NOVA SCOTIA INJURY PREVENTION STRATEGY:

Report and Recommendations

EHS Emergency Health Services Nova Scotia Trauma Program

NOVA SCOTIA Health Promotion

Acknowledgements

The development of the Nova Scotia Injury Prevention Strategy reflects the dedication, passion, energy, expertise, and experience of Nova Scotia's multi-sectoral injury control community. The strategy would not have been possible without the involvement and commitment of time by many people.

The enthusiasm and desire of stakeholders to address the threat of injury has been evident since work began on the strategy in late May 2003. Throughout the consultation process, we have been overwhelmed by the positive feedback, excellent advice and input, and overall commitment of the injury control community.

Our sincere thanks to all who have participated in the development of the Nova Scotia Injury Prevention Strategy. We look forward to continuing to work with you as we implement the strategy.

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1.0 Executive Summary

1.1 Background

Injuries are a significant threat to the health and well being of all Nova Scotians. Trauma is still the leading cause of death for Nova Scotians under age 45, the leading cause of potential years of life lost, and the fourth leading cause of death overall.

In addition to the staggering physical and emotional impact of injury, there is also the enormous financial burden of trauma that is estimated to cost $600 per year for every citizen in Nova Scotia or $570 million/year (direct, indirect costs of intentional and unintentional injury).

It is clear that Nova Scotia needs an injury prevention strategy designed to prevent injuries from happening in the first place, and, at the same time, ensuring the best possible outcomes for people who are injured.

The burden of injury continues to be largely ignored when compared to other public health issues which account for far less pain, suffering, and economic losses, but have a much higher profile in the media and among the general public.

Given the lack of public and political awareness of injury, and the increasing demand to fund other areas of health care, it is easy to see why it has been difficult to secure resources for injury prevention.

When faced with limited resources, one must keep in mind that the cost of injury prevention is relatively inexpensive in terms of the benefits it produces.

Several barriers have existed in Nova Scotia, and, indeed, nationally, that have restricted the progress of injury prevention initiatives.

Injury prevention has not been traditionally recognized as a distinct profession or field of study. This results in a variety of disciplines, each attempting to conduct injury prevention in isolation. Moreover, responsibility for injury prevention, especially in government, is often considered an add-on to an already existing portfolio and so; injury prevention fails to get the attention it deserves.

Another significant barrier has been the lack of comprehensive injury data. While there are a number of government and non-government agencies that collect injury data in Nova Scotia, there is little ability to link these systems and share information. A prime example of this is evident with the collection of data related to motor vehicle collisions. While the Department of Transportation & Public Works (TPW) collects and analyzes data on fatal motor vehicle collisions, they are prohibited from sharing the specifics of each case with the Nova Scotia Trauma Registry that collects and analyzes comprehensive data on injury related deaths (including motor vehicle collisions). The end result is that neither database contains all of the critical facts surrounding each fatal motor vehicle collision.

Without a system in place that allows for injury surveillance to occur in a coordinated and efficient manner, it will remain difficult to identify the specific causes and factors associated with injury in Nova Scotia. Moreover, a duplication of technical and administrative resources will continue, while at the same time limitations in the capacity to perform injury research and evaluate the effectiveness of injury prevention efforts will go on.

Another barrier is specific to intentional injury as a result of family violence, assaults and self-injury. There is significant stigma associated with these kinds of injuries. This stigma continues to be a significant barrier in the development of prevention initiatives, particularly when the number of intentional injuries remains underestimated and under appreciated

"Nova Scotia has never been in a better position in terms of being able to quantify injury as a serious health issue."

On the positive side, Nova Scotia has never been in a better position in terms of being able to quantify injury as a serious health issue.

In 1999, Child Safety Link released the *Comprehensive Report on Injuries, Trends and Patterns in Children & Youth* (Bruce B & Pennock M). In May 2002, the EHS Trauma Program and the Department of Emergency Medicine (Dalhousie University) released the *Comprehensive Report on Injuries in Nova Scotia* (Ackroyd-Stolarz S & Tallon J). Most recently, in May 2003, the Atlantic Network for Injury Prevention released *The Economic Burden of Unintentional Injury in Atlantic Canada*. With these three reports, Nova Scotia, for the first time, has a very clear view of the magnitude, epidemiology, and economic costs of injury in Nova Scotia; and the necessary evidence and data to support the development of a provincial injury prevention strategy.

In May 2003, the Office of Health Promotion made a public commitment to facilitate the development of a Nova Scotia Injury Prevention Strategy. Given the mandate of the EHS Trauma Program and its existing relationship with Nova Scotia's injury prevention stakeholders, as well as its current leadership role with respect to injury prevention, the Office of Health Promotion asked the EHS Nova Scotia Trauma Program to lead the development process for the Nova Scotia Injury Prevention Strategy.

The Nova Scotia Injury Prevention Strategy will maximize the ability of all injury stakeholders to reduce the physical, emotional, and economic impact of injury. It is important to note that the provincial injury prevention strategy is not intended to eliminate or take over existing activities and resources that are already in place within communities, organizations or government departments; rather it is a way of building upon the good work already underway.

A strategy is fundamental to the coordination of existing activities and initiatives, and the elimination of duplication of efforts. A strategy is also essential in determining priorities, identifying and targeting groups at risk, and evaluating interventions.

In addition, the proposed injury prevention strategy with the Office of Health Promotion as the lead agency will foster an environment of collaboration, coordination and communication between stakeholders.

1.2 Consultation & Strategy Development

Development of the Nova Scotia Injury Prevention Strategy took approximately three months, beginning with an invitation to approximately 160 stakeholders (individuals and organizations) to attend a one-day workshop on September 15. Along with a letter of invitation, the key stakeholders also received background materials, designed to provide basic knowledge of the issues to be addressed by the strategy. This was the first of three consultation sessions to develop a draft strategy.

A pre-workshop questionnaire — adapted from a Manitoba discussion paper on injury prevention — was designed to capture the initial thoughts and perspectives from stakeholders on provincial injury prevention strategy. The results of the questionnaire were used to create a first draft of the strategy for discussion at the workshop.

The workshop participants attending the September 15 session represented a wide range of backgrounds and interests with broad geographic distribution from across the province, including: government departments, community based injury prevention programs and organizations, district health authorities, community health boards, public health, occupational health and safety, mental health and suicide prevention, injury survivors, and trauma care providers.

The second consultation took place on September 25 with the Nova Scotia chapter of the Atlantic Network for Injury Prevention (ANIP) — a coalition of individuals/organizations working for injury prevention and control in Atlantic Canada.

The Nova Scotia Chapter of ANIP was established in June 2003 and includes representatives from provincial government departments, and non-government organizations who are committed to working collaboratively on safety promotion and injury prevention initiatives.

With approximately 60 members in total, the NS Chapter of ANIP serves as a key vehicle for building

injury prevention capacity and linking with community stakeholders as the Nova Scotia Injury Prevention Strategy continues to evolve.

The third consultation took place on September 26 with the Nova Scotia Trauma Advisory Council (NSTAC), a 45-member group representing a broad range of multi-disciplinary trauma system stakeholders. The role of the council is to provide strategic advice and input to the EHS Trauma Program regarding all aspects of trauma care and injury control in the province.

The latter two consultation sessions further focused and refined the strategy, resulting in a fifth draft in less than two months.

The highlights of the strategy, described below, must be viewed as a living document that will continue to evolve over time. The plan will continue to undergo refinement and further development in the months to come. The Strategic Directions outlined in the plan also represent a starting point. As implementation begins, a key step will be to continue to consult with stakeholders, particularly with respect to priority setting.

1.3 Nova Scotia Injury Prevention Strategy

Vision

Everyone in Nova Scotia working together to make our province the safest and healthiest place to grow, live, work and play.

Mission

Making Nova Scotia injury free through a provincial injury prevention strategy.

Guiding Principles

1. A provincial injury prevention strategy will build on evidence-based injury prevention strategies and initiatives.
2. A provincial injury prevention strategy will be comprehensive – addressing areas that play a role in reducing both intentional and unintentional injury.
3. A provincial injury prevention strategy will be relevant to the needs of all populations based on priorities established through surveillance and research.
4. A provincial injury prevention strategy will be a living document that is evidence-based and continuously monitored and evaluated.
5. A provincial injury prevention strategy will recognize the diversity of stakeholders and, and foster opportunities for collaboration and cooperation.
6. A provincial injury prevention strategy will be guided by a population health approach.

Strategic Directions

1. *Current Programs*

   Current programs are recognized and opportunities for collaboration are identified through the injury prevention strategy.

2. *Injury Priorities*

   Programs and strategies that are comprehensive, multi-faceted, and address priority issues, as identified by surveillance, research, and consultation. (The three priority issues identified and addressed in the current strategy are falls, motor vehicle collisions and transportation related injuries, and self-inflicted injuries).

3. *Surveillance, Research and Evaluation*

   A system that collects, analyses, interprets and evaluates injury-related data and informs the injury prevention strategy in a timely manner.

