

# DSC

Département de santé communautaire Community health department

Hôpital Général  
LAKE SHORE  
General Hospital

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INSPQ - Montréal



3 5567 00001 4339

175.chemin Stillview #310  
Pointe-Claire, Québec  
H9R 4S3, (514)694-2055

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Institut national de santé publique du Québec  
4835, avenue Christophe-Colomb, bureau 200  
Montréal (Québec) H2J 3G8  
Tél.: (514) 597-0606

**"VILLES ET VILLAGES EN SANTE"**

**OR**

**"HEALTHY TOWNS AND CITIES"**

**WORKING TOWARDS A HEALTHY COMMUNITY ...**

**Marina Bédard, B.Sc.  
Program Officer  
Responsible for  
"Villes et Villages en santé"**

**Josette Thibault, sociologist  
Program Assistant  
"Villes et Villages en santé"**

**Claire Villeneuve  
Technical Support Staff**

**January 1990**

**An initiative of the Community Health Department (CHD).**

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**For further information, contact:**

**Community Health Department  
Lakeshore General Hospital  
175 Stillview, Suite 310  
Pointe Claire, Quebec  
H9R 4S3                    Telephone: (514) 694-2055  
                            Fax:                            (514) 694-5187**

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January 25, 1990

Hôpital Général  
LAKE SHORE  
General Hospital

To all West Islanders:

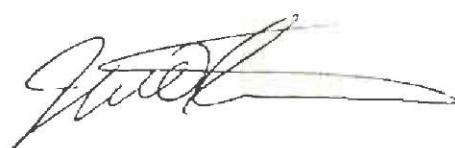
The members of our community are increasingly interested in protecting their quality of life and are now expressing their concerns with regard to health problems.

In the past few years, municipal leaders have been making a concerted effort, in response to these concerns, to actively improve QUALITY OF LIFE in the community, encouraging the involvement of local citizens.

"VILLES ET VILLAGES EN SANTE", the concept explained in this document, is an excellent tool for this purpose. Based on a multisectorial approach and citizen participation, it will allow us to work together to achieve our common goals.

Municipal leaders, health organizations, citizens' groups and others are therefore invited to join the movement towards "VILLES ET VILLAGES EN SANTE", so that together, we can meet the needs of our population and continue to improve their health at every level: physical, mental, social and economic.

Health is everyone's concern. Let's work together to develop a healthy community to improve the welfare of all our fellow citizens!

  
John Osterman  
Head  
Lakeshore Community Health  
Department

  
Malcolm Knox  
Mayor  
Pointe Claire

The following people have been informed about the "VILLES ET VILLAGES EN SANTE" concept and have agreed to lend their support for implementing this concept at the municipal and territorial levels.

**John Osterman**

- Head of the Lakeshore CHD;
- Jointly responsible for the "VILLES ET VILLAGES EN SANTE" file at the regional level;
- Vice Chairman of the Regroupement des DSC du Montréal métropolitain (RDSCMM).

**Daniel Tremblay**

- Coordinator of Research and Programming, Lakeshore CHD.

**Malcolm Knox**

- Mayor of the City of Pointe Claire;
- Vice President of the West Island Business Development Council;
- Responsible at the municipal level for the "VILLES ET VILLAGES EN SANTE" file for the West Island;
- Member of the Board of Directors of the STCUM;
- Member of the Executive Committee of the Conference of Suburban Mayors of Montreal.

**Marcel Carmoni**

- Director of Human Resources;
- Responsible for the "VILLES ET VILLAGES EN SANTE" file for the city of Pointe Claire.

**Peter Yeomans**

- Mayor of the City of Dorval;
- Chairman of the MUC transportation commission;
- Vice President of the Executive Committee of the Montreal Urban Community.

**Nunzio "Nick" Discepola**

- Mayor of the City of Kirkland;
- Member of the Board of the MUC.

**Russel Williams**

- Provincial Member of the National Assembly, Nelligan Riding.

**Supporters (continued)**

**Robert Layton** . Member of Parliament, Lachine Lac Saint-Louis Riding;  
. Head of the federal PC Caucus.

**Jacques Mongeau** . Chairman of the Baldwin-Cartier School Board;  
. Chairman of the Island of Montreal School Council.

**Marcel Arsenault** . Executive Director of the Baldwin-Cartier School Board.

**Don Myles** . Chairman of the Board of Directors, Lakeshore General Hospital.

**Roy Amaron** . Chairman of the West Island Chamber of Commerce.

**Réal Lacombe** . Physician, in charge of the provincial "VILLES ET VILLAGES EN SANTE" network, St-Sacrement CHD, Québec.

**Louis Poirier** . Coordinator of the provincial "VILLES ET VILLAGES EN SANTE" network, St-Sacrement CHD, Québec.

**Sandra Golding** . Executive Director, CLSC Lac Saint-Louis.

**Jean-Marc Hétu** . Chairman of the Board of Directors, CLSC du Vieux La Chine;  
. Municipal Councillor for the city of Lachine.

**Léo Pétrin** . Chairman of the Sault-St-Louis School Board.

**Gerry Weiner** . Federal Member of Parliament for Dollard-des-Ormeaux, Pierrefonds and Roxboro;  
. Secretary of State and Minister of Multicultural Affairs and Citizenship.

**Supporters (continued)**

**Claude Dauphin** . M.N.A. for Marquette (Ville St-Pierre, Lachine and part of Ville Lasalle);  
. Chairman of the Institutions Commission.

**Edward Janiszewski** . Mayor of Dollard-des-Ormeaux.

**Guy Descary** . Mayor of Lachine;  
. Chairman of the Public Security Commission (MUC).

**Sam Elkas** . M.N.A. for Robert-Baldwin;  
. Ministre des transports et ministre de la sécurité publique.

**Gérard Robertson** . Chairman of the Board of Directors, CLSC Pierrefonds.

**Marcel Morin** . Mayor of Pierrefonds.

Other meetings are planned with key people in the community to inform them about the project and to ask them to join the movement.

**Others: (to be added)**

GLOSSARY

EXPLANATION OF THE ABBREVIATIONS USED IN THIS TEXT

CHD: Community Health Department

CLSC : Local community service centre

CSST: Occupational health and safety commission

MENVIQ: Quebec Ministry of the Environment

MUC: Montreal Urban Community

RAAQ: Quebec Automobile Insurance Board

SSC: Social Service Centre

WHO: World Health Organization

PSBGM: Protestant School Board of Greater Montreal

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## INTRODUCTION

The purpose of this document is to inform the municipalities and other groups and organizations active in the territory of the Lakeshore General Hospital's Community Health Department (CHD) about the "VILLES ET VILLAGES EN SANTE" concept in Quebec.

The document begins with a brief description of the territory, the history of the concept, its definition and objectives, the criteria suggested by the World Health Organization (WHO) and essential factors for participation.

Secondly, there is a brief explanation of "CONCERTATION" \* the approach used to implement the concept, as well as the importance of establishing a committee, the method recommended for implementing the project.

Next, there is a brief description of some examples of activities carried out in collaboration with community partners to concretize the concept.

You will also find as reference a sample request form for official " VILLES ET VILLAGES EN SANTE" recognition which should help orient and develop a municipal resolution.

This document should serve as a tool for facilitating the adaptation of this concept to each individual municipality, allowing us all to move together towards A HEALTHY COMMUNITY.

This document will be updated by the CHD as developments occur at the level of community involvement.

\* The french term "concertation" will be used throughout this text, since there is no exact equivalent in English.

## 1. DESCRIPTION OF THE LAKESHORE CHD TERRITORY

The territory is situated on the western tip of the Island of Montreal, and covers an area of 170 km<sup>2</sup>. It consists of fourteen (14) municipalities and has a population of 224,674 (1986). The vast majority of the municipalities (11 of the 14) are waterfront communities. In fact, the CHD's territory is bounded by water on three sides: Lake St. Louis, Lake of Two Mountains and Rivière des Prairies.

The area is largely residential, but it also has a sizeable industrial sector, although the number of industries and the area they cover, from east to west, is on the decline. The opposite is true, however, for the residential sector, which is growing. Each municipality has its own commercial sector and there is also a considerable number of green spaces, compared to the other municipalities in the Montreal Urban Community.

In terms of transportation, the territory is crossed by three major highways (20, 40, 13) and railway tracks. All Dorval airport installations are situated in the territory as well.

Three CLSCs have been established in the territory: CLSC Lac Saint-Louis, CLSC du Vieux La Chine and CLSC Pierrefonds. (See map in Appendix I).

The population of the Lakeshore CHD can generally be characterized as young, well-educated and high-income. However, these overall characteristics conceal some serious inequalities.

## 2. HISTORY OF THE "VILLES ET VILLAGES EN SANTE" CONCEPT

The concept was developed in 1960 by Dr. Leonard Duhl, a professor of urban planning and public health at the University of California. The idea was further developed at a conference held in Toronto in 1984. A number of people from the World Health Organization (WHO) in Europe who attended the conference, then invited European cities to establish "HEALTHY CITIES" projects as part of an overall strategy entitled "HEALTH FOR ALL 2000". Since then, similar projects have been established around the world, in Europe, Australia, the United States and Canada.

In 1987, the Quebec movement called "VILLES ET VILLAGES EN SANTE" was launched, along with the Canadian "HEALTHY CITIES" movement. Toronto and Edmonton were the first cities to join the movement in English Canada, and other cities soon followed suit. In Quebec, there were 20 municipalities in the provincial network by February 1990: Sherbrooke, Rouyn-Noranda, Pointe Claire, Beauport, Montmagny, Pintendre, Quebec City, etc. One Montreal district, Mercier East, is experimenting with the concept. Other cities and towns, often in conjunction with their community health departments (CHD) and/or local community service centres (CLSC) are developing programs in their own communities.

Closer to home, in January 1988, the Lakeshore CHD asked Pointe Claire's Mayor Malcolm Knox to have City Council appoint a representative to the provincial committee working to promote the "VILLES ET VILLAGES EN SANTE" concept. A few months later (August 1988), the city of Pointe Claire passed a municipal resolution making it the first city in the CHD's territory and in the Greater Montreal Area to officially join the provincial movement

(See Appendix II). Nunzio Discepola, the Mayor of Kirkland, announced that City Council had passed a municipal resolution officially accepting the concept on March 16, 1990. On March 26, 1990, Mayor Guy Descary of Lachine passed a similar resolution. On January 22, 1990, Peter Yeomans, Mayor of Dorval, presented the concept to his councillors and a resolution is expected to be passed in the near future. Other cities have been contacted and have shown an interest in the concept (Dollard-des-Ormeaux, Pierrefonds, etc.). Furthermore, there is evidence of a very clear political will at the territorial level, as shown by the list of our supporters. The politicians we have contacted have expressed the wish to see this movement spread to encompass all of the municipalities in the territory. This would facilitate the coordination of mayor projects undertaken to improve citizens' quality of life.

Closer contact with the provincial "VILLES ET VILLAGES EN SANTE" network is important to publicize our work; it is also an excellent source of information and a means of exchanging ideas and discussing common problems, to find solutions and improve the quality of life for our citizens. Already, a number of public health actions taken recently by several cities in our community, in conjunction with the Lakeshore CHD, have proved to be good reference models for those who are interested in doing further work in this area. Recently, the Municipal Affairs department produced a document and started a training program for health workers who would like to develop joint projects with the municipalities. The purpose of these two actions is to promote effective work with the municipalities. This concept is original in that it brings together the fields of health and municipal affairs. Its definition and objectives as outlined in the next few pages will explain the concept.

### 3. DEFINITION AND OBJECTIVES OF THE "VILLES ET VILLAGES EN SANTE" CONCEPT

#### A. Definition

The generally accepted definition of "VILLES ET VILLAGES EN SANTE" is the one proposed by Duhl and Hancock:

"A healthy city is one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential."

This is an innovative concept in its political, administrative and human approach. It encourages people to become involved, to achieve an optimal level of well-being, a prime concern for all individuals, while also taking into account one of the most important basic criteria of the concept: SOCIAL EQUALITY.

