to produce progressive data despite the significant impact observed from the standpoint of prevalence.
- Disseminate work carried out on the ICECI classification and the transition from CIM9 to CIM10.

### ***Overview of activities***

- A. Participation in the deliberations of a committee of French-speaking experts who were asked to verify and validate the contents of the French translation of the International Classification of External Causes of Injuries (ICECI). Proposals were made to amend (or preserve) the translation of certain terms in the classification, from English (ICECI) to French (CICET). A summary document will be available in 2007 (Danielle St-Laurent: [danielle.st.laurent@inspq.qc.ca](mailto:danielle.st.laurent@inspq.qc.ca)).



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## **ACTIVITY 2 – COLLABORATE WITH WHO ON INITIATIVES AIMED AT CREATING, MOBILIZING AND SUPPORTING INJURY PREVENTION NETWORKS**

- Participate in the activities of the International Organizing Committee (IOC) of the World Conferences on Injury Prevention and Safety Promotion.
- Participate in the organization of the World Conferences on Injury Prevention and Safety Promotion; for the 9th Conference in 2008 in Mexico City, support the Instituto Nacional de Salud Pública de México in collaboration with the WHO Regional Office for the Americas and WHO Headquarters.
- Support the establishment of the International Society for Violence and Injury Prevention.

### ***Overview of activities***

- A. Participation in electronic information exchanges, telephone conference calls and meetings of the Comité organisateur international des conférences mondiales sur la prévention des traumatismes et la promotion de la sécurité (Pierre Maurice: pierre.maurice@ssss.gouv.qc.ca).
  - a. Contribution to a preparatory meeting held in Mérida, Mexico in February 2006 concerning the 8th conference in Durban, South Africa and to the post-event meeting in Durban in April 2006.
  - b. Collaboration in the preparatory meeting for the 9th conference in Mérida, Mexico in February 2006.
  - c. Participation in the IOC meeting held in Geneva, Switzerland in October 2006.
- B. Dissemination of relevant information on the establishment of the Société internationale en prévention de la violence et des traumatismes in the Québec public health network and its partners in the Canadian group of experts in the realm of injury prevention and control in the Réseau francophone de prévention des traumatismes et de promotion de la sécurité (Pierre Maurice: pierre.maurice@ssss.gouv.qc.ca).





### ACTIVITY 3 – COLLABORATE ON WHO'S PROGRAM OF ACTIVITIES IN THE REALM OF SAFETY PROMOTION AND INJURY PREVENTION

- Participate in the annual meetings of the network of WHO Collaborating Centres for Violence and Injury Prevention.
- Pursue the dissemination and implementation of the *World Report on Violence and Health*.
- Pursue the dissemination and implementation of the *World Report on Road Traffic Injury Prevention*.
- Contribute to the preparation, dissemination and implementation of the *World Report on Child Injury Prevention* (to be published in 2008).
- Contribute to the adaptation in French of TEACH VIP.
- Contribute, in collaboration with WHO and PAHO, to the training of Latin American interveners in the realms of injury prevention and safety promotion.
- Promote the use of TEACH VIP in French-speaking countries.

#### ***Overview of activities***

- A. Participation in meetings of WHO Collaborating Centres on October 2 and 3, 2006 in Geneva, Switzerland. Presentation of the activity review of the Réseau francophone de prévention des traumatismes et de promotion de la sécurité (Pierre Maurice: pierre.maurice@ssss.gouv.qc.ca).
- B. Pursue the dissemination and implementation of the *World Report on Violence and Health* (Pierre Maurice: pierre.maurice@ssss.gouv.qc.ca and Jasline Flores: jasline.flores@inspq.qc.ca).
  - a. Invitation from Dr. Étienne Krug to present observations from the report at an annual event held in Montréal in October 2006 that assembles public health experts in Québec at the Journées annuelles de santé publique du Québec. All told, 345 participants took part in the symposium, from community agencies or a non-profit organization (43%); police forces or safety promotion committees (18%); the health care network (16%); government organizations (7%); and the municipal (6.7%) and education (4.2%) sectors.
  - b. Obtained financial support from the ministère de la Santé et des Services sociaux du Québec to support the implementation in Québec of the World Report on Violence and Health. This support led to the hiring at the Institut national de santé publique du Québec (INSPQ) of an expert focusing on the problem of violence who is to elaborate an action plan in the realm of violence for the coming years and establish links in the field of violence prevention with partners in the health and social services network.
  - c. Participation in the implementation of an action plan in the realm of violence prevention for Canada in the wake of the initiative of the Ontario Public Health Association and the Canadian Public Health Association.