4. *Communications/Social Marketing*

   A social marketing strategy that engages Nova Scotians in injury prevention efforts because they recognize that injury is a significant health issue that threatens their well-being and is a burden on the economy.

5. *Tertiary Prevention*

   A system that improves outcomes for those affected by injury by optimizing emergency response, acute care, rehabilitation, and ongoing community support.

6. *Infrastructure*

   Leadership, capacity building and infrastructure that sustains, coordinates, facilitates, monitors, evaluates and supports all aspects of the Injury Prevention Strategy.

1.4 Summary of Recommendations

I. Injury Priorities

It is recommended that:

* Appropriate resources be in place to support the specific actions, outlined in the Strategic Directions & Action Plan, targeted at reducing the incidence and severity of: fall-related injuries among children, seniors, and workers; motor vehicle collisions and transportation related injuries; and, self-inflicted injuries and suicide.

II. Leadership

It is recommended that:

- The Office of Health Promotion be clearly identified as the lead agency, responsible for the coordination of injury prevention activities across government and that the accountability framework depicted in Appendix F be approved.
- The Office of Health Promotion, as the lead agency, secure the means and support necessary to ensure the ongoing development, implementation, monitoring, and evaluation of the Nova Scotia Injury Prevention Strategy.

III. Injury Surveillance

It is recommended that:

- Resources be allocated to strengthen injury surveillance capacity in Nova Scotia
- An injury surveillance working group be established to determine requirements and make recommendations for the implementation of a comprehensive injury surveillance system for Nova Scotia.
- A plan be developed and implemented to evaluate the effectiveness of the injury surveillance system.

IV. Collaboration, Continued Consultation & Networking

It is recommended that:

- The Office of Health Promotion, as the lead agency for injury prevention in Nova Scotia allocate the appropriate resources to continue to improve collaboration among injury prevention stakeholders in Nova Scotia.
- Current programs, strategies, and initiatives be identified and, where appropriate, be incorporated into the strategy (i.e. national injury prevention strategy, WCB strategy, RSAC business plan, Chronic Disease Prevention Strategy, etc).
- The Office of Health Promotion communicate with stakeholders regarding the results of the September consultations by the end of November and continue consultation on the further development and implementation of the strategy.
- The Office of Health Promotion establish a formal process for ongoing engagement of stakeholders.

V. Research & Evaluation

It is recommended that:

- Resources be allocated to support local, community-based injury prevention research and evaluation initiatives.
- An evaluation framework for the strategy be developed as soon as possible.
- The Office of Health Promotion explore opportunities to partner with the academic community for the infrastructure components required to perform research and evaluation

VI. Communications & Social Marketing

It is recommended that:

- Resources be assigned and a comprehensive communications and social marketing plan be developed in support of the Nova Scotia Injury Prevention Strategy.
- The communications and social marketing plan be developed collaboratively by key government and non-government injury prevention stakeholders.
- The Office of Health Promotion coordinate the collaborative development and implementation of a comprehensive communications and social marketing plan.
- The communications and social marketing plan include a strategy to brand injury prevention.

VII. Adherence to the Guiding Principles

It is recommended that:

- The guiding principles, established in the September consultation process, continue to guide the development and implementation of the strategy and inform decision-making and priority setting.

VIII. Tertiary Prevention

Given the mandate of the EHS Nova Scotia Trauma Program, it is recommended that:

- It continue to support tertiary prevention through the ongoing development, implementation, monitoring, and evaluation of the provincial trauma system.
- It facilitate the development and implementation of a bystander care program.

IX. OHP Injury Prevention Infrastructure

It is recommended that:

- In the current fiscal year (2003-04), the Office of Health Promotion establish the start-up infrastructure required to continue the development and begin the implementation of the injury prevention strategy in the current fiscal period.
- The start-up infrastructure be funded by the Office of Health Promotion in fiscal period 2004-05 and beyond.
- To ensure long term sustainability of the strategy the infrastructure, budgeted for by the Office of Health Promotion in 2004-05 and beyond, include the necessary resources to build community-based injury prevention capacity.

2.0 Overview

2.1 Introduction

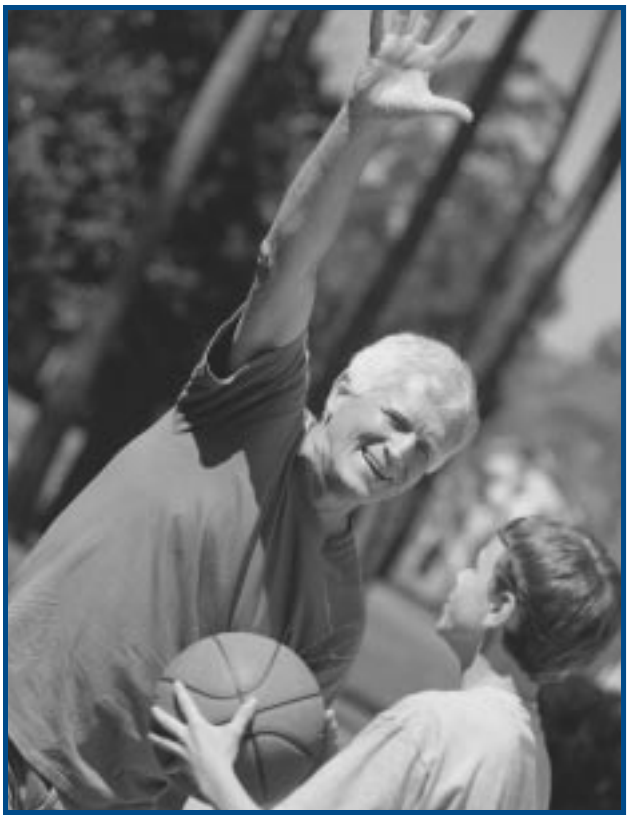
Injuries are a significant threat to the health and well-being of all Nova Scotians. While the Emergency Health Service (EHS) Nova Scotia Trauma Program and its many health care and prevention partners continue to make inroads in reducing injury-related death and disability in Nova Scotia, trauma is still the leading cause of death for Nova Scotians under age 45, the leading cause of potential life years lost, and the fourth leading cause of death overall. Thousands of people are admitted to hospital each year in Nova Scotia as a result of a serious injury, and hundreds of thousands present to an emergency department or their family physician for treatment of an injury.

The anguish and ongoing loss experienced by family and friends who are left behind when someone is killed by injury is unimaginable. Far greater than the numbers of those killed by injury each year are those who survive. These individuals and their families also experience incalculable suffering B some temporarily and some for the rest of their lives. This suffering manifests itself in many ways, including chronic pain, disability, loss of income, loss of independence, and depression.

In addition to its human toll, the direct and indirect costs of injury in Canada are estimated at $14 billion annually. In Nova Scotia, the annual cost (direct and indirect) of unintentional injuries is $370 million or $396 for every citizen of Nova Scotia[1]. It is estimated that the annual cost of intentional injury is an additional $200 million.

These staggering statistics clearly demonstrate the need for a comprehensive and integrated injury control system designed to prevent injuries before they happen and to provide optimal treatment when injuries do occur.

1 Direct costs include health care-related expenditures (i.e. acute care and rehabilitation services, medication, prostheses, etc). Indirect costs are societal productivity losses (i.e. loss of income potential due to disability, pain and suffering, economic dependence, etc).



2.2 What is Injury Prevention & Control?

Injury control is a broad term which captures the prevention of injury (i.e. preventing the injury from happening in the first place), mitigation of injury during an injury-causing event (seatbelts, airbags, etc), and response to and treatment of injury (acute care and rehabilitation). The Injury Control Model utilizes a series of strategies along the injury continuum and involves primary, secondary, and tertiary prevention.

Primary prevention seeks to reduce the number of injury causing events through injury prevention and safety promotion (i.e. driver education or legislation). Secondary prevention seeks to reduce harm during an actual injury-causing event (i.e. a seatbelt use, airbags, helmets). Tertiary prevention encompasses the response to and treatment and rehabilitation of injuries so as to reduce their severity and maximize outcome (i.e. EHS system, hospital trauma team for resuscitation and trauma rehabilitation facility).

The Nova Scotia Injury Prevention Strategy embraces the injury control model, seeking to prevent injuries from happening in the first place, while ensuring that should someone be injured, their outcome is optimized.

2.3 What is an Injury Prevention Strategy?

An injury prevention strategy maximizes the ability of all injury stakeholders to reduce the physical, emotional, and economic impact of injury.

A provincial injury prevention strategy is not intended to eliminate or take over existing activities and resources that are already in place within communities, organizations or government departments; rather it is a way of building upon the good work already underway.

A strategy is fundamental to the coordination of existing activities and initiatives, and the elimination of duplication of efforts. A strategy is also essential in determining priorities, identifying and targeting groups at risk, and evaluating interventions.

This strategy must be guided by strong leadership and be supported by varied collaborative efforts across injury prevention groups. Collaboration will help facilitate the establishment of priorities and will ensure diverse and innovative approaches to prevention.

The Nova Scotia Injury Prevention strategy is designed to guide effective planning and implementation of injury prevention initiatives among all injury control stakeholders.