#### B. Objectives

The "VILLES ET VILLAGES EN SANTE" concept has a number of objectives, namely to:

- Encourage efforts to achieve "Health for All" in the community.
- Apply new concepts of health promotion and quality of life.
- Clearly place health on the list of social and political issues to be studied.
- Reassert the value of the concept of public health.
- Create a rallying point for interministerial and intersectorial action.

- Promote an ideal view of development for different cities.
- Encourage community participation in discussions and activities on the subject of health for all.
- Develop a comprehensive policy at the municipal level based on the needs of the community and the orientations contained in the "HEALTHY CITIES" concept.

The above objectives are therefore of prime importance in the implementation of the concept.

#### **4. SUGGESTED CRITERIA FOR A "HEALTHY CITY"**

Now that we have defined the "VILLES ET VILLAGES EN SANTE" concept and its objectives, let us look more specifically at the general criteria to which initiators of the project should refer in their efforts to achieve a "HEALTHY TOWN OR CITY".

These criteria were suggested by Dr. Trevor Hancock and Professor Duhl in their document entitled, "Toward Healthy Cities":

- A quality environment.
- A stable ecosystem, likely to remain stable in the long-term.
- The ability to satisfy the essential needs of all residents (food, water, housing, income, safety, work, recreation).
- Community life based on mutual support and social equality.
- Active participation by the public in decision-making and the monitoring of these decisions, particularly when it comes to the life, health and well-being of the residents.
- Access by residents to a wide range of experiences and resources with the possibility of multiple contacts as well as interaction and regular communications.
- Encouragement of links with the past, with cultural and biological heritage as well as with other groups and other people.
- Urban structure compatible with the conditions and activities described above.
- A diversified, thriving and innovative urban economy.
- An optimal level of public health as well as social and educational services that are accessible to all.

- Good health (people must have a better quality of life and fewer diseases).

Although these are the criteria that have been proposed, it is up to each city in the territory to establish a consensus on their own criteria for the well-being of their citizens.

Finally, to be involved in the "VILLES ET VILLAGES EN SANTE" movement, there are certain elements which must be considered.

5. ELEMENTS ESSENTIAL TO A MUNICIPALITY'S PARTICIPATION IN THE "VILLES ET VILLAGES EN SANTE" PROGRAM

A municipality wishing to become involved in the "VILLES ET VILLAGES EN SANTE" project must be prepared to make the following commitments:

- Pass a resolution by Council outlining a political commitment to a public political approach to health or quality of life.
- Adopt an intersectorial strategy of cooperation (e.g. and/or hospital/CHD, CLSC, SSC, school boards, Chamber of Commerce, association of mayors, members of the National Assembly, police departments, groups representing the community, etc.).
- Involve members of the community in the project.
- Share information produced by the project with the other participating municipalities.
- Evaluate local projects.
- Update municipal management tools to integrate the health issue (e.g. urban planning).

To carry out these commitments, "concertation" is the approach recommended by the experts.

## 6. "CONCERTATION": THE RECOMMENDED APPROACH

"Concertation" is the recommended approach based on the guidelines put forward by the "VILLES ET VILLAGES EN SANTE" concept. It assumes that participants will be open to the views of citizens and groups representing different sectors: municipal, political, educational, economic, social and health.

Pierre Lebel describes "concertation" in these terms:

"Concertation" or community participation calls for a convergence of wills, encounters, meetings. It involves cooperation, exchange, participation, communication, positive relations (confidence), a combination and coordination of efforts, a striving for coherence. It develops a system of relationships that comprises two points of view, rejecting the excessive exercise of power or position a priori, confronting the two points of view and seeking a common solution which can help all partners progress."

To obtain a maximum level of health for our population and to improve its quality of life, we feel that it is a priority for involved and interested multisectorial partners to work together. This must first be done within their respective communities to correctly identify their needs. They may then move on to territorial action in terms of decision-making and action.

Based on this consultative approach, the various municipal representatives must get together to define the strategies that will allow them to achieve their pre-determined objectives.

It is nevertheless suggested that readers refer to the intervention strategies proposed by the Ottawa charter on health promotion (1986). This includes:

- Establishing policies on health issues.
- Developing individual aptitudes and resources.
- Strengthening community action.
- Creating an environment that is favourable to good health.
- Reorienting health services.

Other strategies such as communication, social marketing, health education, lobbying, etc. can support the actions stemming from these objectives.

We hope that all those who will help to implement this concept in their municipality and then throughout the community as a whole, will not forget to stress this approach. This will guarantee the success of the movement as well as being a rallying point for any "HEALTHY CITY", "HEALTHY TOWN", "HEALTHY NEIGHBOURHOOD," "HEALTHY CHAMBER OF COMMERCE", "HEALTHY SCHOOL," etc. committee.

## 7. "VILLES OU VILLAGES EN SANTE" ETC. COMMITTEE

To promote the concept of "VILLES ET VILLAGES EN SANTE" to better define its objectives, orientations and strategies, to better define the needs of citizens and to prioritize interventions, it is suggested, for the specific purposes of this project, that each municipality set up a special committee.

This committee will respect the already-established structures for "concertation" which guided city council in its decision-making for earlier projects. It is, however, very important to ensure participation by a wide variety of groups representing the **HEALTH FIELD** and the **SOCIAL, ECONOMIC** and **CULTURAL** mosaic of each municipality.

Concretely, this committee should be composed of a wide range of representatives from the community, from various organizations or groups of individuals, e.g.: CHD, CLSC, SCC, school boards, police departments, community groups, senior citizens' groups, Chamber of Commerce, etc. as well as a number of municipal departments. A multisectorial approach is required, since one sector, regardless of which it is, cannot hope to have all the answers. In addition to the Mayor, the presence of political representatives, the Executive Director and municipal councillors in this committee is highly desirable. (Appendix III: example of Pointe Claire's committee).

The various projects suggested by the committee will be submitted by the Mayor and/or the Executive Director to City Council for approval, depending on the existing structure.

The Lakeshore CHD, in conjunction with the municipalities in the territory that are interested in working with the concept, has agreed to help them set up such a committee, clarify its mandate, teach participants about the "VILLES ET VILLAGES EN SANTE" concept, respect its development and support the actions it undertakes.

To facilitate the establishment and functioning of such a committee, the appointed municipal representative must have, in addition to great enthusiasm, a knowledge of community problems, a public health oriented attitude, and an open-minded view of community concerns and the concept, i.e. a constant concern for citizens' health and welfare. In addition, the representative must be willing to share his or her expertise to promote the concept of a "HEALTHY COMMUNITY."

## 8. TOWARDS A HEALTHY COMMUNITY...

Already, a number of well-known people in our community have demonstrated their enthusiasm and concern for collective welfare through their actions, first locally, then at the Montreal Urban Community (MUC) level, and even at the provincial and federal levels.

The participation of the Lakeshore CHD and the city of Pointe Claire in the provincial "VILLES ET VILLAGES EN SANTE" network has also made it possible to observe that in the Lakeshore CHD's territory, several cities are already concerned with orienting their municipal administration towards a comprehensive health policy.

These municipalities are perfect potential participants in the movement, based on what we have observed of the socio-economic advantages already acquired, the cooperation of multisectorial partners, the positive attitude of the leaders of these municipalities, and of many of their employees, together with the population's awareness of their health needs/problems and their involvement in dynamic community action.

Many of their projects have already shown the involvement of these cities in an effort to improve the quality of life of their citizens: air and water quality, cleanliness in the city, promotion of green spaces, development of bicycle paths and cross country ski trails, establishment of recreation programs, housing and services for the elderly, flowers and beautification, hazardous waste collection, etc.

Another program, launched by the Intermunicipal Waste Management Board for the island of Montreal (collection and recycling) has been added to their list of their concerns. This project will be developed in three phases. In the first phase, five of the territory's municipalities (Baie d'Urfé, Beaconsfield, Kirkland, Pointe Claire, Dorval) have been selected to implement this program and it is expected that by 1993, all twenty-eight (28) member municipalities will be participating.

Recently, in a brochure entitled, It's up to all of us, Gerry Weiner, federal MP and West Island resident, described the major environmental problems facing us: acid rain, disappearance of the ozone layer, the greenhouse effect, deforestation, air, water and soil pollution, etc.

The brochure outlines the steps being taken by the federal government. More specifically, Mr. Weiner asks West Islanders to work together, giving concrete examples of actions that can be taken by individuals or by citizens' groups to make lifestyle changes and promote a healthier environment and a better QUALITY OF LIFE.

The points raised in this brochure can be a source of inspiration and action for the development of new projects, initiated either by the municipalities, or by health and/or other organizations, in the context of the "VILLES ET VILLAGES EN SANTE" project.

Bob Layton, Conservative MP for the Lachine Lac Saint-Louis riding, is also involved in the "VILLES ET VILLAGES EN SANTE" movement and is interested in seeing the concept implemented throughout the CHD's territory. He himself is concerned with the quality of life and health of the citizens of his riding. At the moment, he is personally involved in several issues, including the regional development of Lachine.

The people in charge of the Baldwin-Cartier School Board have also shown a great deal of interest in this new concept, which they find very realistic. At the moment, they are focusing their attention on the feasibility of adapting a "HEALTHY SCHOOL BOARD" concept.

Since the school board has schools throughout the territory, they are willing to lend their support, as far as their mandate goes, to the municipalities interested in applying this concept. They are already participating in this health-oriented movement by making changes in their own environment. Here are some examples:

- A paper recycling program is already operating in each of the schools.
- Development of an AIDS policy in conjunction with the CHD (see Appendix IV).
- Application of a food policy in the cafeterias, based on well balanced menus.
- Equal access program (equal opportunity for men and women).

This latter program is addressed to the school population and to staff and is a fine example of a social project that responds to one of the important aspects of the concept: THE CORRECTION OF SOCIAL INEQUALITIES.

The school board is now considering setting up another project on toxic waste collection.

At a March 14, 1990 meeting with Léo Pétrin, Charmain of the Sault-St-Louis School Board, it was agreed that the concept would be presented to the commissioners and that they would be invited to join the movement and support the municipalities involved in applying the concept.

This attempt to improve health for all is encouraged by the health organizations in the community (CHD, CLSC, etc.) which are seeking to group together community forces so that together, we can maximize our efforts to improve QUALITY OF LIFE for all.

## 9. CHD AND CLSC: COMMITTED PARTNERS

### A. LAKESHORE CHD

The Community Health Department is celebrating its 15th anniversary in 1990. This event will be used as an opportunity to express our gratitude to the many people who have supported the department and helped us carry out our mandate in the area of HEALTH PROTECTION, HEALTH PROMOTION and DISEASE PREVENTION. In the fifteen years of its existence, the CHD has actively worked to implement projects developed in conjunction with the municipalities and other community organizations. In other areas, the CHD has been pleased to make its expertise available at the request of its partners: e.g. AIDS policy for the Lakeshore and Baldwin Cartier school boards.

In May 1986, when choosing its priorities, the CHD consulted its many partners in an attempt to define the health needs its population. It was clear right from the start that to carry out its mandate, the CHD needed public support, not only to identify needs, but also for programming and implementation. Following this "concertation", the following six priorities were selected:

- cardiovascular health
- mental health
- environmental health
- accident prevention
- occupational health
- prevention of infectious diseases

A number of activities were developed on these themes. Some are still ongoing, others have been completed and yet others are planned for the near future.

These actions were made possible through the support and cooperation of those who are active in our community: the mayors and their organization, politicians, the Chamber of Commerce, CLSCs, school boards, sports associations, restaurant owners, merchants, police forces, various provincial and federal departments, etc.

Therefore:

- as the number of cities interested in the "VILLES ET VILLAGES EN SANTE" concept increases;
- as each of these cities takes serious steps towards implementing the concept, while respecting its own autonomy;
- as needs and problems are prioritized in each community;
- as a plan of action is developed to better meet identified needs,

a new form of dialogue will be established at the territorial level among interested partners, with a view to sharing resources (human, material, financial) and finding solutions to common problems. This consultative approach and these accomplishments will help us reach a common goal, which is to work together to build a "HEALTHY COMMUNITY" and to ensure the well-being of all our citizens.