- d. 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 broaden knowledge and develop measures aimed at children exposed to conjugal violence. Moreover, Phase 2 (2002 to 2006) of the training project for interveners working with children exposed to conjugal violence has been completed. 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 sought to: (1) heighten awareness among and train 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 in respect of such children and their families; (2) establish the foundation for intersectoral cooperation; and (3) introduce conditions likely to ensure the project's survival. Concretely, three documents for facilitators were produced that examine the problem of conjugal violence, the experience of children exposed to such violence, and intervention aimed at the children and their mothers. A video devoted to children exposed to conjugal violence and a users' guide were also produced, along with an audio CD on the victimization process stemming from conjugal violence. Training was also offered in small, intersectoral groups and the training initiatives were evaluated. Phase 3 of the project aimed at ensuring the establishment of intersectoral cooperation and the project's survival is awaiting funding (France Paradis: france.paradis@ssss.gouv.qc.ca).
- C. Pursue the dissemination and implementation of the World Report on Road Traffic Injury Prevention:
- a. Participation in the Committee on Transport and the Environment of the National Assembly of Québec in conjunction with consultations on road safety in Québec. Submission in March 2006 of a brief (see the "Publications and other outcomes" section) focusing on the impact of cellular telephone use on driving and the risk of collision and on the relevance of legislation in this respect (Diane Sergerie: d.sergerie@rrsss16.gouv.qc.ca).
  - b. Drafting in November 2005 of a public health opinion on speeding-related issues, i.e. its impact on health and measures to remedy it (see the "Publications and other outcomes" section). A systematic review of the evaluative literature was conducted with a view to supporting the Québec government in the elaboration of road safety guidelines (Diane Sergerie: d.sergerie@rrsss16.gouv.qc.ca).
  - c. Participation in the Table québécoise de la sécurité routière set up to advise the Minister of Transport on initiatives or measures that can be adopted from the standpoint of intersectoral cooperation to promote road safety. The advisory body will submit its report in 2007 (Réal Morin: real.morin@inspq.qc.ca).
  - d. Publication of a reference framework for the elaboration of local promotion programs devoted to the proper use of children's car seats (Michel Lavoie: lavoie.michel@ssss.gouv.qc.ca)

- e. Publication of a paper on the health risks posed for off-road vehicle (ORV) users and residents living along ORV trails and on knowledge on effective measures to eliminate or reduce these risks (see the “Publications and other outcomes” section) (Pierre Bergeron: pierre.bergeron@inspq.qc.ca).
- D. Translation into French of the section devoted to suicide in the basic and advanced modules of the WHO TEACH VIP training program (project under way). Participation in the revision of the translation of lessons in the basic and advanced modules (Danielle St-Laurent: danielle.st.laurent@inspq.qc.ca).
- E. Collaboration in the adaptation of the Centre québécois de ressources en promotion de la sécurité et en prévention de la criminalité (CRPSPC) Web tool to the Brazilian context.
  - a. The CRPSPC, developed by the Institut national de santé publique du Québec (INSPQ), is a virtual French-language resource centre to promote safety and crime prevention. It was designed to support local communities seeking to promote safety and crime prevention. The interest displayed by the directors of studies on violence at the University of Sao Paulo in Brazil led to a collaboration agreement on the technical development of a virtual centre adapted to conditions in Brazil and the design and updating of its contents (Louise Marie Bouchard: louise.marie.bouchard@ssss.gouv.qc.ca).

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

P. Bergeron, B. Piquet-Gauthier, R. Larocque, G. Légaré, A. Smagiassi, and S.A. Girard (2006). Mémoire déposé à la commission parlementaire sur les transports et l’environnement lors des consultations particulières et audiences publiques dans le cadre du document d’orientations sur les véhicules hors route présenté par la ministre déléguée au transport, Institut national de santé publique du Québec. 33 pages [ <http://www.inspq.qc.ca/pdf/publications/466CommissionParlementaireTransportsEnvironnement.pdf> ].

É. Blais, D. Sergerie, and P. Maurice (2006). Effet de l’utilisation du cellulaire au volant sur la conduite automobile, le risque de collision et pertinence d’une législation. Brief submitted to the Committee on Transport and the Environment of the National Assembly of Québec in conjunction with consultations on road safety in Québec, Direction développement des individus et des communautés, Institut national de santé publique du Québec, 50 pages [ <http://www.inspq.qc.ca/pdf/publications/473-MemoireCellulaireAuVolant.pdf> ].

É. Blais (2006). “Examining the effect of intensive police programs on collisions with injuries.” OACP Traffic Seminar, December 4-6, 2006, Aylmer, Ontario.

É. Blais (2006). “Effet des contrôles automatisés sur les collisions routières : une recension systématique des évaluations.” November 16, 2006 Congrès sur le contrôle de la vitesse organized by the Association québécoise du transport et des routes (AQTR), Québec City, Québec.