2.4 Impediments to Injury Control

Injury is a highly preventable disease. Over the course of the last decade, "important advances have been made in demonstrating the efficacy and cost-effectiveness of preventative interventions [in injury]"[2]. However, as Christoffel and Gallagher suggest[3]:

> *…there exists a wide disparity between what is known about injury prevention and what is actually done to prevent injury. This disparity is greater than in any other major public health problem, including human immunodeficiency virus and AIDS…The challenge is to close the gap between knowledge and action as effectively as possible.* (pp 16-17)

Described by various reports and authors, there are a number of impediments to injury prevention that the above described gap between knowledge and action can be attributed to.[4, 5, 6]

As Nova Scotia embarks on the development and implementation of a provincial injury prevention strategy, it is important to understand these impediments so they can be avoided and/or mitigated. It is positive to note that the very fact Nova Scotia has moved to develop and begin implementing a strategy suggests we are starting to overcome and address these impediments, which are described below.

Perception of Injury & Lack of Awareness

The public, media, and even some who work in the field of injury prevention, continue to view injuries as accidents. The British Journal of Medicine states that "an accident is often understood to be unpredictable — a chance occurrence or as an act of God — and therefore unavoidable"[7] . Further, accidents are defined as having no known cause. Given that 95 per cent of all injuries are the result of predictable circumstances and the causes of injury are well understood, describing injuries as accidents is inappropriate in a health prevention paradigm.

A spin-off result of inappropriately labeling injuries as accidents is the dismissal of injury as a threat to the public's health. People end up believing that injury will not happen to them, and if it does, it will be the result of bad luck. The use of the word accident, and the ignorance of the magnitude of the injury epidemic, leads to a belief that injuries are an infrequent and inevitable part of life. This further results in the failure of people to recognize the risks they face everyday, and the failure to take measures that will mitigate those risks and prevent injury.

Compare the public's perception of cancer to that of injury and this point is well understood.

2 Reducing the Burden of Injury: Advancing prevention & treatment. National Academy Press. Washington, 1999

3 Christoffel, Tom and Susan Gallagher. Injury Prevention & Public Health: Practical knowledge, skills, and strategies. Aspen Publishers, Inc. Maryland, 1999

4 Christoffel, Tom and Susan Gallagher. Injury Prevention & Public Health: Practical knowledge, skills, and strategies. Aspen Publishers, Inc. Maryland, 1999

5 Alberta Injury Control Strategy (June 2003)

6 Reducing the Burden of Injury: Advancing prevention & treatment. National Academy Press. Washington, 1999

7 (Vol 322, pp. 1320, June 2001)

As Christoffel & Gallagher suggest, "When it comes to the threat of cancer slowly and uncontrollably destroying their bodies, the public seems to be more fearful and more demanding of solutions than for the thousands of largely preventable motor vehicle deaths that occur each year."

This particular impediment to injury control impacts or has a hand in all of the other obstacles described below. It is therefore critical that the public recognize the magnitude of this disease, and understand that injuries are not random accidents.

Funding Limitations

Governments have had and will continue to have limited resources. These resources are already committed to well-established health services and programs and there is a strong reluctance to redirect funds or change the status quo. There are now, more than ever, competing public health issues such as West Nile Virus and SARS, which have grabbed the attention of the public, media, and health community. Given the lack of public and political awareness of injury, it is easy to see why it has been difficult to secure resources for injury prevention.

The burden of injury continues to be largely ignored when compared to other public health issues which account for far less pain, suffering, and economic losses, but have a much higher profile in the media and among the general public.

When faced with limited resources, one must keep in mind that the cost of injury control is relatively inexpensive in terms of the benefits it produces. For example: $1 spent on bike helmets saves $29, $1 spent on road safety improvements saves $32, and $1 spent on smoke alarms saves $69.[8] Compare prevention costs to the direct and indirect costs associated with injury ($570 million in Nova Scotia each year), and the benefit of prevention investments is clear.

Lack of Coordination

Traditionally in Canada, injury prevention has not been recognized as a distinct profession or field of study. This results in a variety of disciplines and agencies, each attempting to conduct injury prevention in isolation from one another. Moreover, responsibility for injury prevention, especially in government, is often considered an add-on to an already existing portfolio and so, injury prevention fails to get the attention it deserves.

An additional organizational barrier for government is the silo approach to injury prevention. Historically in Nova Scotia and across the country, different departments approach the same overall pattern of injury in isolation from one another. For example, the Workers Compensation Board has responsibility for prevention of work-related injuries. The Department of Transportation & Public Works has responsibility for motor vehicle injuries. And, the Department of Health is responsible for the treatment-related issues associated with both of these types of injuries. Until recently, each department has had its own initiatives and strategies to address these injuries, with little or no coordination or collaboration. The result of this flawed approach is a lack of efficiency and diminished effectiveness.

One of the goals of an injury prevention strategy is to ensure coordination and collaboration among government agencies, and encourage a more global approach to injury prevention.

"Given that 95 per cent of all injuries are the result of predictable circumstances and the causes… are well understood, describing injuries as accidents is inappropriate in a health prevention paradigm."

8 The Economic Burden of Unintentional Injury in Atlantic Canada. ANIP, May 2003.

Lack of Comprehensive Injury Surveillance

The lack of timely, comprehensive, standardized, consistent, and accurate injury data has long been recognized by the injury prevention community. While there are a number of government and non-government agencies which collect injury data in Nova Scotia, there is little ability to link these systems and share information. A prime example of this is evident with the collection of data related to motor vehicle collisions. While the Department of Transportation & Public Works (TPW) collects and analyzes data on fatal motor vehicle collisions, they are prohibited from sharing the specifics of each case with the Nova Scotia Trauma Registry which collects and analyzes comprehensive data on injury related deaths (including motor vehicle collisions). The end result is that neither database contains all of the critical facts surrounding each fatal motor vehicle collision. What the TPW database lacks in specific injury related data (i.e. types and severity of injuries sustained), the Nova Scotia Trauma Registry lacks in relation to the detailed causes of the crash (i.e. alcohol involvement, vehicle impacts etc).

Other issues in Nova Scotia and across Canada stem from the lack of standardization of what data gets collected, the inconsistencies in coding of information, and the length of time it takes to collect and analyze data. Without a system in place that allows for injury surveillance to occur in a coordinated and efficient manner, it will remain difficult to identify the specific causes and factors associated with injury in Nova Scotia. Moreover, a duplication of technical and administrative resources will continue, while at the same time limitations in the capacity to perform injury research and evaluate the effectiveness of injury prevention efforts will go on.

The Stigma of Intentional Injury

Those injuries that result from family violence, assaults, or suicide often remain hidden from public view. They are difficult to talk about and the causes, although well-known, may be very different from those of unintentional injuries. As is suggested in the Alberta Injury Control Strategy, " the stigma associated with intentional injuries causes many to suffer in silence, keeping their fears and concerns private and not seeking mental health, substance abuse or other needed prevention services." The result is that the factors that cause intentional injuries remain underestimated, under-treated, and under-appreciated.

2.5 Context of the NS Injury Prevention Strategy

In 1999, Child Safety Link released the Comprehensive Report on Injuries, Trends and Patterns in Children & Youth (Bruce B and Pennock M). In May 2002, the EHS Nova Scotia Trauma Program and the Department of Emergency Medicine (Dalhousie University) released the Comprehensive Report on Injuries in Nova Scotia (Ackroyd-Stolarz S & Tallon J). Most recently, in May 2003, the Atlantic Network for Injury Prevention released the Economic Burden of Unintentional Injury in Atlantic Canada. With these three reports, Nova Scotia, for the first time has a clear view of the magnitude, epidemiology, and economic costs of injury in Nova Scotia; and the necessary evidence and data to support the development of a provincial injury prevention strategy.

In late May 2003, the Office of Health Promotion made a public commitment to facilitate the development of a Nova Scotia Injury Prevention Strategy. Given the mandate of the EHS Nova Scotia Trauma Program and its existing relationship with Nova Scotia's injury prevention community, as well as its current leadership role with respect to injury prevention, the Office of Health Promotion asked the EHS Nova Scotia Trauma Program to lead the development process for the Nova Scotia Injury Prevention Strategy. Julian Young, Program Manager, EHS

Nova Scotia Trauma Program was designated the Coordinator for the development of the strategy.

Established in 1997 as a program of Emergency Health Services, the Nova Scotia Trauma Program facilitates the provision of optimal trauma care through leadership in injury prevention and control, education, research, and continuous development and improvement of the trauma system.

The Nova Scotia Injury Prevention Strategy will ensure a comprehensive, integrated, and coordinated approach to the prevention of injuries (both unintentional and intentional injuries) in Nova Scotia. Through this strategy, the provincial government and community based injury prevention stakeholders will be able to focus their prevention efforts in an organized manner.

The overall goal of the Nova Scotia Injury Prevention strategy is a significant reduction in the rates of death and disability in Nova Scotia, resulting from both unintentional and intentional injuries.