**B. CLSC**

The local community service centres (CLSC) in the territory covered by the CHD, i.e. CLSC Pierrefonds, CLSC du Vieux La Chine and CLSC Lac Saint-Louis, are all very important participants in community dynamics. CLSC Lac Saint-Louis is already a member of the movement. In March 1990, CLSC du Vieux La Chine informed us of its wish to support the implementation of the concept in its community.

The CLSC Lac Saint-Louis, whose territory covers Baie d'Urfé, Beaconsfield, Pointe Claire, Kirkland, St. Anne de Bellevue and Senneville, has a total population of 67,515 (see territorial map, Appendix I).

Its mandate, like those of the two other CLSCs, is to offer everyday or "first line" social, health and medical services to the population in its respective territory, based on prevention and community work. The CLSC's Board of Directors adopted the "VILLES ET VILLAGES EN SANTE" concept by passing a resolution on July 18, 1988. It is presently experimenting with the concept in two of its projects, in conjunction with the CHD and the city of Pointe Claire:

- Immunization program for employees working in the city's waste water treatment facility.
- Exploratory study involving a portable emergency transmitter for the elderly and for the handicapped who have become less independent.

CLSC Lac Saint-Louis strongly encourages the municipalities in its territory to join the "VILLES ET VILLAGES EN SANTE" movement, to offer citizens the opportunity to maximize their well-being.

#### **10. CITIZENS AND COMMUNITY GROUPS: PRIMARY PARTNERS**

As has been described above, the "VILLES ET VILLAGES EN SANTE" concept exists primarily to improve QUALITY OF LIFE for citizens. Of course, they are the first to recognize their own needs and problems, and to identify solutions which could enable them to enjoy an improved quality of life. Today, it is often through the intermediary of community groups, health professionals and organizers that citizens are able to express these needs and solutions. While recognizing the important role played by activists and community leaders, the fact remains that citizen participation is key to any action undertaken to improve their well-being.

It is therefore vitally important that leaders pay more attention to what citizens and representative groups are saying and that together, they participate in all actions and steps taken in the community. **HEALTH IS EVERYONE'S CONCERN!**

The examples of activities outlined on the following pages, in addition to those organized by the municipalities, action groups and organizations, show that we are all on the right track!

## 11. EXAMPLES OF "VILLES ET VILLAGES EN SANTE" ACTIVITIES

In implementing projects developed in consultation with the partners in our territory, two major parameters of the concept were respected, i.e. : PARTICIPATION and MULTISECTORIALISM.

The following prioritized projects stem from the needs and problems identified in the community:

- Implementation of an Act respecting the protection of non-smokers in certain public places (cardiovascular health).
- Promotion of physical fitness activities (cardiovascular health).
- Screening project for arterial hypertension (cardiovascular health).
- ESP impaired driving prevention program (educate, spot, protect).
- Collection of hazardous domestic waste.
- Sexual abuse prevention program for kindergarten children.
- Promotion of "Better Life Menus" (cardiovascular health).
- Health program for Pointe Claire municipal workers (Occupational Health and Safety Act).
- Experimental study on portable emergency transmitters for the elderly and the handicapped who have become less independent.
- Consultation program with secondary IV high school students. Theme: **HEALTHY CITY IN THE YEAR 2008**.

A number of other projects related to different files such as the environment and infectious diseases (monitoring, control and prevention) are presently under way or are in the planning stages and are being implemented with the same partners (e.g. qualitative profile of Lake St. Louis water, development of an AIDS policy for the city of Pointe Claire (to come).

## PROJECTS

PROJECT: An Act respecting the protection of non-smokers in certain public places (Bill 84) (Cardiovascular health program).

PROBLEM:

- Cigarette smokers are seventy percent (70%) more likely to die of ischemic heart disease than non-smokers.
- Smokers are 2-3 times more likely to develop heart disease than non-smokers.
- Smokers are 2 to 4 times more likely to die suddenly than non-smokers.

OBJECTIVES:

- Increase the number of non-smokers in the Lakeshore CHD's territory to eighty percent (80%).
- In conjunction with the organizations in the Lakeshore CHD's territory, implement Bill 84 (An Act respecting the protection of non-smokers in certain public places): municipalities, hospital, CLSC, school boards, workplaces, etc.).
- Help smokers quit smoking.

ACTIVITIES:

- Information meeting (March 1988).
- Pilot project with the city of Pointe Claire (April 1988).
- Sub-regional committee (12 municipal representatives) (April 1988 to January 1991).
- Training program for inspectors (West Island and Montreal area) (March 1989, ongoing).
- Program to help smokers kick the habit "Cessons de fumer", "Smoke Stoppers" (September 1988, ongoing).
- Implementation of peer education program for 6th grade students (PEP/PAL). (October 1988 to May 1989, started again in January 1990).

- Survey on smoking at the Lakeshore General Hospital (questionnaire) (October 1989, ongoing).
- Non-smoking week (January 1988, 1989, 1990).
- Information booths, letters, telephone calls, conferences.

**PARTNERS:**

- Ministry of the Environment
- Association of Mayors
- Chamber of Commerce
- Municipalities
- CLSC
- Reception centres
- Hospitals
- School boards
- Companies
- Media (local newspapers, community radio stations)
- Holiday Inn
- Various associations: Province of Quebec Hotel Keepers Association, Quebec Restaurant Association.

**FINANCING:**

- \$13,500 divided among the municipalities on a pro-rata basis.
- \$2,500 divided among the other partners.

**TIME FRAME:** . January 1988 to January 1991.

**RESULTS:**

- 12 municipalities are applying Bill 84; 11 of them have passed a municipal bylaw covering stores and restaurants.
- CLSC Pierrefonds, three (3) reception centres, and two (2) hospitals in Lachine are applying a non-smoker protection policy.
- Lakeshore General Hospital has a policy and is on its way toward being a "smoke-free" hospital.
- Two (2) CLSCs in the territory (Lac Saint-Louis and Vieux La Chine), the YMCA and six (6) stores in the city of Pointe Claire have adopted a non-smoking policy.
- The Lakeshore CHD has adopted a non-smoking policy (February 1990).
- Five (5) school boards with schools in the territory have adopted a policy on the protection of non-smokers.
- The PEP/PAL program: one hundred and sixty-five (165) sixth grade teachers have been trained to implement the program in their classroom. Forty percent (40%) of these teachers have applied the program in 1988-89.
- A number of workplaces (industries) have developed a policy to respect the rights of non-smokers.
- More than six hundred and fifty (650) people have taken the "Smoke Stoppers" course.
- Five (5) companies have established a program to help their employees quit smoking.
- Seventy (70) inspectors have been trained to ensure respect for the law. Eighteen (18) are from the territory and 52 are from the Greater Montreal area. Forty percent (40%) of the hospitals in the Montreal area have trained inspectors.

Diane Larin  
 Responsible for  
 the "Smoke Stoppers"  
 Program Lakeshore CHD

Marina Bédard  
 Responsible  
 Tobacco dossier  
 Lakeshore CHD



PROJECT: Promotion of physical fitness activities to improve cardiovascular health.

PROBLEM: In the past twenty (20) years, despite the promotion of physical fitness by many organizations such as Kino-Québec, Participation and the YMCA, few changes have taken place. The Conseil des affaires sociales et de la famille estimates that only twenty to twenty-five percent (20-25%) of Quebecers are active enough to benefit in terms of their cardiovascular health. Yet, Quebecers buy the largest amount of sports equipment in Canada, and most of them think that regular exercise will improve their health. Why then are we so sedentary? The question is a complex one and deserves serious consideration.

We must not forget that a sedentary individual is 2.9 times more likely to suffer from heart disease, which makes this a major risk factor.

OBJECTIVE: Improve the fitness level of West Islanders.

ACTIVITIES:

- Family fitness night: a community family-oriented evening for people to engage in non-competitive activities.
- Sault-St-Louis challenge: sponsored by Kino-Québec and organized by the Sault-St-Louis school board.

- Cardiovascular disease prevention in the workplace: In 1989, thirty-six (36) teams worked with more than six hundred (600) workers representing different companies.
- "concertation" with companies wishing to set up fitness programs for their employees.
- West Island Running Circuit and walk for people of all ages, but particularly for families.
- Bicycle race along the Lachine waterfront: 20 kilometres.
- National Fitness Week from May 26 to June 4, 1989: more than fifty (50) activities in the territory, including Mérite-Kino.
- Research project on sedentary lifestyle and diet among the elderly.
- Articles, interviews, information booths to make people aware of the benefits of regular exercise.

**PARTNERS:**

- Municipalities
- Companies
- Associations, groups (of runners, Chamber of Commerce, etc.)
- Large number of volunteers (about 640)
- Kino-Québec
- Sault-St-Louis school board
- Holiday Inn Pointe Claire
- Lakeshore CHD
- CLSC Pierrefonds, CLSC Lac Saint-Louis

RESULTS: . More than ten thousand (10,000) people in the community have been informed about improving their quality of life through regular exercise.

FINANCING: . \$225,000 divided among ten (10) events throughout the West Island.

. \$10,070 from the private, municipal and governmental sector.

Eric Le Bouthillier  
Responsible for the  
Kino dossier Lakeshore CHD

# CITÉS NOUVELLES

## CITY NEWS

### The West Island racing circuit gears up

We have begun the second half of the summer, and the West Island Circuit Race is looking towards great victory with the various races coming up.

Now, in the first part of our racing season, the racing circuit has recorded a 20% participation increase. The organizers and myself are very proud of the results.

We would like to remind everyone that we have three races coming up, including the St. Anne de Bellevue Classic who will be celebrating its 10th anniversary. The St. Anne de Bellevue Classic was held on August 7th.

On August 24th, the Lachine race will take place, on September 18th.

the Kirkland race, and on October 9th, a new race: "Le Cross des Couleurs" will take place at Forestiers Park, Les Cèdres.

The sponsors, D.S.C. Lakeshore, Holiday Inn Pointe-Claire, Mike's Submarine, St. John Fitness Club, Smith and

Nephew, your deputy, Joëlle Dougherty and those in charge of the race would like to invite everyone to come run or walk with us on different streets in our municipality.

You will also discover

information about your physical fitness and nutrition.

We'll be waiting for you. "On your marks, get set, go!"



### 350 braves à Lachine

La 11ème édition du 10 km Lachine 1669 s'est déroulée, hier soir, dans les rues de l'île. Plus de 350 participants ont bravé le froid et de fortes averses pour l'épreuve, organisée par le circuit de courses à pied de l'Ouest de Montréal, et réalisée un chrono record de 35:33.5 minutes établi par Diane Léger qui était de 35:33.7 minutes chez les femmes. Du côté masculin, Montréalais, Gordon Neysmith qui a réussi la distance en 31:10. Les autres participants appartiennent à Michel Brochu, soit de 30:39.8 minutes. Tous dans le cadre des fêtes de Lachine qui prennent fin ce week-end. Diverses autres activités sportives sont prévues dont le baseball, un tournoi de tennis, un tournoi de boulingrin, de

### Le circuit de course à pied de l'Île un succès

Vous amenez la 11ème partie de l'été le Circuit de course à pied de l'ouest de l'île en partie avec une grande partie, le succès des différentes courses à venir. Déjà, en cette première partie de notre saison de course, le Circuit enregistre une augmentation de taux de participation de au moins 20%. Les organisateurs et moi-même sommes très fiers des résultats.

Nous aimerais rappeler à la population que nous avons quatre rues à venir dont la 11ème de Ste-Anne-de-Bellevue qui célèbre son dixième anniversaire. Pour l'occasion, il y aura deux participants. La Classique de Ste-Anne-de-

Bellevue aura lieu le dimanche 7 août et le déparcement effectuera au Cégep John Abbott.

De plus, nous avons 24 soit la course à pied de l'île, le 18 septembre Kirkland et le 9 octobre une nouvelle fois au Parc des Cèdres.

Le circuit, "Le circuit des couleurs" et les lieux, vous aurez l'information et vous désirez obtenir des informations concernant votre condition physique et la nutrition.

Nous vous attendons à vos marques! Prêts! Partez!