É. Blais (2006). "Assessing the capability of intensive police programs to prevent severe road accidents: A systematic review." Annual meeting of the Ontario Association of Chiefs of Police, Road Safety Issues, Cornwall, Ontario.

G. Lessard and F. Paradis (2006). *Forces et faiblesses de la recherche-action pour résoudre les controverses de la garde des enfants dans les cas où il y a concomitance de violence conjugale et de mauvais traitements envers les enfants*, oral presentation, Association canadienne-française pour l'avancement des sciences (ACFAS), Montréal, May 16, 2006.

Ministère de la Santé et des Services sociaux (2006). *5 X non* animated video accompanied by a facilitator's guide. Duration: 20 minutes. Aimed at 12-15-year-olds, it focuses on violence in first love affairs to heighten awareness among young people, in conjunction with the Parler c'est grandir campaign.

Ministère de la Santé et des Services sociaux (2006). *Aimer sans violence* animated video accompanied by a facilitator's guide. Duration: 18 minutes. Aimed at 12-15-year-olds, it focuses on violence in first love affairs to heighten awareness among young people, in conjunction with the Parler c'est grandir campaign.

F. Paradis, L. Arseneau, C. Lampron, and P. Maurice (2006). "Les enfants exposés à la violence conjugale, projet d'intervention concertée et intersectorielle dans la région de Québec." Colloque international violence faites aux femmes réponses sociales plurielles, CriViff, Résovi, Montréal, poster presentation, October 22-24, 2006.

SAAQ, MSSS, INSPQ (2006). Utilisation correcte des sièges d'auto pour enfants : Document d'orientation pour l'élaboration d'un programme de promotion à l'échelon local, Comité intersectoriel MSSS-SAAQ sur les sièges d'auto pour enfants, 79 pages and appendices. [[http://www.inspq.qc.ca/pdf/publications/544\\_SiegesAutoEnfants.pdf](http://www.inspq.qc.ca/pdf/publications/544_SiegesAutoEnfants.pdf)].

D. Sergerie (2005). *The Impact on Health of Speeding and Measures to Remedy It: Summary of Knowledge*, Direction développement des individus et des communautés, Institut national de santé publique du Québec, 130 pages [<http://www.inspq.qc.ca/pdf/publications/437-AvisSurLaVitesseAuVolant.pdf>].

## **ACTIVITY 4 – SUPPORT THE WHO GLOBAL MENTORING PROGRAM**

- Participate in the program's development.
- Serve as a mentor.

### ***Overview of activities***

- A. Participation in a meeting on the orientation of the overall WHO mentoring program in Durban, South Africa on April 3, 2006 (Pierre Maurice: pierre.maurice@ssss.gouv.qc.ca).



## ACTIVITY 5 – SUPPORT TRAINING AND PROGRAMMING INITIATIVES IN THE REALM OF FALL PREVENTION AMONG THE ELDERLY THROUGH THE DEVELOPMENT OF:

- tools in the realm of fall prevention among the elderly;
- a training program that targets staff, including physicians, in the health services network.

### *Overview of activities*

#### A. Pursuit of the implementation at the regional, provincial and international level of programs stemming from the reference framework on fall prevention in a service continuum for seniors living in their own homes

This reference framework for fall prevention is intended for elderly people 65 years of age or over still living in their own homes who have fallen during the past year or who have difficulty walking or maintaining their balance. It comprises three main components: the **tailor-made multifactorial intervention** component, aimed at detecting and evaluating risk factors and producing tailor-made measures to reduce such risks; the **non-customized multifactorial intervention** component, aimed at making available group exercise programs designed to enhance muscular strength and balance and inform the clientele about other risk factors. The integrated dynamic balance (PIED) sub-program stems from this component and focuses on fall risk factors. It consists in a series of group exercises designed to enhance the balance and muscular strength of the lower limbs. The **preventive medical measures** component seeks to enhance preventive clinical practices pertaining to the problem by providing general practitioners with applied training and treatment tools.

#### *Activities at the provincial level:*

- a. The Institut national de santé publique du Québec produced an implementation guide for the **tailor-made multifactorial intervention** component aimed at health care network professionals and organized accredited training sessions in respect of the tailor-made and non-customized multifactorial intervention components. As for the **preventive medical measures** component, in 2006 a medical scientific committee responsible for proposing a consensus on medical practices in the realm of fall prevention among seniors living in their own homes was set up. The committee comprises physicians (general practitioners, geriatricians and public health specialists) and research professionals from several regions of Québec. The committee's deliberations will allow for the development of facilitative practice tools, training content, and an implementation guide for the preventive medical measures component of the fall prevention service continuum (Denise Gagné: [denise\\_gagne@ssss.gouv.qc.ca](mailto:denise_gagne@ssss.gouv.qc.ca); and Émilie Raymond: [emilie.raymond@ssss.gouv.qc.ca](mailto:emilie.raymond@ssss.gouv.qc.ca)).