The work to develop and implement a provincial strategy for injury prevention makes sense within the context of the current strategic focuses of the Department of Health and Office of Health Promotion, as well as other government departments. The Mission of the Department of Health is "Through leadership and collaboration, to ensure an appropriate, effective and sustainable health system that promotes, maintains and improves the health of Nova Scotians."

One avenue in which the Department of Health can achieve this mission is the implementation of the Nova Scotia Injury Prevention Strategy, which will ensure integration and coordination of prevention efforts across government and with the wider community, resulting in improved health status. One overarching principle of the injury prevention strategy is the involvement of community in the development, implementation, and long term sustainability of the strategy.

The Office of Health Promotion has established injury prevention as a "priority area of emphasis". The Nova Scotia Injury Prevention Strategy has captured the various tasks outlined by the Office of Health Promotion concerning injury prevention, including identifying the required injury prevention infrastructure, determining key initiatives and strategic directions, engaging stakeholders, and building links with national and local initiatives.

In July 2003, the Department of Health Senior Leadership Team (SLT) approved the Injury Prevention Strategy Project Initiation Document submitted by EHS and the Office of Health Promotion. The objectives of the approved project are listed below.

These objectives have been achieved, although the October deadlines were extended slightly due to Hurricane Juan.

This report outlines the consultation process, presents the results of the consultation in the form of the Injury Prevention Strategy, and includes recommendations for the implementation of the strategy.

INJURY PREVENTION STRATEGY PROJECT OBJECTIVES

Objective	Completion Date
Develop and distribute background materials designed to inform stakeholders prior to commencing the consultation process	August 10, 2003
Engage stakeholders in a meaningful, well-planned consultation process, designed to maximize stakeholder participation.	September 26, 2003
Complete a draft strategic plan for injury prevention in Nova Scotia.	September 30, 2003
Develop a final report to include background information, details of the consultation process, draft strategic plan, and proposed budget.	October 13, 2003
Submit a report and recommendations to DoH Senior Leadership Team	October 15, 2003

3.0 Consultation Process

3.1 Stakeholder Identification

Following the project's approval by SLT, a list of approximately 160 stakeholders (individuals and organizations was compiled). Members of the Nova Scotia Chapter of the Atlantic Network for Injury Prevention and members of the Nova Scotia Trauma Advisory Council were immediately identified as key stakeholders. The project Steering Committee (See Appendix A), other government and existing injury prevention contacts were also instrumental in identifying other key stakeholders.

In late July, key stakeholders were sent an invitation to participate in the Nova Scotia Injury Prevention Strategy Development Workshop (September 15, 2003). Along with a letter of invitation, the key stakeholders also received some background materials, designed to provide some basic knowledge of the issues to be addressed by the strategy.

A critical success factor for the strategy development was the engagement of, and commitment by, key community-based, academic, and government stakeholders, as well as District Health Authorities and Community Health Boards, in the development of a draft strategy and the consultation process. This success factor was overwhelmingly achieved, as is evident from the list of participants (See Appendix B).

3.2 Pre-Consultation Materials

In mid-August, key stakeholders were sent a pre-workshop questionnaire, along with a copy of a discussion paper on the development of an injury prevention strategy for Manitoba.[9] It should be noted that although the discussion paper was written for Manitoba, it provides an evidence-based summary of the critical success factors for an injury prevention strategy, as well as significant background information on a population health approach to injury prevention, and a number of detailed strategy development-related discussion questions.

A pre-workshop questionnaire (see Appendix C) was adapted from the Manitoba discussion paper, and was designed to capture the initial thoughts and perspectives from stakeholders on the provincial injury prevention strategy, prior to the workshop. To maximize responses, the questionnaire was also made available on-line. In all, there was a questionnaire return rate of approximately 40%.

An added benefit of the pre-workshop questionnaire was that it provided a means for those stakeholders who were not able to attend the consultations to provide written input.

With the responses in hand, it was possible to develop a first draft of the strategy for discussion at the workshop. This allowed for more efficient use of the participants time and for moving ahead at a faster rate than would have otherwise been possible in a one-day workshop.

3.3 Consultation Sessions

During September 2003, three consultation sessions were held with Nova Scotia's injury prevention stakeholders to develop a draft Injury Prevention Strategy for the province. The consultation sessions were attended by nearly 200 individuals and organizations. The three consultation sessions are described below.

9 Strengthening Manitoba: Developing a Provincial Injury Prevention Strategy. IMPACT. April 2002.

Injury Prevention Strategy Development Workshop

The largest of three consultation sessions, the injury prevention strategy Development Workshop was a full-day consultation session, held on September 15, 2003. In all, 107 individuals and organizations participated in the workshop. The workshop participants represented a wide range of backgrounds and interests with broad geographic distribution across the province, including: government departments, community based injury prevention programs and organizations, district health authorities, community health boards, public health, occupational health and safety, mental health and suicide prevention, injury survivors, and trauma care providers.

The lead facilitator for the workshop was Ms Mary Jane Hamptom, who was assisted by Julian Young. Additionally, 12 other facilitators and 12 recorders assisted with small group discussions and activities.

The session was designed to solicit feedback on draft one of the strategy (developed from the pre-workshop questionnaire) and centred on reviewing and refining the vision, mission, and guiding principles for the injury prevention strategy. Additionally, participants reviewed and developed specific actions for the strategic directions.

During the workshop, draft two of the injury prevention strategy was developed and then presented back to the participants. Participants were then provided an opportunity to give written feedback on draft two at the end of the workshop. This feedback was then incorporated into draft three of the strategy.

Consultation with the Nova Scotia Chapter of ANIP

The Atlantic Network for Injury Prevention is a coalition of individuals/organizations working for injury prevention and control in Atlantic Canada. Established in December 2000, ANIP provides opportunities to facilitate coordination of injury prevention activities within Atlantic Canada in the following areas: policy development and advocacy, surveillance, program development, evaluation and resources, research, and awareness and education.

The Nova Scotia Chapter of ANIP was established in June 2003 and is a multi-sectoral group, which includes representatives from provincial government departments, and non-government organizations who are committed to working collaboratively on safety promotion and injury prevention initiatives.

A half-day consultation session was held with NS chapter members on September 25, 2003. This session was designed to engage additional stakeholders and to further refine and develop the draft strategy. The work of the participants was centred on moving from draft three of the Injury Prevention Strategy to draft four.

This session was attended by approximately 40 chapter members, some of whom had participated in the September 15th workshop and some of whom were seeing the strategy for the first time.

With approximately 60 members in total, the NS Chapter of ANIP will serve as a key vehicle for building injury prevention capacity and linking with community stakeholders as the Injury Prevention Strategy continues to evolve.

Consultation with the Nova Scotia Trauma Advisory Council

Meeting on a quarterly basis, the Nova Scotia Trauma Advisory Council (NSTAC) was created in April 2001 and draws its 60 members from a broad range of multi-disciplinary trauma system stakeholders. The role of the council is to provide strategic advice and input to the EHS Nova Scotia Trauma Program regarding all aspects of trauma care and injury control in Nova Scotia. Through this council a network for information exchange on trauma systems and injury prevention issues has been created.

There are three subcommittees within NSTAC: the Injury Prevention & Public Education Committee; the Trauma Registry & Information Management Committee; and the Optimal Care Committee.

On September 26, 2003, a half-day consultation session was held with the NSTAC. Like the ANIP session, this consultation was designed to further engage key stakeholders and to continue refinement of the draft strategy. The work of the NSTAC

"In addition to the staggering physical and emotional impact of injury, there is also the enormous financial burden of trauma."

members centred on moving from draft four of the Injury Prevention Strategy to draft five.

Approximately 45 individuals participated in this consultation. As was the case with the ANIP session, some of the participants had worked on previous drafts of the strategy, while others were working on it for the first time.

3.4 Feedback on the Consultation Sessions

The September 15 workshop was by far the most challenging of the three consultation sessions, primarily because of the large number and broad backgrounds of participants.

The day after the workshop, sixteen workshop participants were contacted by telephone. Those contacted represented a cross-section of participants, including key government participants, District Health Authority and Community Health Board representatives, the medical community, and public health. When contacted, the participants were asked to provide their honest and frank feedback regarding their general impression of how the day went (positive or negative) and their overall satisfaction. All individuals contacted were willing to provide a response.

In general, the telephone feedback was extremely positive in relation to the workshop itself, the work accomplished, and the overall decision of government to undertake the development of a strategy. There were, however, concerns expressed with some of the logistics associated with the workshop such as room size, background noise, large nature of discussion groups, some weak facilitation, and minor confusion around tasks and expectations.

In addition to the telephone feedback, all participants were asked to complete and return a Participant Evaluation Form. These forms were faxed to all participants the day following the workshop and were also available in an on-line format. Approximately 45% of participants returned their evaluation form. The written feedback validated that obtained during the telephone interviews.

Again, the workshop organizers were extremely pleased to see so much positive feedback from the group, with the overall message that the day was an excellent starting point. Many of the participants appreciated the cross-section of stakeholders present – not only from a networking point of view, but also to hear the diverse perspectives present in the injury prevention community. Despite some challenges with the room and noise level, and with the smaller group facilitation, participants felt the day was worthwhile.