POINTE-CLAIRES  
Le Circuit de course à pied du West Island a été à la huitième cette année, composée d'un parcours de course à pied auxquels pourront participer tous les adultes que les enfants. Dix courses sont au programme du circuit en 89, dont quatre disputées chez nous, à Hudson, Ste-Anne-de-Bellevue, ainsi qu'à la Centre de plein air Les Forêts aux Cèdres.

### SENSIBILISATION À L'IMPORTANCE DE L'ACTIVITÉ PHYSIQUE

### Le circuit de course à pied de l'Île un succès

Un prix pour Ste-Anne-de-Bellevue

l'Hôpital général du Lakeshore, René Martin, maire de la ville de Ste-Anne de Bellevue, et

Marcel Deslauriers, directeur des loisirs de la ville. (Photothèque L'ÉCHO).

Cité - Nouvelles

27 NOV. 1989

Le coureurs d'Elite Philippe Laberte (au centre) est entouré de M. Gérard Grégoire de Ste-Anne, M. Eric Le Bourthillier du DSC Lakeshore, M. Claude Dutil du Cross des Couleurs, et Mme Louise Marteau de Dard Hudson. (Photo: Libre Édition)



A la soirée honoraire du Circuit de course à pied de l'ouest de l'île, au mois d'octobre, Mme Patterson, conseillère à la ville de Pointe-Claire, remettait le prix «Mérite Kino», à M. Paul Stéphen, directeur du Holiday Inn, de Pointe-Claire, pour leur implication pour le développement physique de leurs employés.

PROJECT: Screening for arterial hypertension in the workplace (Cardiovascular health dossier).

PROBLEM: Arterial hypertension (high blood pressure) is one of the most insidious risk factors in the development of cardiovascular disease. Since there are few symptoms, most people underestimate the seriousness of this health problem. Yet, hypertensives are twice as likely to have a heart attack and four times more likely to have a stroke as normotensives. About 20% of the people in our community have high blood pressure, and half of them are unaware of the fact.

It is important to stress here that the workplace is the best place to do this screening. According to a Health and Welfare Canada survey, men over the age of 45 were least likely to have had their blood pressure checked by a doctor in the six (6) months prior to the survey. It is precisely these people who can be screened in the workplace.

OBJECTIVES:

- Screen those who are most likely to be unaware of having high blood pressure.
- Ensure follow-up for employees found to be hypertensive and provide them with information.

ACTIVITIES:

- Develop documentation (pamphlets, etc.),.
- Contact heads of companies.

- Meet with company nurses (explain the material, screening process and follow-up).
- Screen employees.
- Provide relevant information.
- Refer hypertensives to their family doctor for follow-up.
- Overall analysis of the results.
- Thank company directors for their help and send them the final results.

**PARTNERS:**

- Company directors and staff (industries).
- Company nurses.
- Doctors in the territory.
- Chamber of Commerce.

**TIME FRAME:** March 1990 to March 1991.

**FINANCING:** To be covered by the companies.

**RESULTS:**

Reduce the level of cardiovascular disease by screening for a major risk factor, ensuring follow-up and providing relevant information.

Michèle Soucy,  
Medical consultant  
Responsible for the  
Hypertension Cardiovascular  
Health Dossier  
Lakeshore CHD

PROJECT: Impaired driving prevention program : ESP (Educate, Spot, Protect) (Highway Trauma Dossier)

PROBLEM: Impaired driving is responsible for about half of all serious and fatal accidents. On the highways after midnight, one-third of all drivers have been drinking and one driver in fourteen (1/14) is actually drunk. In accidents involving only one vehicle, drinking and driving is responsible for seventy-five (75%) of all accidents. From a statistical point of view, you are five times more likely to die in a traffic accident if your blood alcohol level exceeds the legal limit. The risk is twenty (20) times higher for young people between the ages of sixteen (16) and twenty-four (24), and one hundred and sixty-five (165) times higher for those aged sixteen (16) or seventeen (17). However, no statistic, no matter how convincing, can ever convey the pain and suffering caused to individuals, and tragedy and waste of human life caused by the criminal behaviour of drunk drivers.

PURPOSE: Reduce the number of injuries and deaths caused by impaired driving.

GENERAL . Change behaviour with regard to impaired driving.

OBJECTIVES: . Promote dialogue in the community with regard to impaired driving.  
. Involve the community in the fight against impaired driving.

SPECIFIC OBJECTIVES:

- Inform, train, change certain attitudes and behaviour on the part of the owners, managers and employees of licensed establishment with respect to impaired driving.
- Create a social atmosphere that makes impaired driving unacceptable.
- Develop transportation alternatives for impaired drivers.
- Increase awareness of the risk of being arrested for impaired driving.

ACTIVITIES:

- Establish a multisectorial round table (municipalities, health organizations, Régie d'assurance automobile, police force, etc.)
- Training sessions for the owners and employees of licensed establishments.
- Public information campaign.
- Promote escort methods.
- Police detection (visibility).
- etc. (symposiums, demonstrations, information booths, etc.).

PARTNERS:

- Municipalities listed below
- Régie de l'assurance automobile du Québec
- Health and Welfare Canada
- CLSC du Vieux La Chine
- CLSC Lac Saint-Louis
- CLSC Pierrefonds
- "Safeway chez vous"
- Police departments
- Community and student groups

TIME FRAME: . This project is taking place over a three-year period. In 1988-89, the program was implemented in the following municipalities:  
. Dorval  
. Ville Saint Pierre  
. Lachine.

In 1990, it will be extended into the following municipalities:

- . Pointe Claire
- . Beaconsfield
- . Kirkland
- . Baie d'Urfé
- . Sainte Anne de Bellevue
- . Senneville

In 1991, we will cover the following municipalities:

- . Pierrefonds
- . Ile Bizard
- . Sainte Geneviève
- . Dollard des Ormeaux
- . Roxboro

RESULTS OF  
THE FIRST  
PHASE:

- . Thirty-five (35) managers and owners and one hundred and fourteen (114) employees of brasseries, taverns, hotels, discotheques, bars, private clubs and associations participated in the seminar.
- . Support from "Safeway Chez Vous" escort service.

- Four hundred and ninety-nine (499) police man/hours on operation "drinking" from district 13 for the month of December 1988; the number of police interventions increased by 2,570 over the same period in 1987.
- Public information campaign: press conference, pamphlets distributed in all homes in the three target municipalities; pamphlets and posters distributed to two hundred and fifty (250) establishments and strategic points in the same three municipalities (community centres, service stations, corner stores, grocery stores, licensed establishments, high schools, shopping centres, etc.).

**FINANCING:**

• Health and Welfare Canada	\$29,590
• RAAQ	\$11,000
• Municipalities	\$ 6,200
• CHD	<u>\$28,066</u>
<b>TOTAL .....</b>	<b>\$74,856</b>

**1990**

• Health and Welfare Canada	\$40,000
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**FINANCING:**

• Municipalities	\$ 7,000
• CHD (to come)	
• RAAQ	\$12,000

**TOTAL .....**

**1991**

• Health and Welfare Canada	\$40,000
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**FINANCING:**

• DSC (to come)	
• Municipalities (to come)	

Mireille Bouffard  
 Responsible for the  
 Highway Trauma Dossier  
 Lakeshore CHD



PROJECT: Hazardous domestic waste collection  
(Environment dossier)

PROBLEM: The production of hazardous waste is a problem caused not only by industries, but also by consumers and the products we use. Toxic waste is usually poured down the drain or thrown into the garbage, thus contaminating our environment and endangering our individual and collective well-being.

OBJECTIVE:

- Make people aware that some domestic products are dangerous to use.
- Inform people of an ecologically safe method of getting rid of hazardous domestic waste.

ACTIVITIES:

- Production of two (2) documents for partners.
- Advertising campaign.
- Press conference (May 14, 1987).
- Press releases (May 27 and 29, June 2, 1987).
- Articles in local newspapers and television coverage.
- Distribution of four hundred (400) posters and three hundred (300) flyers throughout the territory.
- Organization of a hazardous waste collection day and an information booth (June 6, 1987).
- Evaluation questionnaire.

PARTNERS:

- . Municipalities: Dollard des Ormeaux, Pointe Claire, Pierrefonds, Kirkland, Dorval.
- . Companies (Eco-Research Laboratories, Service central de réservoirs Inc. etc.).
- . Environmental groups
- . Local population
- . CHD
- . Provincial and federal Environment departments
- . Media (newspapers, TV, community radio, etc.).
- . Association of West Island Mayors.

TIME FRAME: Commenced in April 1987, and continuing into 1988 and 1989.

<u>RESULTS:</u>	Products collected	Quantity (litres)	Percentage
	. paint	4,299	63%
	. waste oil	1,775	26%
	. pesticides	455	7%
	. solvents	153	2%
	. household products	59	.9%
	. laboratory products	53	.8%
	. miscellaneous	20	.3%
		_____	_____
	<b>TOTAL:</b>	<b>6,814</b>	<b>100%</b>
	. car batteries:	115	

The information campaign and press kit contributed to the success of the project.

FINANCING: \$32,050

This sum was divided among the municipalities, companies, and provincial and federal Environment departments. Other participants made a contribution in terms of their time and human resources.

NOTE:

In June 1989, the Montreal Urban Community took over the project; twenty-five (25) municipalities participated, including Montreal. In the West Island: Baie d'Urfé, Beaconsfield, Dollard des Ormeaux, Dorval, Kirkland, Lachine, Pierrefonds, Roxboro, Sainte Anne de Bellevue, St. Genevieve, Senneville and Pointe Claire.

The following report was issued by the city of Pointe Claire, which worked with the city of Beaconsfield on the project. It shows the surprising success of the project.

This unexpected success was the result of the advertising campaign mounted by the MUC as well as the local advertising campaign carried out in the three (3) weeks prior to the collection.

In addition to staff on contract (Sani-Mobile Inc. of Montreal), there were also twenty-one (21) volunteers at the site: Malcolm Knox, Mayor of Pointe Claire, six (6) Pointe Claire city councillors and two (2) from Beaconsfield, twelve (12) municipal employees, thirteen (13) professional fire fighters and two (2) municipal bylaw inspectors.

HAZARDOUS WASTE COLLECTED (1989):

Description	Barrels	Percentage
Lab-Pack	233	83.5%
Oil paint	25	8.9%
Latex paint	11	3.9%
Waste oil	10	3.5%
 <b>Total</b>	 <b>279</b>	 <b>99.8%</b>

CITIZEN PARTICIPATION

	Pointe Claire	Beaconsfield	Others
<b>Participating citizens</b>	<b>784</b>	<b>352</b>	<b>69</b>
<b>Percentage of participants at the collection</b>	<b>65%</b>	<b>29%</b>	<b>6%</b>

It is estimated that more than 1,300 citizens participated in the collection day by bringing in their hazardous waste.