- b. The Institut national de santé publique du Québec (INSPQ) and the ministère de la Santé et des Services sociaux du Québec (MSSS) elaborated a monitoring plan in respect of falls among elderly adults that proposes the most relevant objectives, indicators that reflect the scientific literature, and a conceptual model.
- c. Moreover, the Institut national de santé publique (INSPQ) is coordinating the mandate to evaluate the implementation of the fall prevention service continuum throughout Québec, in particular the degree of implementation, the process and the determinants of success.
- d. A study was produced to ascertain the impact of the PIED program when it is adopted in a community context. The findings reveal that the program significantly enhances the participants' static equilibrium and mobility within three months of their registering in the program (Yvonne Robitaille: yvonne.robitaille@inspq.qc.ca).

*Activities at the regional level:*

- e. Following the publication by the MSSS of the reference framework on fall prevention and the organization by the INSPQ of support activities, several regions mobilized to implement one or more components of the continuum. The implementation process varies widely from one region to the next: some regions are in the start-up phase and others are in the process of consolidating and broadening the activities.

*Activities at the international level:*

- f. Québec collaborated with France, Belgium and Switzerland in drafting a reference framework on good practices in the realm of fall prevention among the elderly living at home. The document was produced in conjunction with the activities of the Réseau francophone de prévention des traumatismes et de promotion de la sécurité and is the first work of its kind in French. It is intended to offer all health and medico-social professionals such as physicians, nurses, kinesiologists, occupational therapists, personal aides, program managers and directors of professional training the means to screen individuals at risk of falling 65 years of age or over living at home and propose to them adapted, effective measures. The reference framework focuses on action and is intended for multidisciplinary use (Pierre Maurice: pierre.maurice@ssss.gouv.qc.ca).
- g. Training on the PIED program was organized at the international level. It was held in October 2005 in conjunction with cooperation between France and Québec and exchanges between health education trainers from France and Québec. Some 30 French trainers from the Fédération française EPMM Sport pour tous from 13 pilot regions were trained to enable them to implement the Québec PIED program in France. A follow-up committee made up of French and Québec institutional partners will oversee the adaptation in France of the PIED program. The committee's objective is to ensure the Québec program's integrity and introduce an evaluation protocol to ascertain the efficacy of the program proposed in France (Pierre Maurice: pierre.maurice@ssss.gouv.qc.ca).
- h. Québec officials met with missions from Belgium and Switzerland to pool information on activities under way in the realm of fall prevention among elderly people.



***Publications and other outcomes***

J. Filiatrault, M. Parisien, S. Laforest, C. Genest, F. Trickey, M. Fournier, L. Gauvin, and Y. Robitaille, "An Effective And Feasible Community-Based Falls Prevention Program," poster presentation at the congress of the Canadian Association of Occupational Therapists, Montréal, June 2006.

J. Filiatrault, Y. Robitaille, L. Gauvin, S. Laforest, M. Fournier, M. Parisien, H. Corriveau, and L. Richard (2006). "Gardez PIED sans augmenter sa peur de chuter !", congress of the Canadian Association of Occupational Therapists, Montréal, 2006.

Carole Genest (2006). "Québec : inciter à l'activité physique et enrayer la peur de tomber." *La Santé de l'homme* 381, 42:43.

Institut national de prévention et d'éducation pour la santé (INPES) (2005). *Prévention des chutes chez les personnes âgées à domicile. Référentiel de bonnes pratiques*. Réseau francophone de prévention des traumatismes et de promotion de la sécurité, France, directed by H. Bourdessol and S. Pin, Éditions INPES, 155 pages.

Y. Robitaille, S. Laforest, M. Fournier, L. Gauvin, M. Parisien, H. Corriveau, F. Trickey, and N. Damestoy, "Moving Forward in Falls Prevention: A Plausibility Study of the Effectiveness of an Exercise Intervention to Improve Balance among Older Adults Offered in Real-World Settings", *AmJ Public Health* 2005, 95:2049-2056.

***Evaluation***

Most of the projects presented encompass evaluative components and some of them are evaluation projects. Activities "c" and "d" presented below are examples.