Using the feedback obtained from these two initiatives, considerable improvements were made around process and logistics for the ANIP and NSTAC consultation sessions. Both the ANIP and NSTAC session participants completed evaluation forms at the conclusion of this session. This time, there were very few concerns around process and logistics and the positive comments were similar to those received from September 15 workshop participants. Additionally, individuals who already participated in at least one of the previous sessions, stated that they were pleased with how the plan was evolving.

Refer to Appendix E for more details on consultation feedback.

4.0 Consultation Results

The consultation on the development of the Nova Scotia Injury Prevention Strategy was identified as the first step in the development and implementation of the strategy. The strategy described below must be viewed as a living document that will continue to evolve. A key goal in developing the draft strategy was to gain a clear sense of the priorities and work that lies ahead for injury prevention in Nova Scotia and to engage multi-sectoral stakeholders.

In view of these factors, it should be understood that the plan will continue to undergo refinement and further development in the months to come. The Strategic Direction & Action Plan also represents a starting point. As implementation begins, a key step will be to continue to consult with stakeholders, particularly with respect to priority setting.

What follows is the vision, mission, guiding principles, and strategic directions established through the consultation process. It is these elements which form the Nova Scotia Injury Prevention Strategy.

4.1 Vision

Everyone in Nova Scotia working together to make our province the safest and healthiest place to grow, live, work, and play.

4.2 Mission

Making Nova Scotia injury free through a provincial injury prevention strategy.

4.3 Guiding Principles

1. A provincial injury prevention strategy will build on evidence-based injury prevention strategies and initiatives.

2. A provincial injury prevention strategy will be comprehensive – addressing areas that play a role in reducing both intentional and unintentional injury.
3. A provincial injury prevention strategy will be relevant to the needs of all populations based on priorities established through surveillance and research.
4. A provincial injury prevention strategy will be a living document that is evidence-based and continuously monitored and evaluated.
5. A provincial injury prevention strategy will recognize the diversity of stakeholders and, and foster opportunities for collaboration and cooperation.
6. A provincial injury prevention strategy will be guided by a population health approach. *

** Health Canada defines a Population Health Approach as "An approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at, and acts upon, the broad range of factors and conditions that have a strong influence on our health." These factors, known as the determinants of health, include: education and literacy, gender and age, income and income distribution, social and physical environment, personal health practices and coping skills, health services, and biology and genetics.*

4.4 Strategic Directions

1. Current Programs

Current programs are recognized and opportunities for collaboration are identified through the injury prevention strategy.

2. Injury Priorities

Programs and strategies that are comprehensive, multi-faceted, and address priority issues, as identified by surveillance, research, and consultation. (The three priority issues identified and addressed in the current strategy are falls, motor vehicle collisions and transportation related injuries, and self-inflicted injuries).

3. Surveillance, Research and Evaluation

A system that collects, analyses, interprets and evaluates injury-related data and informs the injury prevention strategy in a timely manner.

4. Communications/Social Marketing

A social marketing strategy that engages Nova Scotians in injury prevention efforts because they recognize that injury is a significant health issue that threatens their well-being and is a burden on the economy.

5. Tertiary Prevention

A system that improves outcomes for those affected by injury by optimizing emergency response, acute care, rehabilitation, and ongoing community support.

6. Infrastructure

Leadership, capacity building and infrastructure that sustains, coordinates, facilitates, monitors, evaluates and supports all aspects of the Injury Prevention Strategy.

See Appendix D for the Strategic Directions & Action Plan.

5.0 Recommendations

5.1 Injury Priorities

In the past four years, there have been two comprehensive reports on injury-related hospitalizations and deaths in Nova Scotia (pediatric and adult populations), and a report on the economic burden of unintentional injury in Nova Scotia.[10, 11, 12] Based on the data presented in these reports, three types of injuries have been identified as the greatest contributors to the human and economic costs associated with injury. These three types of injuries, deemed to be priority issues, are fall-related injuries, motor vehicle collisions and transportation related injuries, and self-inflicted injuries.

5.1.1 It is therefore recommended that appropriate resources be in place to support the specific actions outlined in the Strategic Directions & Action Plan *(Appendix D)* to reduce the incidence and severity of:

- fall-related injuries among children, seniors, and workers
- motor vehicle collisions and transportation related injuries
- self-inflicted injuries and suicide

5.2 Leadership

5.2.1 In order to reduce duplication and improve the use of existing resources, it is recommended that the Office of Health Promotion be clearly identified as the lead agency, responsible for the coordination of injury prevention activities across government

5.2.2 It is recommended that the accountability framework, described in Appendix F, be approved. Note that the accountability framework is intended to be collaborative model.

5.2.3 It is further recommended that the Office of Health Promotion, as the lead agency, secure the means and support necessary to ensure the ongoing development, implementation, monitoring, and evaluation of the Nova Scotia Injury Prevention Strategy. More specifically, it is recommended that the Office of Health Promotion perform the following functions in support of the Nova Scotia Injury Prevention Strategy:

- Through the development of a comprehensive surveillance system, continue to review and analyze the extent and nature of the injury problem in Nova Scotia.
- Establish the key target injuries for prevention activities, based on surveillance data.
- Identify and champion appropriate public policy and legislation, targeted at reducing injuries in Nova Scotia.
- Determine existing and additional resources required for the implementation of the Nova Scotia Injury Prevention Strategy.
- Monitor and evaluate the effectiveness of the Nova Scotia Injury Prevention Strategy.
- Remain current on developments within the field of injury prevention and disseminate this information to stakeholders.
- Build local community-based capacity to prevent injuries and ensure long term sustainability of injury prevention in Nova Scotia.
- Coordinate a provincial injury prevention communications and social marketing plan.
- Work with the federal government to develop and implement a national injury prevention framework and strategy.
- Identify opportunities for collaboration with other provincial governments, particularly within Atlantic Canada.

10 Comprehensive Report on Injuries, Trends, and Patterns in Children & Youth in Nova Scotia (Bruce B & Pennock M, 1999)

11 Comprehensive Report on Injuries in Nova Scotia (Ackroyd-Stolarz S & Tallon J, May 2002)

12 Economic Burden of Unintentional Injury in Atlantic Canada (ANIP, May 2003).

5.3 Injury Surveillance

5.3.1 It is recommended that resources be allocated to strengthen injury surveillance capacity in Nova Scotia. This will be crucial in ensuring that current injury surveillance limitations and obstacles are overcome to support an evidence-based, population health approach to the prevention of injury in Nova Scotia.

5.3.2 It is recommended that an injury surveillance working group be established to perform the following functions, as identified by Christoffel & Gallagher and through the Nova Scotia Injury Prevention Strategy consultation:

- Define the objectives for the Nova Scotia injury surveillance system.
- Identify existing data sources (national, provincial, and local), and determine the strengths and limitations of these data sources.
- Conduct preliminary data analysis, determine requirements of a minimal injury dataset and determine appropriate linkages among injury surveillance systems.
- Develop a dissemination plan for sharing data.
- Make recommendations for the implementation of a comprehensive injury surveillance system for Nova Scotia.

5.3.3 Based on the recommendations of the injury surveillance working group, it is recommended that the required resources be secured to begin the development of a comprehensive injury surveillance system in Nova Scotia.

5.3.4 It is recommended that a plan be developed and implemented to evaluate the effectiveness of the injury surveillance system.

5.4 Collaboration, Continued Consultation & Networking

5.4.1 It is recommended that the Office of Health Promotion, as the lead agency for injury prevention in Nova Scotia, allocate the appropriate resources to continue to improve collaboration among injury prevention stakeholders in Nova Scotia.

5.4.2 It is recommended that current programs, strategies, and initiatives be identified and, where appropriate, be incorporated into the strategy (i.e. national injury prevention strategy, WCB strategy, RSAC business plan, Chronic Disease Prevention Strategy, etc).

5.4.3 It is recommended that the Office of Health Promotion continue consultation on the further development and implementation of the strategy.

5.4.4 It is recommended that through continued consultation, specific objectives, targets, and outcome measures be established for the Strategic Directions & Action Plan.

5.4.5 It is recommended that the Office of Health Promotion communicate with stakeholders regarding the results of the Injury Prevention Strategy by the end of November.

5.4.6 It is recommended that the Office of Health Promotion organize and facilitate an annual meeting of all injury prevention stakeholders in Nova Scotia, designed to review and update the strategy.

5.4.7 Within government, it is recommended that the Office of Health Promotion continue to support efforts to ensure that all government injury prevention initiatives follow a collaborative process, with overall lead authority vested in the Injury Prevention Strategy Steering Committee.

5.4.8 It is recommended that the Office of Health Promotion establish a formal process for ongoing engagement of stakeholders.

5.5 Research & Evaluation

5.5.1 It is recommended that resources be allocated to support local, community-based injury prevention research and evaluation initiatives. This is critical to ensure an evidence-based and population health approach to injury prevention in Nova Scotia.

5.5.2 It is further recommended that work on the development of an evaluation framework for the strategy begin as soon as possible. It is important that this evaluation plan be part of the strategy development and implementation at the outset.