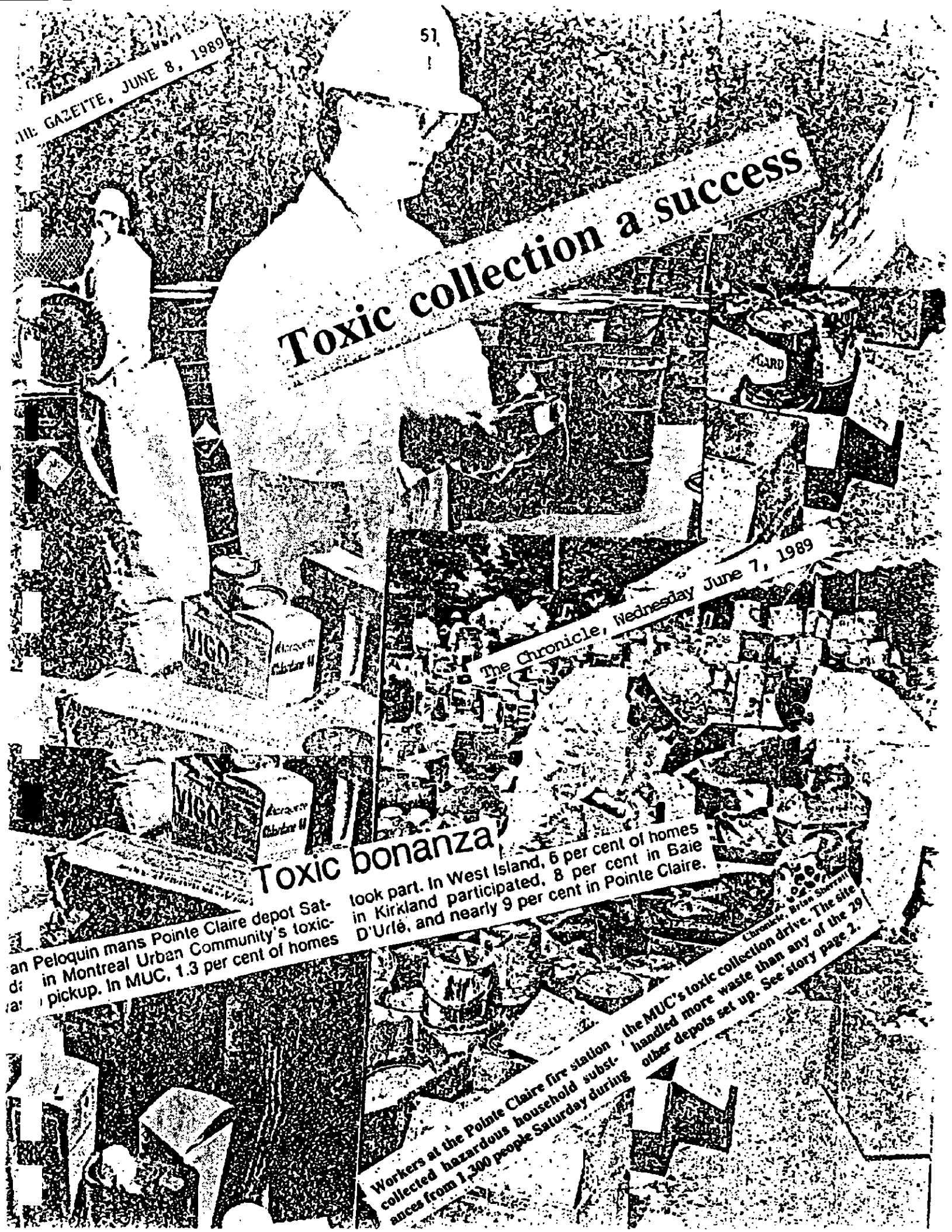
PARTICIPATION RATE BY RESIDENCE:

Residences	Participants	% participants registered
Pointe Claire approx. 7,500	784	10.5%
Beaconsfield 6,300	352	5.6%

As you can see, a great many citizens are aware of environmental pollution, and it is through such collection projects that hazardous domestic wastes can be safely disposed of.

Johanne Gélinas  
Project Officer  
Environmental Health Issues  
Lakeshore CHD





an Peloquin mans Pointe Claire depot Saturday in Montreal Urban Community's toxic pickup. In MUC, 1.3 per cent of homes

took part. In West Island, 6 per cent homes in Kirkland participated, 8 per cent in Baie D'Urle, and nearly 9 per cent in Pointe Claire.

Chronicle, Brian Sherrill

Workers at the Pointe Claire fire station collected hazardous household substances from 1,300 people Saturday during the MUC's toxic collection drive. See story page 2

handled more waste than any of the site other depots set up. The site

PROJECT: Sexual abuse prevention program for kindergarten students.

PROBLEM: One girl in two, and one boy in three are victims of sexual abuse. In four out of five cases, the incidents occur during childhood or adolescence. In three cases out of five, the offender has forced or physically threatened his victim. Furthermore, in seventy-five percent (75%) of cases, the offender is known by the child: he is often the father, a family member, a friend or a neighbour and may come from any social class or socioeconomic group. As for age, children (particularly girls) between the age of ten (10) and twelve (12) are most likely to be victims of sexual abuse. An important fact to remember is that when the child reveals the abuse, it has often already been going on for a long time, even years, so that in fact, the average age at which the abuse occurs is lower. Among the possible consequences of abuse are a loss of self-respect, emotional problems and self-destructive behaviour.

PURPOSE: Encourage and promote the rights of children, with specific emphasis on the prevention of sexual abuse.

OBJECTIVES:

- . Expand the concept of personal safety to include the prevention of sexual abuse.
- . Help children recognize sexual abuse.

- Make children aware of situations leading to sexual abuse.
- Teach children that they have the right to protect themselves against sexual abuse.
- Give children the necessary skills, such as self-assertion (how to say no to an adult or teenager) and how to report sexual abuse (who to contact).

**ACTIVITIES:**

- Training for program participants (nurses, teachers).
- Awareness sessions for school administrators and parents' groups.
- Implementation of the program in kindergarten classrooms.
- Administration of an evaluation questionnaire.

**PARTNERS:**

- School boards (Baldwin Cartier, Sault Saint-Louis, PSBGM, Lakeshore).
- CLSC (Vieux la Chine, Lac Saint-Louis, Pierrefonds).
- Elementary schools in the Lakeshore CHD territory.
- Psychology Department at the University of Montreal.
- Association Parents Unis Repentigny.

**TIME FRAME:**

The pilot stage of the project was completed after two years in nearly half of the English schools in the Baldwin Cartier school board and the schools in the Sault Saint-Louis school board.

During the 1989-90 school year, the schools in the Sault Saint-Louis and Baldwin Cartier (English and French sectors) school boards will be integrating the program in their curriculum.

In the 1990-91 school year, the schools in the Lakeshore and PSBGM school boards will be covered.

**RESULTS:**

At the end of the pilot project, ten (10) schools had integrated the program into their regular activities. The level of satisfaction in the school and among parents was high; the program was recommended for further implementation.

Since the prevention of sexual abuse is a recent objective in Quebec, a request for a research grant was formulated and sent to the national research and development program for health at the Health and Welfare Canada.

Given the success of the program in kindergarten classes, participants requested that the main elements of the program be reviewed with first graders.

**FINANCING:**

The only costs of the program are related to purchasing the CARE kit (\$230.00 each). This was paid for by the school boards in the Lakeshore CHD's territory.

At present, participants are trained by the Lakeshore CHD, in conjunction with the Psychology Department at the University of Montreal.

Nicole Perreault  
In charge of the  
Mental Health Dossier  
Lakeshore CHD

PROJECT: Promotion of "BETTER LIFE MENUS" for improved heart health.

PROBLEM: Knowledge does not automatically lead to behaviour modification, since such modification assumes that people have a profound motivation and intention to make a change. The "BETTER LIFE MENUS" network is part of a strategy aimed at making ENVIRONMENTAL CHANGES and particularly, making them accessible to everyone who would like to make changes in their diet. Consumers today eat an average of one meal out of two outside the home. Nearly seventy percent (70%) of foods consumed are not homecooked; they are cooked in a restaurant or bought ready-made. It is important to develop programs giving people access to a healthy diet where they eat, and where they shop. Then the consumer will be willing to make healthy choices.

OBJECTIVES  
RESTAURATEURS: . Recognize the advantages of being involved in the "BETTER LIFE MENUS" network.

- . Agree to offer "BETTER LIFE MENUS" to their customers.
- . Use the menus and promote them in their establishment.
- . Recognize the reasons for meeting established criteria for the network.

OBJECTIVES  
CUSTOMERS: . Be aware of the existence of the "BETTER LIFE MENUS" network when inside an establishment recognized by the network.

- Develop a more critical approach to restaurant menus.
- Understand the importance of a low-fat diet and its relationship to heart health.
- Recognize the benefits of a nutritious and well-balanced diet.

OBJECTIVES  
FOR  
PARTICIPANTS

- Evaluate the advantages of their participation in the program.
- Determine their level of contribution to the program's activities.

ACTIVITIES:

- Analysis of needs:
- Understanding of the restaurant community and which may be interested in the "BETTER LIFE MENUS" concept via:
- Creation of maps to visual the potential for certification (restaurants, hotels, cafeterias, etc.)
- Administration of a questionnaire to a sampling of restaurant owners to establish a profile of the area.

Implementation:

- Application protocol for "BETTER LIFE MENUS" (criteria and basic principles) for restaurateurs.
- Work sheet on how to proceed with restaurant certification.
- Recipe calculation sheet.
- Sample heart-healthy "BETTER LIFE MENUS".
- Explanatory pamphlet for staff.

Certification program:

- Certification (by members of the network i.e. signature of an agreement).

- Visits to the premises (3).
- Analysis of the regular menu and recipes.
- Calculation of the QUANTITY of fats in recipes, from soups to desserts.
- Evaluation of the QUALITY of ingredients used: fats (p/s) and light products.
- Composition of the "BETTER LIFE MENUS".
- Recommendations.
- Issuing a certificate (valid for one year).
- Training staff in the establishments.

Monitoring:

- Visits to the premises, verification by telephone.

Promotion:

- Development of a promotional plan and its application.

PARTNERS: Restaurant industry: restaurants, hotels, brasseries, snack bars, fast-food restaurants, caterers, company cafeterias, school cafeterias.

ALLIES: Food and pharmaceutical companies, food columnists, various associations, restaurateurs, the hotel trade, dieticians, health professionals.

FINANCING: Self-financing for the time being.

TIME FRAME: 1987-1992

Lorraine D. Paquette  
Program Officer  
Responsible for the  
Hypercholesterolemia Dossier  
Lakeshore CHD

# LAUSANNE

May 1989

6

### ANSWER

Le Département de Santé communautaire (DSC) de l'Université polytechnique de Léon (UPL) dans l'Etat de Guanajuato, a mis en place un programme intitulé « Accès à l'eau et à l'assainissement dans les communautés rurales. Ce programme vise à améliorer les conditions d'accès à l'eau et à l'assainissement dans les communautés rurales, en particulier dans les zones rurales, exposées à

## Das militärische Personal bei Klaus Wirsche

# Diferente en acción

23/4/15-2 VIII 1989

Monus • ~~entomophaga~~ • ~~myces~~ •  
• & new records  
• New taxa

**Restaurants  
are jumping  
on the low-fat  
bandwagon**

Restaurants join health wonks to steer diners from fatty fare

# Neuf restaurateurs offrent des menus en l'érieur réduite en gras

Le DSC Lévis dévoile les 2000 premiers subbiscuits de Noël

PROJECT: Health program for Pointe Claire municipal workers (Occupational Health and Safety dossier)

PROBLEMS: Since the public administration sector is one of the priority sectors determined by the CSST, the municipality of Pointe Claire decided to develop a prevention program. The health program is an element of this prevention program, the purpose of which is to identify the health and safety risks faced by workers doing different types of jobs, with a view to reducing or eliminating these risks.

The principal elements of a health program include: monitoring the workplace, medical evaluation, information, training about risks and the establishment of first aid services.

According to information provided by the CSST, the municipality has in its employ more than one hundred and seventy-five (175) workers in various establishments.

OBJECTIVES:

- Reduce potential health and safety hazards in the areas in which municipal employees work.
- Decrease the number of accidents and occupational diseases in the various municipal work sites.

**ACTIVITIES**

- Encourage the establishment of a health and safety committee.
- Participate in the identification of health and safety hazards with the committee.
- Oversee the implementation of workplace and medical monitoring programs.
- Participate in the reduction of health and safety risks.
- Participate in informing and training workers.
- Ensure that a first aid service is established

**PARTNERS:**

- Municipal leaders
- Health and safety committee
- Joint sectorial association; municipal affairs sector.
- Other partners selected by the municipality.

**FINANCING:**

Included in the dues paid to the CSST by the municipality;  
The wages of workers who must submit to medical examinations during working hours, under the health program, are paid by the employer.

**TIME FRAME:**

This project should begin in early 1990 and continue from then on.

**EXPECTED**

**RESULTS:** The expected results will be set according to the activities selected within the health program.

NOTE: For years, the city of Pointe Claire has been concerned with health and safety. Marcel Carmoni, Director of Human Resources, has been appointed by city council to oversee this dossier.