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## **ACTIVITY 6 – HOST IN QUÉBEC FOREIGN MISSIONS FROM FRENCH-SPEAKING AND OTHER COUNTRIES AND ACCEPT TRAINEES, ESPECIALLY FROM LATIN AMERICA AND EUROPE**

### *Overview of activities*

- A. Reception of a Belgian delegation in conjunction with the bilateral Wallonie-Bruxelles/Québec accord and presentations on conjugal violence in Québec. Meetings were held on October 25, 2006 with representatives of the ministère de la Communauté française de Belgique at the offices of the ministère de la Santé et des Services sociaux du Québec (France Paradis: France.paradis@ssss.gouv.qc.ca).
- B. Reception of a Moroccan delegation in conjunction with the Appui à l'opérationnalisation du Comité de pilotage du plan opérationnel de la Stratégie nationale de lutte contre la violence envers les femmes project of the Fonds d'appui à l'égalité entre les sexes au Maroc of the Canadian International Development Agency (CIDA) and presentation to the delegation. The visit enabled members of the committee and the unit responsible for this question in the Secrétariat d'État chargé de la Famille, de l'Enfance et des Personnes Handicapées to discuss their experience and policies designed to combat domestic violence in Canada and Morocco. It also enabled the committee to broaden its knowledge of the Québec and Canadian model to coordinate and collaborate in respect of the policy to combat domestic violence (France Paradis: France.paradis@ssss.gouv.qc.ca).
- C. Reception of a representative of the health and social department in the health sciences faculty at the University of Linköping, Sweden on December 7, 2006 and presentation made to the representative. The meeting took place under the theme of safety promotion strategies in Québec from the standpoint of fall prevention and the prevention of conjugal violence and the problems that children who are exposed to conjugal violence experience. A presentation was also made on projects elaborated in conjunction with the partnership with the ministère de la Sécurité publique to enhance community safety (Pierre Maurice: pierre.maurice@ssss.gouv.qc.ca).
- D. Reception in December 2006 of a trainee and an official responsible for external relations at the Institut national de prévention et d'éducation pour la santé (INSPE) in France. Presentation and discussion of the health promotion strategies adopted in Québec with particular emphasis on injury prevention and safety promotion (Réal Morin: real.morin@inspq.qc.ca).
- E. Participation in a postdoctoral training seminar on suicide prevention in conjunction with the activities of the Centre de recherche et d'intervention sur le suicide et l'euthanasie (CRISE) at the Université du Québec à Montréal. The students came from Syria, Romania, Austria, China, France and Spain (Danielle St-Laurent and Marie Julien: m.julien@rrsss16.gouv.qc.ca).



## **ACTIVITY 7 - CONTRIBUTE TO THE DEVELOPMENT OF THE INITIATIVES OF THE RÉSEAU FRANCOPHONE DE PRÉVENTION DES TRAUMATISMES ET DE PROMOTION DE LA SÉCURITÉ**

- Promote involvement by French-speaking countries in safety promotion and injury prevention.
- Participate in the organization of seminars in the French-speaking network.
- Collaborate on training initiatives organized for French-speakers through the participation in the organization of:
  - the injury prevention and safety promotion module at the Université d'été de santé publique de Besançon, France;
  - training in conjunction with international events, e.g. the French-language seminar and world conference.
- Help to mobilize French-speaking countries in Africa in the realm of safety promotion and injury prevention by means of:
  - support for AFRO to engage in follow-up to the consultations held in Brazzaville at the Réunion des hauts fonctionnaires chargés de la prévention et du contrôle des traumatismes en Afrique francophone;
  - the dissemination of information and tools;
  - training initiatives;
  - the integration of African professionals into the Réseau francophone de prévention des traumatismes et de promotion de la sécurité.
- Foster the exchange of expertise among professionals working in French-speaking countries.

### ***Overview of activities***

#### **A. Collaboration in the implementation of an awareness and information campaign devoted to non-violence in all Algerian schools**

The Direction de santé publique de Montréal, the CECOM at the Hôpital Rivière-des-Prairies and the Association pour la prévention de la violence en Algérie (APV) are implementing in Algeria a violence prevention program called **Salamouna** based on three Montréal programs, Comment développer l'estime de soi, Contes sur moi and Le sac à dos. Established in 2002, the project, which subsequently became a program, was implemented in September 2004 in three pilot schools in Alger and is being evaluated. A video was produced in 2005 and presented in Alger in November 2006.

The video features the interveners who adapted the program, the school principals who established optimum conditions to foster the program's implementation, and the teachers, parents and children who tested it. It shows how classroom activities are carried out and

is intended to spark interest in Algerian schools for undertaking at their own pace a prevention approach whose impact can be observed in the short term. Once the evaluation has been completed, the program may be extended to all Algerian schools. Public schools outside Alger in Tizi Ouzou indicated their intention to implement the program in September 2007. The 22-minute *Salamouna* video also makes it possible to broach the question of the potential and limitations of prevention programs (Pierre H. Tremblay: ptrembla@sante-pub-mtl.qc.ca).