5.5.3 It is recommended that the Office of Health Promotion explore opportunities to partner with the academic community for the infrastructure components required to perform research and evaluation

5.6 Communications & Social Marketing

5.6.1 It is recommended that the Office of Health Promotion coordinate the collaborative development and implementation of a comprehensive communications and social marketing plan in support of the Nova Scotia Injury Prevention Strategy.

5.6.2 It is further recommended that the communications and social marketing plan be developed collaboratively by key government and non-government injury prevention stakeholders.

5.6.3 It is recommended that a communications and marketing professional be assigned responsibility for the plan. This resource could be shared among other programs in the Office of Health Promotion (i.e. Tobacco Strategy or Chronic Disease Prevention Strategy).

5.6.4 It is recommended that the communications and social marketing plan include a strategy to brand injury prevention.

5.7 Adherence to the Guiding Principles

5.7.1 It is recommended, that the guiding principles, outlined in section 4.3 of this document, continue to guide the development and implementation of the strategy. Furthermore, these guiding principles should continue to inform decision-making and priority setting in the months and years to come.

5.8 Tertiary Prevention

The infrastructure required to support tertiary prevention (response to and treatment of injury) exists within the EHS Nova Scotia Trauma Program. Recognized as a Canadian leader in trauma systems, the mandate of the EHS Nova Scotia Trauma Program is to facilitate the provision of optimal trauma care through leadership in injury prevention and control, education, research, and continuous development and improvement of the trauma system.

5.8.1 Given the mandate of the EHS Nova Scotia Trauma Program, it is recommended that it continue to partner with the National Trauma Registry, as well as other applicable injury data sources, to develop and maintain an accurate picture of injury, its impact on the health and well-being of Nova Scotians, and the results of prevention and control efforts.

5.8.2 It is recommended that the Nova Scotia Trauma Advisory Council continue to function as Nova Scotia's forum for identifying, discussing, and formulating recommendations related to all aspects of trauma care in Nova Scotia.

5.8.3 It is recommended that the EHS Nova Scotia Trauma Program continue to improve the quality of care for injured Nova Scotians by ensuring the Trauma Association of Canada's Minimum Standards for Trauma Systems are achieved in Nova Scotia.

5.8.4 It is recommended that the EHS Nova Scotia Trauma Program facilitate the development and implementation of a bystander care program.

5.8.5 It is recommended that the EHS Nova Scotia Trauma Program continue to facilitate education opportunities for trauma care providers.

5.8.6 It is recommended that the EHS Nova Scotia Trauma Program continue to monitor the quality of care received by trauma patients, and address any deficiencies identified.

5.9 OHP Injury Prevention Infrastructure

5.9.1 It is recommended that the Office of Health Promotion establish a start-up infrastructure required to continue the development and begin the implementation of the injury prevention strategy in the current fiscal period. This start-up infrastructure will ensure momentum for the strategy continues and will provide stakeholders with a concrete indication that government is following through on its commitment to implement the strategy. This start-up infrastructure should include:

- A full-time Coordinator, Injury Prevention & Control (cost-shared by OHP, TPW, and Environment & Labour).
- Part-time secretarial/administrative support for the program team. This function could be performed with existing resources from the Office of Health Promotion or other government department.
- A full-time Research & Statistical Officer to support the further development and implementation of the injury prevention strategy. If possible, this function could be performed by reallocating an existing resource from the Office of Health Promotion or other government department.
- A communications and marketing professional from within the Office of Health Promotion or other government department. This individual would be assigned responsibility for the development and implementation of a communications and marketing plan for the injury prevention strategy (see recommendation 5.6.3).

5.9.2 It is recommended that the above resources be funded within the budget of the Office of Health Promotion in fiscal period 2004-05 and beyond.

5.9.3 It is recommended that support be established, in the current fiscal period, from within existing infrastructure or in partnership with other resources for the development of a comprehensive strategy evaluation framework. It is further recommended that support for evaluation be funded within the budget of the Office of Health Promotion in fiscal period 2004-05 and beyond.

5.9.4 The infrastructure, budgeted for by the Office of Health Promotion in 2004-05 and beyond, should include the necessary resources to build community-based injury prevention capacity. Through capacity building, the Office of Health Promotion will ensure long term sustainability of the injury prevention strategy.

5.9.5 Additional infrastructure requirements, including research and injury surveillance resources have been identified in section 5.3 and 5.5 of this document. These resources should be budgeted for by the Office of Health Promotion in fiscal 2004-05 and beyond.

6.0 References

1. Ackroyd-Stolarz, S and Tallon, J
   Comprehensive Report on Injuries in Nova Scotia. May 2002
2. Alberta Injury Control Strategy (June 2003)
3. Atlantic Network for Injury Prevention
   Economic Burden of Unintentional Injury in Atlantic Canada. May 2003
4. Bruce, B and Pennock, M
   Comprehensive Report on Injuries, Trends, and Patterns in Children & Youth. 1999
5. Canadian Collaborative Centres for Injury Prevention & Control
   The Canadian Injury Prevention & Control Curriculum. 2003
6. Christoffel, T and Gallagher, S
   Injury Prevention & Public Health: Practical knowledge, skills, and strategies. Aspen Publishers, Inc. Maryland, 1999
7. Davis, R and Pless, B
   Editorial: *BMJ bans "accidents" — Accidents are not unpredictable*. British Medical Journal, Volume 322, pp1320. June 2001
8. Health Canada
   What is Population Health. http://www.hc-sc.gc.ca/hppb/phdd/approach/#What. November 2003
9. IMPACT
   Strengthening Manitoba: Developing a Provincial Injury Prevention Strategy. April 2002
10. Reducing the Burden of Injury: Advancing prevention & treatment. National Academy Press. Washington, 1999

7.0 Appendices

Appendix A

Terms of Reference: Injury Prevention Strategy Steering Committee

Appendix B

Consultation Participants

Appendix C

Pre-Workshop Questionnaire

Appendix D

Strategic Directions & Action Plan

Appendix E

Consultation Sessions: Participant Feedback

Appendix F

Accountability & Collaboration Framework

Appendix G

Glossary of Terms

Appendix A

Terms of Reference:
Injury Prevention Strategy Steering Committee

Terms of Reference

Project Steering Committee: Nova Scotia Injury Prevention Strategy

Purpose

The Project Steering Committee will guide the development of the Nova Scotia Injury Prevention Strategy.

Membership

- * Dr. David Rippey, Executive Director of Quality, EHS & Health Protection
- *Scott Logan, Executive Director, Office of Health Promotion
- Marilyn Pike, Senior Director, Emergency Health Services
- Paula Poirier, Director, EHS Provincial Programs
- Dr. John Tallon, Medical Director, EHS Nova Scotia Trauma Program
- Julian Young, Program Manager, EHS Nova Scotia Trauma Program
- Morris Green, Coordinator, Special Projects, EHS Nova Scotia Trauma Program
- Janet Braunstein Moody, Senior Director, Population Health
- Injury Prevention Coordinator
- Ralph Hessian, Transportation & Public Works
- Stewart Sampson, Labour & Environment

  ** indicates project sponsor*

Deliverables

1. Approval and acceptance of project deliverables
2. Manage stakeholder and senior management expectations
3. Monitor project direction and status
4. Resolution of project issues
5. Co-management and execution of the project's communication, issues and decision plans
6. Engage the participation of key stakeholders where appropriate
7. Participation in the key stakeholder workshop (September 15, 2003)

Communication

Meeting minutes will be distributed to the steering committee members. The project sponsors will communicate as required with the DoH Senior Leadership Team.

Meetings

The steering committee will as necessary. Upon completion of the project, as outlined in the *Nova Scotia Injury Prevention Strategy: Initiation Document*, the project steering committee will be disbanded and replaced with a Strategy Steering Committee.