A joint committee for blue collar workers has been set up, and a second will be set up shortly for fire fighters. In 1990, the city will hire Maurice Bergeron, a health and safety consultant, on a permanent basis.

Prevention and promotion activities in this area have been established in conjunction with the Lakeshore CHD and the CLSC Lac Saint-Louis, for some workers. For example: vaccination of employees exposed to waste water; a noise study in the municipal garage aiming to identify sources of noise; information about back problems in the workplace.

Diane Parent  
Responsible for the  
Occupational Health dossier  
Lakeshore CHD



## MESSAGE SANTÉ

Bien oui. Bien oui. Combien de fois on nous a répété: "Quand tu soulèves quelque chose, plie tes jambes. Tiens le dos droit. Sers-toi de tes jambes, pas de ton dos".

Facile à dire, mais pas toujours facile à faire. Au travail, ces conseils ne sont pas toujours appropriés ou réalisistes, et on finit par se retrouver avec un mal de dos! Une des solutions pourrait être d'adapter votre poste de travail; changer la hauteur d'une table, par exemple.

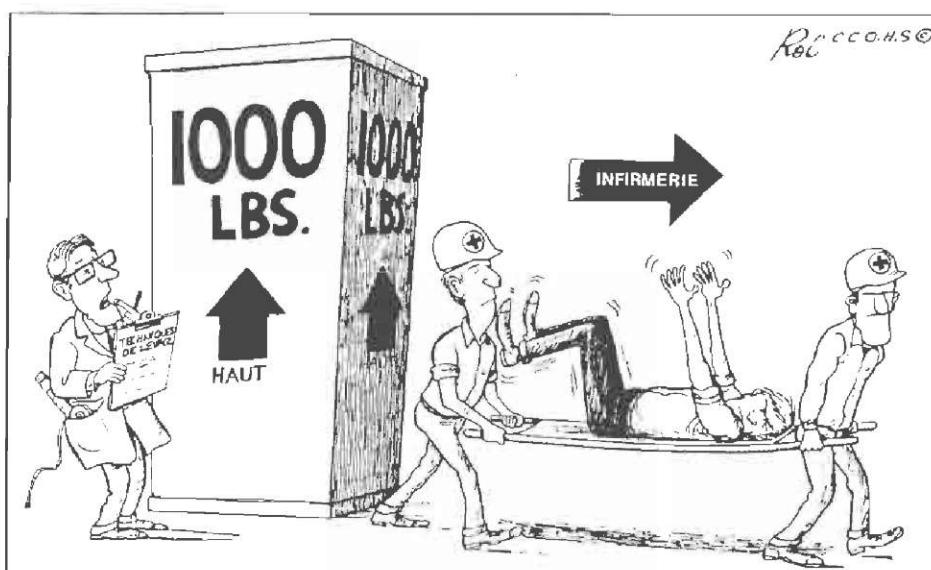
Chaque situation est unique. Il faut d'abord bien cerner le problème.

### HEALTH FLASH!

Of course, how many times have we heard "when you lift something, bend your knees, keep your back straight. Use your legs not your back".

Easily said but not always easily done. In the workplace, this advice is not always appropriate or realistic and we can end up with a backache. One answer could be to modify your work station; for example changing the height of a table.

As each situation is unique, one needs to define the problem first.



"Il avait les genoux pliés et le dos droit."

(Source: Au centre, octobre 1987)

## LE COIN DU LECTEUR

Vous avez des questions, des opinions, des commentaires ou des réalisations à nous communiquer? Ce coin de journal vous est réservé. N'hésitez pas à nous contacter!

### Le mythe du lait

**Question:** La théorie selon laquelle boire du lait est une précaution à prendre contre les maladies respiratoires ou autres risques pour la santé des soudeurs a-t-elle un fondement scientifique quelconque?

**Réponse:** Aucune preuve scientifique n'attribue au lait un degré de protection quelconque contre les maladies respiratoires ou autres affections systémiques dues à l'inhalation de quantités excessives de fumées de soudage.

### THE READER'S CORNER

You have questions, opinions, comments or any achievement you would like to tell us about? Don't hesitate to contact us, this part of the newsletter is reserved for you!

#### Milk myth

**Question:** Is there any scientific foundation for the theory that the drinking of milk by welders is a health precaution relating either to respiratory or other health hazard?

**Answer:** There is no scientific evidence that the drinking of milk provides welders with any degree of protection against respiratory or other systemic diseases due to the inhalation of excessive amount of welding fumes.

#### FLASH SST

Équipe santé au travail  
Occupational Health Team  
175 Stillview, suite 310  
Pointe-Claire H9R 4S3  
501-2255



Journal de l'équipe de santé au travail du DSC de l'Hôpital Général du Lakeshore

Newsletter by the Occupational Health Team of the DSC of the Lakeshore General Hospital

Vol. 1 no 1 Janv. 90



## PREMIERE ÉDITION

L'équipe de santé au travail du Département de Santé Communautaire de l'Hôpital Général du Lakeshore profite de la nouvelle année pour lancer le premier numéro de **FLASH SST** et pour vous offrir ses meilleurs voeux. Ce journal se veut un moyen de communication avec les employeurs et les travailleurs(euses) de notre territoire sur divers aspects de la santé-sécurité au travail. Vous y trouverez, entre autre, une chronique sur les premiers secours, des messages d'information sur la santé ou la sécurité au travail, des réalisations qui ont été effectuées pour améliorer le milieu de travail et un espace sera réservé pour répondre à vos questions.

## FIRST EDITION

The occupational health team of the Community Health Department of the Lakeshore General Hospital would like to take the opportunity to wish you their best wishes for the new year and to bring you the first edition of **FLASH SST**. This newsletter should serve as a tool to communicate with the employers and workers of our territory on different aspects of health and safety at work.

You will find articles on first-aid, information on health and safety at work, examples of improvement in the workplace and a space will be reserved



## MENTION D'EXCELLENCE

Depuis trois ans, le DSC Lakeshore organise dans le cadre de la semaine de la santé et de la sécurité au travail, une campagne de promotion des réalisations afin de souligner l'intérêt manifesté par les entreprises dans l'amélioration de leur milieu de travail. Vous pouvez vous procurer un livret expliquant chacune des réalisations au DSC (694-2055).

Les gagnants de notre campagne 1989 qui ont reçu une mention d'excellence le 26 octobre dernier sont:



Rangée du bas, de gauche à droite: André Gagné (Chromalox Canada); Raymond Bujold (Vulcan Emballage inc.); Michel Jolicoeur (Zimmcor Co.); Johanne Allaire (Roll-It inc.); Edmond Garant (Dominion Bridge Québec).

Rangée du haut, de gauche à droite: Tony Sia (Mallinckrodt Canada inc.); Yvon Bordeleau (Hunter-Douglas Canada); Anthony Jurg (Sika Canada inc.); Pierre Mofette (Vulcan Emballage inc.); Valmore Nadeau (Zimmcor Co.); Réal Coulombe (Produits de Transit Pyramid Itée); Pierre Gareau (Dominion Bridge Québec).

N'apparaissent pas sur cette photo: Christian Cortes (Atelier d'Usinage P.D.K.); Carrière

For the third consecutive year, during the health and safety week, the Lakeshore Community Health Department (DSC) has organized a campaign to honour some industries for their contribution to the improvement of their workplace. A booklet explaining their achievements is available at the DSC (694-2055).

During our 1989 occupational health campaign, honorary mentions were awarded on october 26th to:



AUTRES LANGUES,  
AUTRES MOTS...

La seguridad y la salud en el trabajo (SST) es más que llevar el casco protector y las botas de seguridad. La SST quiere decir también trabajar en un lugar sano, sin ruido, sin humo y sin agustia.

Los equipos de "Santé au Travail" existen para ayudar a ustedes a construir un medio de trabajo sano.

El trabajo de los equipos de SST consiste a identificar los peligros presentes en las empresas, a informar los trabajadores y los patrones y a vigilar la salud de los trabajadores expuestos a los peligros.



## CHRONIQUE PREMIERS SECOURS

### Etes-vous prêt à faire face à un accident?

Il est important d'avoir une procédure connue de tous, soit connaître:

- △ L'action immédiate à prendre en cas d'accident.
- △ Les secouristes et leur localisation à l'intérieur de l'usine.
- △ Le système de communication interne, pour une intervention rapide.
- △ Les procédures d'appel aux services de secours externes, si nécessaire.

### Suggestions simples pour diffuser l'information:

- △ Dépliant attaché à l'enveloppe de paie.
- △ Affiche près des lieux achalandés, exemple; au poinçon.
- △ Directives et information sur chaque boîte de premiers secours.

### À se rappeler:

Un bon programme de premiers secours peut diminuer les complications des accidents, les délais de guérison et SAUVER DES VIES!

## FIRST AID

### LE JOURNAL FLASH SST

Responsable de la publication:  
Denise Soucy

Rédaction:  
Équipe santé au travail

Graphisme:  
Marie Turgeon

Supervision:  
Hélène Boyer

Les textes peuvent être reproduits en totalité ou en partie avec mention de la source. Vous pouvez communiquer vos commentaires, opinions et autres informations à:

Équipe santé au travail  
DSC Lakeshore  
175 Stillview, suite 310  
Pointe-Claire H9R 4S3  
694-2055

### It is important to have a planned procedure, known by every one, such as:

- △ Knowing the immediate action to take in case of an accident.
- △ Knowing who is the first aid attendant and where to find him or her in the shop.
- △ Knowing the internal communication system for a quick response.
- △ Knowing the procedures to reach external emergency numbers, if necessary.

### Some hints to spread the information:

- △ Pamphlets attached to the pay cheque.
- △ Posters in a strategic area such as near check-in-point.
- △ Direction and information with each first aid kit.

### Remember:

A well planned first aid program can diminish the severity of accidents, help for a quicker recovery and contribute to the SAVING OF LIVES.

### PENSÉE:

La santé est le trésor le plus précieux et le plus facile à perdre; c'est cependant le plus mal gardé.



## NOS SERVICES - NOS ACTIONS

### Que fait-on?

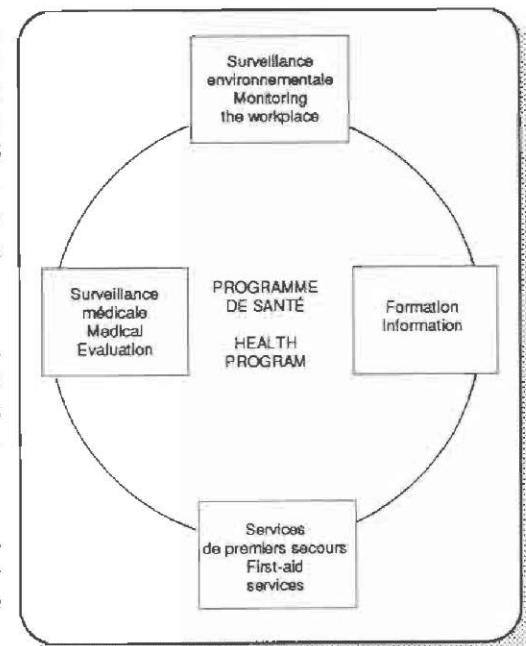
La responsabilité de l'équipe de santé au travail (médecin, infirmière et technicien (ne) en hygiène industrielle) est de produire *un programme de santé* pour chaque établissement se retrouvant dans les groupes prioritaires afin de surveiller la santé et la sécurité des travailleurs.

### Les coûts

Nos services sont gratuits. Notre financement provient des cotisations que versent les employeurs à la CSST.

### Qu'est-ce qu'un programme de santé?

C'est un programme qui comprend les activités figurant sur le schéma ci-contre:



OUR SERVICES - OUR ACTIONS  
What are we doing?

The responsibility of the occupational health team (physician, nurse, industrial hygiene technician) is to establish a *health program* for each industry included in priority groups in order to supervise the health and safety of the workers.

### The cost?

Funding for these services is provided by employer contribution to the CSST. No additional fees are required for our services.