**B. Coordination of and support for the realization of French-language training on safety promotion and the prevention of violence, injuries and accidents in Durban, South Africa on March 29 and 30, 2006**

It was decided during the meeting of senior civil servants responsible for injury prevention and monitoring in French-speaking Africa held in Brazzaville, Democratic Republic of the Congo in 2005 to organize French-language training on safety promotion and violence prevention. The training was offered in conjunction with the 8th World Conference on Injury Prevention and Safety Promotion held in April 2006 in Durban, South Africa. The Institut national de santé publique du Québec (INSPQ) organized the training as part of the initiatives of the WHO Collaborating Centre in partnership with the Réseau francophone de prévention des traumatismes et de promotion de la sécurité. Financial assistance from the Canadian International Development Agency (CIDA) and WHO covered the participants' travel and living expenses. The training was intended to enable participants from French-speaking African countries to promote public safety through effective injury prevention strategies. The participants engaged in a full review of the problem of violence and safety prior to the 8th World Conference, which facilitated and enriched their participation in the event. All told, eight individuals participated, from the Democratic Republic of the Congo, Rwanda, the Comoro Islands, Benin, and Ivory Coast (Jasline Flores and Pierre Maurice: pierre.maurice@ssss.gouv.qc.ca).

**C. Organizational support for and participation in the advanced training session in safety promotion and injury prevention at the 3rd Université d'été francophone en santé publique from July 2-7, 2006 in Besançon, France**

Certain members of the WHO Collaborating Centre acted as trainers for the following sub-modules: violence prevention, safety in the home (common accidents involving children and the elderly), 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 (Sylvain Leduc: sylvain.leduc.asss01@ssss.gouv.qc.ca, Danielle St-Laurent: Danielle.stlaurent@inspq.qc.ca).

**D. Support for the organization of the 7th Séminaire international de prévention des traumatismes et de promotion de la sécurité organized by the Réseau francophone de prévention des traumatismes et de promotion de la sécurité, to be held from June 21 to 23, 2007 in Bordeaux, France.**

**E. Organization of a two-day symposium under the theme "promote safety, prevent violence: when health and safety networks get involved" in conjunction with the biggest annual public health professional development meeting in Québec, *Les Journées annuelles de santé publique (JASP) 2006*. The JASP 2006 took place from**

October 23-27, 2006 at the Montréal Convention Centre. The symposium sought to: (1) recognize the safety promotion and violence prevention strategies and approaches adopted in the field; (2) grasp the critical factors for success of violence prevention initiatives in the schools; (3) update knowledge concerning street gangs and analyse preventive intervention practices aimed at young people; (4) ascertain how reliance on risk reduction strategies with respect of illegal drugs can help enhance public security.

Several French-speaking experts were invited to participate in the symposium, including, in particular, Dr. Étienne Krug from WHO, who presented worldwide observations linked to the *World Report on Violence and Health*, and Dominique Duprez from the Université de Lille in France, who took stock of violence prevention from the standpoint of the public security network in Europe. Numerous other Canadian or international experts also took part in this training activity (see the presentations in PDF on the Website: <http://www.inspq.qc.ca/jasp/archives/2006.asp?A=9> - click on Thursday the 26th and Friday the 27th).

- F. Organisation in conjunction with the JASP of a two-day symposium under the theme "health and vulnerable populations: scientific and ethical challenges, from the measurement to the dissemination of results." Part of the symposium program was devoted to chronic diseases and injuries. Dr. Philippe Meyer, an anaesthesiologist-resuscitator in the anaesthesia-resuscitation department at the Hôpital Necker-Enfant malades was invited to present a paper on French experience of overexposure of the children of migrant families to the risk of falling from great heights (Danielle St-Laurent: [danielle.st.laurent@inspq.qc.ca](mailto:danielle.st.laurent@inspq.qc.ca)).
- G. **Organization of a training session in road safety at the Unité Mixte de Recherche Epidémiologique et de Surveillance Transport Travail Environnement (UMRESTTE) at the Institut National de Recherche sur les Transports et leur Sécurité (INRETS) in Lyon, France**

A professional from the Knowledge-Surveillance Unit at the Institut national de santé publique du Québec (INSPQ) was accepted as a trainee from October 30 to December 8, 2006 at the INRETS in Lyon, France. He participated in the measurement and monitoring of road injuries, examination of the fate of road accident victims, the severity of the injuries sustained, and social inequalities with regard to traffic accidents. The general objective of the training session was to enable the participant to learn about methodological and conceptual approaches that complement those advocated by the INSPQ in Québec for the monitoring of road injuries. In this way, the trainee developed knowledge linked to the traumatology- or accidentology-centred approach adopted by the INRETS and became familiar with the analysis of the level of severity of morbidity stemming from road injuries in light of socioeconomic inequalities. The training session was carried out in conjunction with a cooperation project of the 60th Commission permanente de coopération franco-québécoise (CPCFQ) (Mathieu Gagné : [mathieu.gagne@inspq.qc.ca](mailto:mathieu.gagne@inspq.qc.ca)).