Appendix B

Consultation Participants

Confirmed Participants

Nova Scotia Injury Prevention Strategy Development Workshop

September 15, 2003

Name	Title	Organization
Abbass, Dr Allan	Psychiatrist	Department of Psychiatry
Ackroyd, Stacey	Researcher	QEII HSC
Allen, Dr Maureen	Emergency Physician & NSTAC Representative	DHA 7 Representative
Anderson, Barb	Manager, Health Enhancement	Public Health Services, DHA 1, 2, 3
Aquino, Ismael	National Coordinator	Red Cross and ANIP NS Executive
Aucoin, Maureen	Decision Support Analyst	Department of Health
Avery, Bud	Manager	EHS LifeFlight
Bailey, Dr Gillian	Regional Medical Officer	Health Canada
Banks, John	Director of Training	NS Safety Council
Barnable, Wendy	Office of Health Promotion	Department of Health
Bartlett, Carolyn	Nurse Manager ICU/CCU/ER	Colchester East Hants Health Authority
Beanlands, Hope	Core Program Coordinator	Department of Health
Bessonette, John	Paramedic Supervisor	EHS Central Operations
Billard, Cheryl	Coordinator Outpatients	CDHA
Blunden, Mary	Health Educator, Public Health Services	Colchester East Hants Health Authority
Boucher, Lisa	Poison Educator	Child Safety Link
Braunstein Moody, Janet	Senior Director	Population Health Department of Health
Campbell, Dr John	Director - Mental Health Services	Department of Health
Campbell, Sheila J	Member, Off-Highway Vehicle Use Task Force	Voluntary Planning
Cardiff, Lauren	Child Safety Link	IWK Health Centre
Chisholm, Judy	Nurse	Brain Injury Response Team Leader
Clarke, Dr David	Neurosurgeon	Division of Neurosurgery
Cogan, Ken	Deputy Registrar Driver and Vehicle Safety	Service Nova Scotia Municipal Relations
Copage, Cheryl	Senior Health Policy Analyst	Congress of First Nations Chiefs
Cottell, Joan	Coordinator Corporate Planning Services	Department of Fisheries and Agriculture
Cotton, Debbie	President	Nova Scotia Emergency Nurses Association
Crowell, Wilma	Project Manager	EHS LifeFlight
Cullen, Debbie	Data Collector Trauma Registry	EHS Nova Scotia Trauma Program
Davison, Carolyn	Coordinator Prevention and Treatment Services	Addiction Services, Department of Health
Draper, Peggy	Road Safety Coordinator	Service Nova Scotia Road Safety Division
Eden, Tony	Director	EHS Ground Ambulance
Edwards, Lynn	Director, Acute Care	Department of Health
Fancy, Clare	Public Health Nurse	South Shore Safe Communities, DHA 1
Fenerty, Lynne	Research Coordinator	Department Neurosurgery
Fortnum, Dianna	Director Mental Health Program	Colchester Hants District Health Authority
Fowler, Margaret	Early Childhood & Development Services	Family and Children Services
Fynes, Paul	Chair	South Shore Safe Communities
Gaulton, Catherine	Senior Solicitor	Department of Justice
Ghatavi, Dr Kayhan	Psychiatrist	Department of Psychiatry
Gibbons, Christine	Research and Statistical Officer	EHSNS
Gillis, Leila	Regional Nursing Officer	First Nations & Inuit Health Branch
Gillis, Martha	Inspector & Family Violence Prevention Initiative	Program Licensing Officer
Girard, Jennifer	Student, Masters of Health Services Administration	Dalhousie University
Green, Moe	Coordinator, Special Projects	EHS Provincial Programs
Guersney, Dr Judy	Community Health and Epidemiology	Dalhousie University
Hampton, Mary Jane	Lead Facilitator	
Hare, Susan	Service Coordinator	Mobile Crisis Intervention Service, CDHA
Hartlen, Kathy	Coordinator Education & ATLS	EHS Nova Scotia Trauma Program
Harvie, Barb	Manager, Clinical Information	Department of Health
Hennigar, Sandra	Director	In-Patient Psychiatric Services QEII HSC
Hessian, Ralph	Director, highway Engineering Services	Transportation and Public Works
Hill, Bill	Central Regional Manager	EHS Ground Ambulance Services
Howlett, Dr Mike	Emergency Physician and NSTAC Member	DHA 4 Representative
Hureau, Mary B	Community Health Planner	GASHA
Kiceniuk, Dr Deborah	Population Health Research Unit	Community Health and Epidemiology
Kisely, Dr Stephen	Psychiatrist	Mobile Crisis Service
Lahey, George	Policing Consultant	Department of Justice

Leblanc, Derek	Program Manager	EHS Atlantic Health Training & Simulation Centre
LeRue, Mike	Coordinator Safe Communities Program	HRM Safe Communities Coalition
Logan, Scott	Executive Director	Office of Health Promotion
MacArthur, Dale	Coordinator	Central Kings CHB
MacCormack, Peggy	Coordinator Community Supports for Adults	Department of Health
MacCormick, Dr Keith	Emergency Physician & NSTAC Member	District Health Authority 3
MacDonald, Madonna	Vice President, Community Health	GASHA
MacDonald, Madonna	Coordinator	GASHA, Community Health Boards
MacDonald, Mary Lou	Health Works Steering Committee	Heart & Stroke Foundation
MacLean, Stuart	Vice President, Assessment & Risk Management	Workers Compensation Board
MacLennan, Carol	PEI Liaison	QEII Health Sciences Centre
Mansfield, Kelli	Nurse Manager	Nova Scotia Rehabilitation Centre, CHDA
McCluskey, Corliss	Coordinator Adult Mental Health Program	DHA 3
McGuire, Barbara	Assistant Vice President	Marsh Canada Limited
McNamara, Laura	Manager for Injury Prevention	Canadian Red Cross
McNeil, Tom		Middleton Mental Health Clinic
Montgomery, Brenda	Member,	Provincial Health Council
Moore, Rick	Program Administration Officer	Department of Community Services - Housing
Morrison, Lyn	Manager Occupational Health and Safety	Department of Fisheries & Agriculture
Muir, Linda	Board of Directors	Pictou County Health Authority
Muise, Dr Thomas	Emergency Physician & NSTAC Member	DHA 2
Newton, Sandra	Director	Child Safety Link
Nicholas, Sandra	Executive Director	Help Line
Nicol, Kelly	Epidemiologist	Family Medicine Dalhousie
Oram, Brian	Coordinator Acute Mental Health Services	CBDHA
Parks-Hubley, Joan	Occupational Health and Safety Officer	Department of Community Services
Pike, Marilyn	Senior Director	Emergency Health Services, Department of Health
Poirier, Paula	Director, EHS Provincial Programs	Emergency Health Services, Department of Health
Praught, Heather		Senior Citizens Secretariat
Quade, Shirley	Strait Richmond Community Health Board	CHB
Ridgewell, Shari	Early Childhood Educator	Department of Community Services
Rippey, Dr David	Executive Director	Quality, EHS & Health Protection, Department of Health
Robinson, Ann	Chair	VCMH Charitable Foundation, DHA 8
Robinson-Dexter, Jean	Provincial Falls Prevention Coalition	Community Links
Rochon, Caitlin	Communications Officer	Office Health Promotion
Ross, Mary	Facility Manager	Strait Richmond Hospital
Rushton, Karey	Occupational Therapist	Health At Work Inc
Russell, Earl	EHS Regional Supervisor	EMC, Western Region
Sampson, Stewart	Provincial Manager, Occupational Health & Safety	Department Labour & Environment
Sampson, Vi	Community Health Board	DHA 8
Savage, Frank	Deputy Fire Marshall	Fire Marshall's Office
Scott, Dr Jeff	Chief Medical Officer of Health	Department of Health
Sealy, Beth	Coordinator, Nova Scotia Trauma Registry	EHS Nova Scotia Trauma Program
Sheehan, Lara	Coordinator, Community Health	CDHA
Simpson, Scott	Student, School of Physiotherapy	Dalhousie University
Smith, Linda	Director, Child and Youth Health	Department of Health
Speiran, Kent	Manager Asset Systems	Transportation and Public Works
Spicer, Jean	Public Relations & NSTAC Representative	Emergency Medical Care
Sulzenko-Laurie, Barb	Director of Health Issues	Insurance Bureau of Canada
Tallon, Dr John	Medical Director & Co-Chair of NSTAC	EHS Nova Scotia Trauma Program
Taylor, Susan	Board Member	Along The Shore Community Health Board
Tooton, Carole	Executive Director	CMHA
Van Houten, Dr Ron	Professor of Psychology	MSVU
Walling, Dr Simon	Surgeon & NSTAC Member	Division of Neurosurgery
Whidden, John	Injury Survivor	
Woodcock, Sheila	Health Care Consultant	Lunenburg-Queens Falls Prevention Program
Woolridge, Elaine	Brain injury Team	IWK Health Centre
Yanchar, Dr Natalie	Director of Trauma, ATV Task Force & NSTAC Member	IWK Health Centre
Young, Julian	Program Manager & Co-Chair NSTAC	EHS Nova Scotia Trauma Program
Young, Linda	Regional Director, Public Health Services	CDHA