### What is a health program?

It's a program containing the activities shown on the illustration on the left:

## OUF! J'AI EU CHAUD!

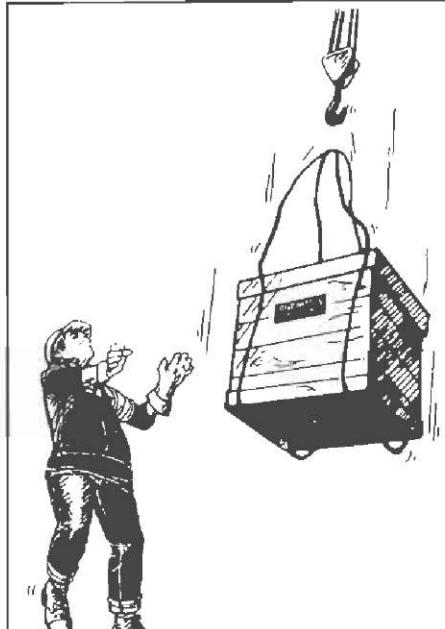
Les OUF! sont des incidents sans gravité où le travailleur se dit OUF! je l'ai échappé belle... Les statistiques démontrent que pour 600 OUF!, il se produit trente accidents avec dommages matériels, dix accidents avec blessures mineures et un accident grave qui entraîne l'incapacité ou le décès.

Les OUF! sont des messages de votre environnement de travail. Employeurs et travailleurs se doivent d'être attentifs à ces messages, sinon un jour... À côtoyer le danger, on finit par l'ignorer. Les OUF! sont là pour nous le rappeler. **Les OUF!, on en tient compte, on les déclare.** (Source: Intervention, mars 1998)

## WHEW! IT WAS CLOSE!

WHEW are incidents causing no physical damage where the worker says to himself, WHEW! I was lucky... Statistics show that for 600 WHEW or near misses, there are thirty accidents with material damage, ten accidents with minor injuries and one serious accident causing disability or death. WHEW are messages coming from your work environment; employers and workers must be attentive to these messages, otherwise...

To be continually exposed to danger, we get used to it and we finally ignore it. WHEW are there to remind us of the danger. **WHEW are to be considered and declared!**



LES QUASI-ACCIDENTS  
SONT DES AVERTISSEMENTS!

PROJECT: Experimental study on portable emergency transmitters

PROBLEM: The elderly and the handicapped who live alone or who are left without supervision for long periods of time may find themselves in a crisis or problem situation and need help. They may be unable to reach the phone or cry out loud enough to be heard. Many are left on their own, without assistance, for hours or even days at a time.

PURPOSE: The purpose of this experimental study is to assess a 911 portable emergency transmitter and its ability to adequately respond to the needs of the elderly and the handicapped.

OBJECTIVES:

- Be able to respond to the needs of people requiring immediate assistance via the transmitter itself, or indirectly, at home.
- Be able to live at home safely, and remain independent.
- Allow the user to have peace of mind and reassure family members.

ACTIVITIES:

- Evaluation of the quality of the device and its ability to react promptly to the needs of people who use it.
- Screening for people most likely to benefit from such a device.
- Agreement with the city of Pointe-Claire to defray the costs for people who are unable to pay.

- Evaluation (presently under way) (2nd phase of the study) with potential clients in our territory.

PARTNERS AND THEIR ROLE

- Families of people at risk (may refer beneficiaries).
- The elderly and the handicapped who have become less autonomous.
- Bell Canada (through the Bell system).
- City of Pointe Claire (defrays costs for some clients).
- Lakeshore CHD (initiated the project and follow-up with the city of Pointe Claire).
- Urgences-santé (immediate response and case referral).

TIME FRAME: July 1989 to December 1989. Study the effectiveness of the device.

December 1989 to present: evaluation of the market; potential and cost.

FINANCING:

Rental of the device (the cost has not yet been determined but would be between \$15 and \$30 per month). To be paid by the beneficiary, the family or the city of Pointe Claire in certain cases.

EXPECTED RESULTS

Very positive, since most of those who are using it would like to continue doing so. It seems to be meeting a need.

Suggestions and recommendations were made mainly on the size and ease of wearing the device.

Carole Herrick  
Coordinator  
Home Care Program  
CLSC Lac Saint-Louis

PROJECT:

Consultation with secondary IV students.

Theme: **HEALTHY CITY IN THE YEAR 2000** within the context of the provincial youth games, summer 1989.

CURRENT

The immediate environment is an important health factor for individuals and society as a whole. The following are important points to consider: personal safety, jobs, recreation, green spaces, housing, drinking water, food, family, history, community life, mutual support, etc. These are elements that are particularly accessible to aware citizens.

OBJECTIVES:

- Shed light on young peoples' views of a healthy city.
- Allow young people to express themselves on personal and collective health.
- Through Quebec youth, promote a concern for healthy cities.
- Initiate young people to municipal politics.
- Obtain an up-to-date image of what concerns Quebec youth in terms of the environment and quality of life.
- Ensure follow-up and spread the results at the appropriate political levels.
- Offer a plan for healthy cities to the adult citizens of tomorrow.

ACTIVITIES:

- Present a video entitled "Objective 2000" to start the program.
- Consultation using a method of guided fantasy in a relaxed setting with a musical background. We suggest a trip to a healthy city, their ideal town or city in the year 2000.

- Period of relaxation and visualization followed by a questionnaire, asking them to write down the images and ideas that have come to mind.
- Drawing of each student's key idea.
- Prioritization by each group of five (5) students of the best ideas expressed in drawing, using the nominal group technique.
- Prize awarded by Malcolm Knox, Mayor of Pointe Claire, for the best idea/drawing.

**SUBJECT GROUP**

- Personal and social training groups.  
(7 groups)

**LEVEL:**

Secondary IV

**PRIORITY IDEAS:**

- Diet made up of natural foods.
- More trees and green spaces in the city.
- Paper recycling.
- Non-polluting cars.
- Free public transportation.
- Non-polluting trains in a clean environment.
- Man and nature living in harmony in a clean world.
- Live on the moon and clean up the Earth.
- City in the country; use clean energy sources.
- Carefully observe the environment, pollution. Think about it.
- Possibilities: life, death.
- Healthy living in healthy nature.
- Eliminate and/or stop pollution.

- World peace.
- Eliminate smoking.
- Plant lots of trees.
- Use water as energy of the future.
- Keep our towns and cities clean.  
Stop polluting.
- Change our living habits.
- Develop harmony between people and nature.
- Progress toward a future of peace and love. (\*)
- Eliminate all domestic toxic products.
- Harmony among different cultures.
- Eliminate toxic waste.
- School buses: - not much air pollution;  
- much less noise;  
- maximum speed 100 km/h.
- Develop interpersonal relations in the schools.
- Eliminate the dangers of pollution in all its forms.
- Circle around the Earth: equality of all peoples.
- Waste recycling.

MUNICIPALITIES . Pierrefonds (53 students)  
REPRESENTED: . Roxboro (22 students)  
                  . Dorval (45 students)  
                  . Beaconsfield (4 students)  
                  . Dollard des Ormeaux (17 students)

\* Key idea stressed: Progress toward a universe of peace and love.

- Pointe Claire (27 students)
- Kirkland (2 students)

**PARTNERS:**

- Haut Richelieu CHD (designed the program)
- Lakeshore CHD
- CLSC Vieux La Chine (school nurse)
- Baldwin Cartier school board
- Jean XXIII school in Dorval (Principal, teachers, students)
- City of Pointe Claire

**TIME FRAME:** April 1989

**RESULTS:** Seven (7) groups participated (170 students). Thirty-five (35) drawings/ideas were selected (5 per group). One out of thirty-five (1/35) was selected by the students for a winning prize.

Seven (7) municipalities were represented by the students.

**NOTE:** These prioritized ideas were all expressed in drawings that were exhibited in St-Jean-sur-Richelieu where the summer youth games took place in 1989. The drawings were also exhibited at the Lakeshore CHD, in the city of Pointe Claire, in Montreal, at a May 30, 1989 press conference with the theme of "HEALTHY CITY".

After a vote by the students, the top idea was : Progress toward a universe of peace and love. (\*).

This idea reflects the social dimension of a healthy city.

Winning student: Vincent Van Eeckhout

\* Winning idea: Progress toward a universe of peace and love.

Following this activity, the secondary IV students, supported by the school principal and the school nurse, asked that the school cafeteria no longer use styrofoam containers. These containers are unhealthy because chlorine is used to whiten them. They could be replaced by non-toxic and biodegradable containers.

Marina Bédard  
Responsible for the  
"VILLES ET VILLAGES EN SANTE"  
Lakeshore CHD

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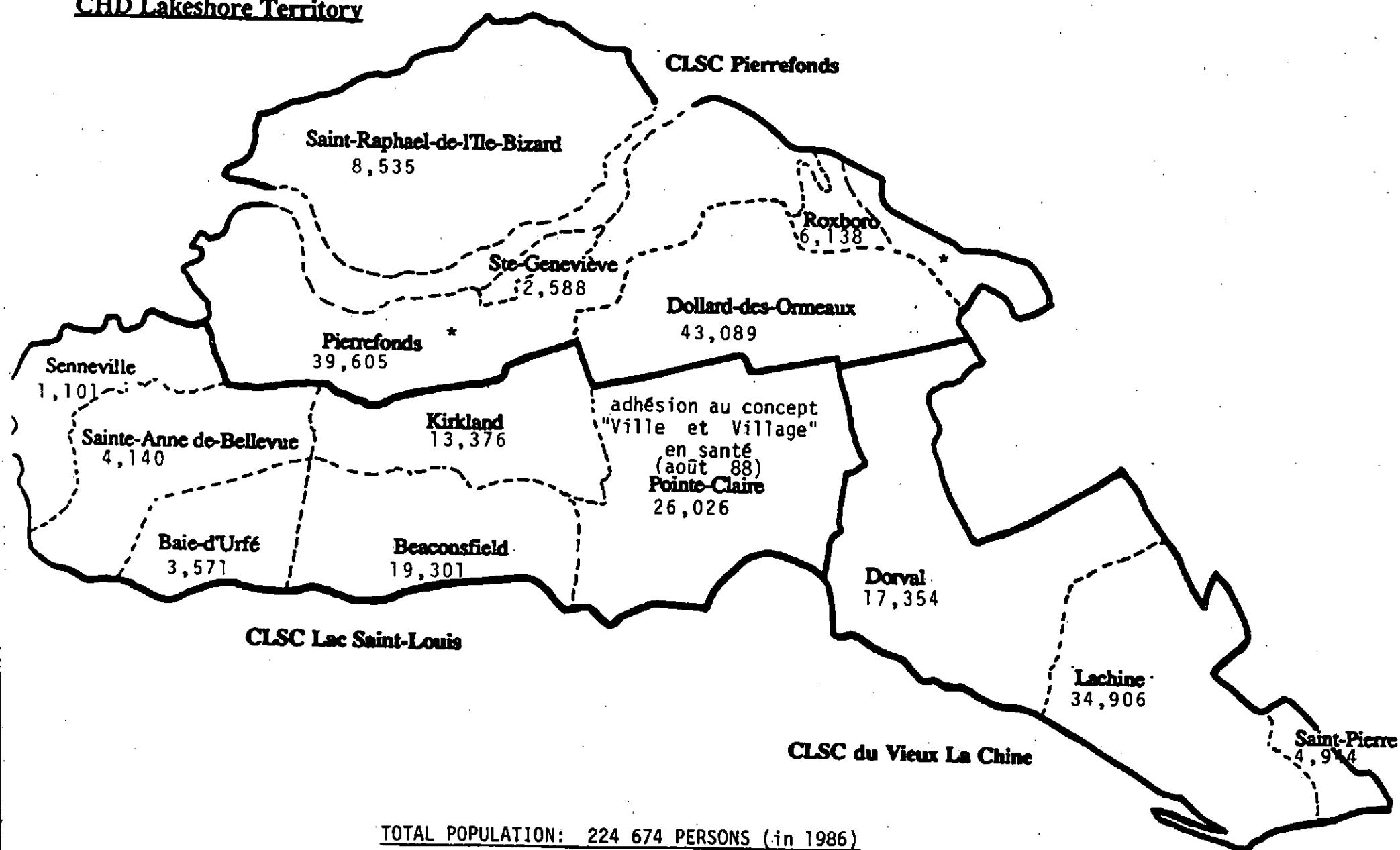
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**A P P E N D I X I**  
**MAP OF THE TERRITORY**

Territoire du DSC Lakeshore  
CHD Lakeshore Territory

APPENDIX II  
RESOLUTION (POINTE-CLAIRE CITY COUNCIL)



# VILLE DE POINTE CLAIRE

80

E X T R A I T

DU PROTO-VERBAL D'UNE ASSEMBLÉE DU  
CONSEIL DE LA VILLE DE POINTE CLAIRE.