### ***Papers***

Pierre H. Tremblay (2005). "Agir à l'école pour prévenir la violence en Algérie : le projet SALAMOUNA," a violence prevention program aimed at children to find ways other than violence to resolve conflict. 6th Séminaire international de prévention des traumatismes et de promotion de la sécurité, Annaba, Algeria, November 28-30, 2005.

Pierre H. Tremblay (2006). *SALAMOUNA, un programme de prévention de la violence en milieu scolaire algérien*. Pre-premiere of the 22-minute video at the Journée de l'APV (Association de prévention de la violence), Alger, November 22, 2006.

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

Pierre H. Tremblay, Djamel Zougaleich (Constantine) and Asma Oussedick (Alger). Coordination of the workshop on violence in the schools. 6th Séminaire international de prévention des traumatismes et de promotion de la sécurité, Annaba, Algeria, November 28-30, 2005.

Y. Robitaille. "Épidémiologie des chutes en milieux communautaire et d'hébergement, chez les adultes âgés," in collaboration with Mathieu Gagné and Jean Gratton, Congrès international francophone de gérontologie et gériatrie (CIFGG) Québec City, October 3, 2006.



## ACTIVITY 8 - OTHER ACTIVITIES OF INTEREST

### *Overview of activities*

#### **Injuries sustained by children in the home**

Appearance before the Board of Review Inquiring into the Nature and Characteristics of Baby Walkers, which was set up at the request of a baby walker distributor to overturn the decree approved in 2004 by the Governor in Council. The INSPQ appeared before the Board of Review to highlight key public health arguments to be considered in respect of this problem and to formulate its recommendations. The testimony raised questions on the reasons for which parents give small children walkers and to study the devices' dangerousness, even when they are built according to the American ASTM standard of 1997. A position was formulated to maintain the Canadian decree adopted in 2004 (Sylvain Leduc: sylvain.leduc.asss01@ssss.gouv.qc.ca and Pierre Maurice).

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

Josephina Alvarez (2006). *Vivre en sécurité, se donner les moyens : Les diagnostics locaux de sécurité - Une étude comparée, pour mieux comprendre et mieux agir*. Elaboration of a safety diagnostic kit designed for local communities. Centre international pour la prévention de la criminalité and Institut national de santé publique du Québec, 134 pages [<http://www.inspq.qc.ca/pdf/publications/432-DiagnosticsLocauxSecurite.pdf>].

M.-È. Breton, F. Paradis, R. Pilote, and P. Maurice (2006). *Consolidation des pratiques en violence conjugale dans les CLSC du Québec, Étude exploratoire*. Direction développement des individus et des communautés, Institut national de santé publique du Québec, 105 pages [<http://www.inspq.qc.ca/pdf/publications/574-ConsolidPratiquesCLSCViolenceConj.pdf>].

Mathieu Gagné (2006). *La mortalité par traumatismes non intentionnels chez les jeunes québécois de moins de 20 ans : une comparaison internationale* Institut national de santé publique du Québec, 100 pages [<http://www.inspq.qc.ca/pdf/publications/522-MortaliteTraumatismesNonIntentionnels.pdf>].

C. Goulet, B. Hagel, D. Hamel, and G. Légaré (2006). "Self-reported skill level and injury severity in skiers and snowboarders." 8th World Conference on Injury Prevention and Safety Promotion, Durban, South Africa.

C. Goulet and D. Hamel (2006). "A population-based study on sport and recreational activity injuries in Québec in 2004." 8th World Conference on Injury Prevention and Safety Promotion, Durban, South Africa.

D. Hamel and C. Goulet (2006). "Étude des blessures subies au cours de la pratique d'activités récréatives et sportives au Québec en 2004." Québec: Institut national de santé publique du Québec, Ministère de l'Éducation, du Loisir et du Sport du Québec [<http://www.inspq.qc.ca/pdf/publications/520-BlessuresActivitesSportives.pdf>]

S. Leduc and P. Maurice. Testimony by the Institut national de santé publique du Québec before the Board of Review Inquiring into the Nature and Characteristics of Baby Walkers, December 2006 [<http://www.inspq.qc.ca/pdf/publications/582-TemoignINSPQEtudeMarchettesBebes.pdf>].