TEMOIGNAGE ..... August 8, 1988 .....

PRESENT WERE: His Worship the Mayor Mr. M.C. Knox and Councillors L. Cocolicchio, M.G. Legault, J.F. Mahaffey, Mrs. M.F. Patterson, J. Robinson, W.W. Thomas and W.H. Walker, forming a quorum of Council.

ABSENT: Councillor J.R. Birnie, due to illness.

## 88-231 - RECOGNITION OF CITY OF POINTE-CLAIRe AS A "VILLE EN SANTE"

CONSIDERING that the capacity of the municipal government to act on facts pertaining to health and to unite the forces of the "milieu" in order to improve the quality of life of its citizens;

CONSIDERING the existence of international, national and provincial networks which are ready to exchange and support surveys on the concepts and strategies of "villes en santé";

CONSIDERING that the "ville" is the nearest level of governmental to its citizens and capable to respond to their needs;

CONSIDERING that the City of Pointe-Claire by its traditions took charge to promote the fundamental mutual aid values and cooperation with its citizens;

CONSIDERING the presence on its territory of new community health structures (DSC, CLSC) which operate for the promotion of health and wish to work in close cooperation with the municipalities;

CONSIDERING the positive impact that the numerous interventions/projects developed in the past had had on the Pointe-Claire population;

CONSIDERING that the City of Pointe-Claire is presently known as a city who cares about the health of its citizens and is a model for numerous municipalities;

CONSIDERING that it is important that the City of Pointe-Claire, because of its role in helping other municipalities, be the one that assumed in the Lakeshore territory the leadership of a "VILLE EN SANTE";

It was moved by Councillor Cocolicchio,  
Seconded by Councillor Thomas, and unanimously

RESOLVED: THAT the Municipal Council of the City of Pointe-Claire declares the City as a "VILLE EN SANTE" and that it continues officially its affiliation with the provincial project of "VILLES ET VILLAGES EN SANTE";

THAT a committee be established for this project and that it be composed of members representing various organizations;

THAT the DSC Lakeshore in collaboration with the City of Pointe-Claire appoints the members of the committee and see to their training in the "ville en santé" context;

THAT the City contributes to the establishing and application of the "ville en santé" program in order to improve the quality of life for its citizens.

CERTIFIED TRUE COPY

APPENDIX III  
POINTE-CLAIRE'S "VILLES ET VILLAGES EN SANTE"  
COMMITTEE



82  
**VILLE DE POINTE CLAIRE**

**EXTRAIT**

Du procès-verbal d'une Assemblée du  
Conseil de la Ville de Pointe-Claire.

Tuesday Monday, December 18, 1989

**PRESENT:** His Worship the Mayor Mr. M.C. Knox and Councillors J.R. Birnie, L. Cocolicchio, M.G. Legault, J.F. Mahaffey, Mrs. M.F. Patterson, J. Robinson, W.W. Thomas and W.H. Walker being all members of Council.

**89-386 - APPOINTMENT OF MEMBERS OF VILLES ET VILLAGES EN SANTÉ**

It was moved by Councillor Legault  
Seconded by Councillor Thomas, and

**RESOLVED:** THAT the Villes et Villages en Santé Committee be composed of the following individuals -

Marina Bédard - CH-DSC Lakeshore - responsible for the Villes et Villages en Santé dossier

Tom Buffitt - City Manager - City of Pointe-Claire  
Marcel Carmoni - Director of Human Resources - City of Pointe-Claire

Len Cocolicchio - Municipal Councillor  
Rolande Dupont - Representative of the Pointe-Claire Village

Murray Heselton - Representative of the Pointe-Claire Industrial Park

Sheila Laursen - Representative of Lac St-Louis CLSC  
Malcom C. Knox - Mayor - ex-officio member

Councillor L. Cocolicchio abstained from voting on this motion.

**CERTIFIED TRUE COPY**

Monique Trudeau  
Monique Trudeau  
City Clerk

A P P E N D I X   I V  
POLICY ON AIDS AND ON SEXUALLY TRANSMITTED DISEASES  
BALDWIN-CARTIER SCHOOL BOARD

Préparé par: STUDENT SERVICES

**POLICY ON AIDS AND**  
**ON SEXUALLY TRANSMITTED DISEASES**

**1. PREAMBLE**

In our present age, the specter of AIDS does not seem to spare anyone. Individuals, groups, society as a whole - all are confronted with this serious disease that has only recently been identified. This new reality places an obligation on individuals and groups to become informed and to take a position in order to adopt attitudes and behaviors which are both logical and responsible. By the same token, public and para-public organizations are under the obligation to elaborate a management policy which is respectful of individuals and adapted to the reality of this disease and its consequences.

It is in this context that la commission scolaire Baldwin-Cartier wishes, by the present policy, to announce its orientation as well as the measures that it will take to inform its personnel, volunteers who work in schools, students, and their parents about this disease.

Moreover, within the framework of its broader educational mission, the School Board wishes to ensure that all students receive the necessary information and formation, following which and after enlightened consideration, they will be in a position to adopt proper attitudes and behaviours - thus the presence of STD'S in this policy.

**2. DEFINITIONS**

**2.1 The term AIDS**

The term AIDS signifies: Acquired Immune Deficiency Syndrome. It is a disease that neutralizes the body's immune system. The disease is caused by the Human Immuno-deficiency Virus.

**2.1 The term HIV**

The term HIV signifies: Human Immuno-deficiency Virus. The term VIH is the French equivalent.

Préparé par: STUDENT SERVICES**2.3 The term PERSON WITH AIDS**

The term PERSON WITH AIDS designates the Virus carrying person who shows certain physical signs of the disease, (Ex.: Karposi's Sarcoma, a form of cancer; P.C.P., a lung infection).

**2.4 The term STD**

The term STD signifies: Sexually Transmitted Disease. The most frequent STD's are chlamedia, gonorrhea, herpes, and syphilis. AIDS is also part of the STD's.

**2.5 Information**

For the purpose of the present policy, the term information signifies a diffusion of knowledge either verbally or through documents.

**2.6 Formation**

For the purpose of the present policy, the term formation refers to the acquisition of skills further to a given learning experience. However, when it is a question of a "formative education of students", it is necessary to give this term a broader meaning that includes concepts such as values, moral judgment, the meaning of life, and a sense of responsibility, etc.

**3. GENERAL ORIENTATIONS**

**3.1** In the context of respect for existing laws, every person has the right to respect and to confidentiality of his file.

**3.2** La commission scolaire Baldwin-Cartier takes the necessary steps to insure the respect of the rights and confidentiality of files of its students and personnel.

**3.3** La commission scolaire Baldwin-Cartier collaborates with the medical authorities concerned to insure that appropriate information is provided to all, particularly on AIDS. It also

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insures that certain members of its personnel receive the necessary formation to safely execute the tasks assigned to them.

- 3.4 La commission scolaire Baldwin-Cartier ensures that its students receive a formation on AIDS and STD's within the framework of the Personal and Social Development program.
- 3.5 La commission scolaire Baldwin-Cartier takes the necessary means to explain the content and objectives of the present policy to persons concerned.
- 3.6 La commission scolaire Baldwin-Cartier does not expect results of screening tests for AIDS or HIV when hiring personnel.

#### 4. INFORMATION ON AIDS

##### 4.1 Person concerned

The persons who are to receive this information are the parents, volunteers who work in schools, the students, and all School Board personnel.

##### 4.2 The Goal

The goal is to provide to each of these groups the pertinent and necessary information for the acquisition of a good knowledge of this disease and the means to prevent it.

##### 4.3 Content and Application

Basic information on AIDS is ensured to all groups. Students, however, receive information adapted to their age and to their needs within the Personal and Social Development program. Students also receive information regarding the gamut of sexually transmitted diseases. Moreover, all groups are informed about the orientations contained in this policy.

##### 4.4 Persons Responsible for Dissemination

The Assistant Director General assumes the responsibility for the dissemination of information to parents.

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The Director of Curriculum Services assumes the responsibility for the dissemination of information to students.

The Director of Personnel Services assumes the responsibility for the dissemination of information to School Board personnel.

### 5. FORMATION

#### 5.1 Persons concerned

Formation is aimed at students and the personnel in schools and administrative centers who are responsible for first aid and building maintenance. Volunteers who are called upon to administer first aid in schools will also receive the necessary formation.

#### 5.2 The Goal

For students, the goal is to give them a broader vision and a good formation in matters concerning AIDS and STD's. They learn to reflect upon these diseases and to situate them in a broader context than the purely medical and physiological realities. Those responsible for first aid and maintenance receive a technical formation to enable them to safely manipulate biological fluids according to established procedures.

#### 5.3 Content

For students, the content of the formation is done within the context of the Personal and Social Development program and respects the objectives inherent in the Moral and Religious Instruction programs relative to these questions. It includes STD's and AIDS. The content of the formation program for personnel responsible for first aid and maintenance is established in concert with medical authorities concerned.

#### 5.4 Persons Responsible to Ensure Formation

For students, this responsibility is assumed by the Director of Curriculum Services.

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T. R. E. E. L. S.

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For first aid and maintenance personnel, this responsibility is assumed by the Director of Personnel Services.

### 5.5 Application

For students, this formation is given within the context of the SPD program within the student's timetable.

For first aid and maintenance personnel, the program is offered according to procedures established by the Personnel Department in concert with school Principals and Directors of Services.

## 6. CASE MANAGEMENT

### 6.1 Context

According to the current medical research, persons afflicted with AIDS or those who are carriers of the HIV do not present any risk for the transmission of the diseases or the virus in the school environment. Consequently, there must not be any discrimination against such persons.

These persons, be they students or employees, have a right to school attendance and to work. Their dossier is treated with strict confidentiality.

### 6.2 The Goals

6.2.1 Insure to everyone the full respect of his or her rights.

6.2.2 Protect and enhance the right for students to attend school and the right of employees to work.

6.2.3 Assist these persons in the search for realistic solutions to difficulties they experience.

### 6.3 Person Responsible for Case Management

The responsibility for case management is assumed by the "direction générale". It is possible that at the request of the medical authority concerned or of the student's parents,

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the "direction générale" may convene a special meeting possibly involving the school administration, the teachers concerned, the Head of the Community Health Department, and the parents of the student, so that everyone fully understands the sense and direction of measures that may be taken.

#### 7. EVALUATION AND UPDATE OF THE POLICY

This policy is evaluated and updated on an annual basis or when legal dispositions or directives emanating from the medical community are such that affirmations contained in this policy are no longer exact or valid.

6 - (polimida.ang)



# VILLE DE POINTE CLAIRE

82

**EXTRAIT**

Du procès-verbal d'une Assemblée du  
Conseil de la Ville de Pointe Claire.

Tenue le Monday, December 18, 1989

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Sheila Laursen - Representative of Lac St-Louis CLSC  
Malcom C. Knox - Mayor - ex-officio member

Councillor L. Cocolicchio abstained from voting on this motion.

**CERTIFIED TRUE COPY**

Monique Trudeau  
Monique Trudeau  
City Clerk

**STUDENT SERVICES**  
 Préparé par: \_\_\_\_\_

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V.A.

Ex. 2

AUTEUR

BEDARD, MARINA

THIBAULT, JOSETTE

VILLENEUVE, CLAIRE

E 4464

TITRE :

"VILLES ET VILLAGES EN SANTE" OR "HEALTHY TOWNS  
AND CITIES" WORKING TOWARDS A HEALTHY  
COMMUNITY

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V.A.

Ex. 2