R. Levaque, L. Le Hénaff, and P. Maurice (2006). *Vivre en sécurité, se donner les moyens : Formation pour l'amélioration de la sécurité et la prévention de la criminalité à l'intention des collectivités locales*. Centre international pour la prévention de la criminalité and Institut national de santé publique du Québec, 207 pages [[http://www.crpspc.qc.ca/formation\\_securite\\_criminalite.pdf](http://www.crpspc.qc.ca/formation_securite_criminalite.pdf)].

J.-P. Trépanier, D. Sergerie, and É. Blais (2006). *Avis de santé publique sur la sécurité dans les piscines résidentielles et publiques au Québec*. Direction développement des individus et des communautés, Institut national de santé publique du Québec, 103 pages [<http://www.inspq.qc.ca/pdf/publications/554-ConsolidPratiquesCLSCViolenceConj.pdf>].

Direction and supervision of a master's thesis at the École de criminologie, Université de Montréal, devoted to firearms: *L'effet des législations canadiennes entourant le contrôle des armes à feu sur les crimes, les suicides et les traumas y étant associés*. Starting date: fall of 2006 (Étienne Blais: [etienne.blais@umontreal.ca](mailto:etienne.blais@umontreal.ca)).

## **OUTLOOK FOR THE COMING YEARS**

The mandate of the WHO Collaborating Centre was renewed until 2010. In keeping with its mission, the objectives of the action plan and the collaboration initiatives already undertaken, the Centre will, insofar as it is able and its expertise allows, participate in the implementation of initiatives pertaining to the WHO strategy for the prevention of violence and unintentional injuries.

The Collaborating Centre hopes to play a more important role in violence prevention and also in the evaluation of the impact of public policy on individual safety. It is interested in achieving broader collaboration with northern and southern French-speaking countries in the realm of injury prevention and safety promotion. It is also willing to develop collaboration themes with other centres of expertise in North America.

### ***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**



## APPENDIX - PARTICIPATING ORGANIZATIONS

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

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

In keeping with other branches in the MSSS, the Direction générale de la santé publique assists the Minister in establishing health and social services policies and programs and ensures their implementation and administration by health and social services agencies and their evaluation. The DGSP coordinates the province-wide 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 the determinants of health and well-being by intervening directly with the public and in respect of the systems governing Quebecers in order to prevent social and health problems and to promote good health.

Its initiatives are aimed specifically at reducing deaths from diseases and injuries, morbidity, disabilities and handicaps. Safety promotion and the prevention of intentional and unintentional injuries are a priority in the DGSP.

#### ***Institut national de santé publique du Québec***

The enabling legislation of the Institut national de santé publique du Québec (INSPQ), which was established in 1998, stipulates that its mission is to advise the Minister of Health and Social Services and the health and social services agencies in fulfilling their public health mission. It must consolidate and develop public health expertise and make it available to all Quebecers. To this end, it must help develop, disseminate and put into practice new knowledge, inform the Minister and the public about priority health problems and the measures necessary to deal with them, and contribute with the universities to public health training programs. Moreover, given Québec's willingness to share with other nations its experience and success in the realm of public health, the INSPQ must also establish links with a broad range of national and international organizations.

To fulfil its mission, the INSP has adopted an open, decentralized organizational model that relies on the public health expertise available in Québec centred on a network-based operating method in order to cover the full range of necessary research, training, communications and services. The network's resources are grouped by themes, one of which is development, adaptation and public safety.

It is under this theme that expertise related to the prevention of unintentional injuries, violence and suicide and expertise pertaining to safety promotion and security in the community are developed.

### ***Regional public health branches***

The Québec public health network comprises 18 regional health branches. Under the mandate assigned to him by the Minister of Health and Social Services, the Québec regional public health director is responsible in his region for:

1. informing residents of the general state of individual health, priority problems, the most vulnerable groups, key risk factors and the measures he deems to be effective to monitor their development and, if need be, conducting the necessary studies or research;
2. pinpointing situations likely to threaten 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* (R.S.Q., c. P-35).

In keeping with this mandate, several regional public health branches in Québec have elaborated initiatives to promote safe environments and behaviour and to prevent intentional and unintentional injuries. The four regional public health branches involved in the WHO 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 on the south shore of the Island of Montréal. It has roughly 160 employees, including three professionals assigned to the prevention of injuries, violence and suicide. Since 1985, this group has been responsible for the development, promotion and implementation of injury prevention programs covering roads, the home, and sports and recreational activities, and in respect of violence and suicide 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 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 elderly 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 (INSPQ). Through its mission of international cooperation, the INSPQ is responsible for ensuring the Centre's leadership and coordination.

Within their respective mandates, these partners 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.



- Institut national de santé publique
- Ministère de la Santé et des Services sociaux
- 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



Organisation mondiale de la santé  
World Health Organization