Consultation with the Nova Scotia Chapter of ANIP

September 25, 2003

Name	Organization/Representing
Brian Amos	St. John Ambulance
Ismael Aquino	Red Cross, National
Hope Beanlands	Primary Care, Department of Health
Deanna Beck	Health Promotion, Annapolis Valley District Health Authority
Lisa Boucher	Poison Information Centre, IWK Health Centre
Keith Brumwell	RCMP, Traffic Services Division
Lauren Cardiff	Public Relations, Child Safety Link
Donna Collins	Health Canada
Linda Corkum	Workers Compensation Board
Sandee Crooks	St. John Ambulance
Peggy Draper	Coordinator, Road Safety Advisory Committee
Clare Fancy	Public Health Nurse and Coordinator, South Shore Safe Communities, DHA 1
Lynne Fenerty	Research Coordinator, Division of Neurosurgery, QEII HSC and SCIP Coordinator
Morris Green	Coordinator, Special Projects, NSTP
Kathy Hartlen	Coordinator, Education & ATLS, NSTP
Susan Hickey	Occupational Health & Safety Coordinator, Pictou Health Authority
Catherine Kersten	Wolfville Safe Communities
Karl Kowalczyk	Director of Training, St. John Ambulance
Mike Lerue	Coordinator, HRM Safe Communities
Dale MacArthur	Coordinator, Central kings Community Health Board
Heather MacKay	Health Promotions Specialist, Child Safety Link
Heather MacLeod	Communications Officer, Workers Compensation Board
Todd MacPherson	Cape Breton District Health Authority
Dr. Sandra Marais	Medical Resource Council, South Africa (special guest)
Laura McNamara	Nova Scotia Red Cross
Brent McSweeney	Nova Scotia Red Cross
Patricia Mombourquette	Executive Director, Life Saving Society
Kim Mundle	Life Saving Society
Sandra Newton	Director, Child Safety Link
Howard Nickerson	Safety Coordinator, The Shaw Group
Theresa Osborne	Nova Scotia Farm Health & Safety Committee
Ernie Pass	Seniors Safe Driving Committee
Paula Poirier	Director, EHS Provincial Programs
Carrie Ramsey	Recreation Nova Scotia
Jean Robinson-Dexter	Project Coordinator, Community Links
Dr. Doug Sinclair	Chief, Emergency Medicine, IWK Health Centre and Co-Director CHIRRP
Jackie Toffoli	Executive Director, Nova Scotia safety Council
Dr. Natalie Yanchar	Director of Trauma, IWK Health Centre
Julian Young	Program manager, Nova Scotia Trauma Program

Consultation with the Nova Scotia Trauma Advisory Council

September 26, 2003

Name	Organization/Representing
Ann Robinson	Chair, VCMH Charitable Foundation (Consumer)
Carol MacLennan	Prince Edward Island Representative
Dr. David Petrie	EMS Research Division, Dept. Emergency Medicine; QEII Trauma Team Leader; Medical Director, EHS LifeFlight
Dale Traer	EHS LifeFlight
Morris Green	Special Projects, Nova Scotia Trauma Program
Julian Young	Program Manager, Nova Scotia Trauma Program
Dr. John Tallon	Medical Director, Nova Scotia Trauma Program & EHS Life Flight, and QEII Trauma Program Medical Director
Paula Poirier	Director, EHS Provincial Programs, Department of Health
Kent Spierman	Chair, Road Safety Advisory Committee
Dr. Thomas Muise	South West Nova District Health Authority
Dr. Keith MacCormick	Annapolis Valley District Health Authority
Dr. Mike Howlett	Colchester East Hants District Health Authority
Dr. Murray McCrossin	Cumberland Health Authority
Dr. Kevin Schnare	Pictou County District Health Authority
Dr. Maureen Allen	Guysborough Antigonish-Strait Health Authority
Dr. Norm Kienitz	Cape Breton District Health authority
Dr. Natalie Yanchar	Director of Trauma, IWK Health Centre (Pediatrics)
Heather Praught	Nova Scotia Senior Citizens Secretariat
John Banks	Nova Scotia Safety Council
Peggy Draper	Road Safety Advisory Committee
Dr. Simon Walling	Neurosurgery
Sandra Martin	Secretary, Nova Scotia Trauma Program
Kathy Hartlen	Coordinator of Education & ATLS, Nova Scotia Trauma Program
Beth Sealy	Coordinator, NS Trauma Registry, Nova Scotia Trauma Program
Sally Lockhart	Secretariat, Atlantic Network for Injury Prevention
Dr. Ed Cain	Provincial Medical Director, Emergency Health Services
Earl Russell	Field Operations Supervisor, EHS Ground Ambulance
Donna Arsenault	Emergency Nurses Association
Dr. Judy Guersney	Department of Community Health & Epidemiology, Dalhousie University
Jean Spicer	Emergency Medical Care, Public Relations
Caroline McGarry Ross	Emergency Nurses Association
Lynne Fenerty	Spinal Cord Injury Prevention (SCIP) Nova Scotia
Sharon Garroway	Executive Director, Brain Injury Association of Nova Scotia
John Bassonette	Central Regional, EHS Ground Ambulance Operations
Sandra Newton	Coordinator, Child Safety Link
Judy Chisholm	Brain Injury Team, IWK Health Centre
Bud Avery	EHS LifeFlight
Derek Leblanc	EHS Atlantic Health Training & Simulation Centre
Christine Gibbons	EHS Research & Stats Officer
Lauren Cardiff	Communications Officer, Child Safety Link
Kelli Mansfield	Nurse Manager, NS Rehabilitation Centre
Carolyn Bartlett	Nurse Manager, ICU, CCU, Emergency, Colchester East Hants District Health Authority
Victor Matthews	Paramedic Education
Debbie Cullen	Nova Scotia Trauma Registry

Appendix C

Pre-Workshop Questionnaire

Nova Scotia Injury Prevention Strategy
Pre-Workshop Questionnaire

Instructions to Respondents

This questionnaire has been developed to allow us to gather your initial thoughts and perspectives for the strategy prior to the workshop. With the information from your responses, we will be able to develop materials in advance of the workshop that will allow us to focus our discussions and make the most efficient use of your time.

Prior to completing this questionnaire, please review the Manitoba Discussion Paper, and any of the additional background materials that were sent to you when your were initially invited to participate in the September 15th workshop.

1. Do you have enough information to help you make recommendations regarding a provincial injury prevention strategy? If not, what additional information would you find helpful? Is there an additional process step that you feel should be taken, and why?

Most strategic planning documents begin with three key elements that help clarify the purpose of the plan, its goals and the path a plan will take as it's developed. These key elements are the vision, mission statement and strategic directions. Recognizing that people may interpret these key elements in slightly different ways, we have included the following definitions that EHS has used in its strategic planning process during the past several years. These definitions will ensure that we are working from the same "page", but will also be helpful for those stakeholders with little or no experience with strategic planning, or familiarity with the terminology used in strategic plans.

Vision - A vision is quite literally a mental image of what the future looks like as the result of the successful implementation of a strategic plan. The time frame is generally five years. The vision is generally a short statement (less than a dozen words) that sums up the future position of Nova Scotia as the result of a successful provincial injury prevention strategy. A sample vision, albeit very optimistic, might read "In 2008, Nova Scotia will have reduced injury related death and disability by 90%".

Mission Statement - The mission statement is typically understood as describing the purpose of the strategy by answering the following questions: What is the strategy supposed to do? What does the strategy produce or deliver? Who are we targeting with the strategy? For example, "A provincial injury prevention strategy will help reduce injuries among all Nova Scotians wherever they live, work and play by providing the support and resources necessary to help prevent all types of injury".

Strategic Directions - These describe the end results that need to be achieved in support of the strategy. The strategic directions are higher level activities that reflect what we need to do to accomplish our vision…the high level components that will need to be in place in five years time. A sample strategic direction for the injury prevention strategy might read: a comprehensive integrated injury surveillance system for Nova Scotia.

It should be understood that the strategic directions feed back into the mission and vision of the strategy, i.e. they are the enablers of the vision and mission.

Once the strategic directions are determined at the workshop on September 15th, we will develop specific actions that will be required to achieve each strategic direction.

2. What wording would you suggest that best captures the overall vision of a provincial injury prevention strategy? What elements need to be captured or are critical to a vision statement (key words or phrases).

3. What would you include in a mission statement for a provincial injury prevention strategy?

4. What strategic directions should be incorporated into a provincial injury prevention strategy? (Please check all that apply). If you wish, you may also rank them according to their importance for your organization. Note that this is not intended to be an exhaustive list and you are welcome to add additional items.

___ Injury surveillance and data collection (includes coordination, analysis and dissemination).
___ Capacity building assistance and program support (providing technical, evidence-based research resources and program consultations).
___ Research and evaluation
___ Securing program and core funding
___ Advocacy
___ Policy and legislation
___ Programs/strategies are identified and prioritized based on evidence
___ Social Marketing (includes advertising and other components of public awareness).
___ Other activities (please specify _____)

5. What strategic aspects should differentiate a Nova Scotia injury prevention strategy from a national injury prevention strategy? In other words, what should the province do, and what should Ottawa do?

6. What injury prevention initiatives/activities would your organization like to see implemented through a provincial injury prevention strategy?

7. Do you have any additional comments or concerns about the development of a provincial injury prevention strategy that you would like to see addressed?

8. We realize that not everyone is able to directly participate in the process to develop a provincial injury prevention strategy. If this is the case with you or your organization, please indicate how you would like to be involved. A number of options are available, including an e-mail or mail distribution list for future reading materials and minutes, or any other options you'd like us to consider.

Appendix D

Strategic Directions & Action Plan

NS Injury Prevention Strategy: Strategic Directions & Action Plan

DRAFT #9

Last Updated: December 16, 2003

Strategic Direction 1

Current Programs

STRATEGIC DIRECTION #1

Current Programs

Current programs are recognized and opportunities for collaboration are identified through the injury prevention strategy.

Action – 2003/04	2004/05	2005/06
1. Establish an inventory of current programs and existing injury prevention and control related strategies and initiatives Tasks: • Review list developed by the Atlantic Network for Injury Prevention (ANIP) and update as appropriate • Merge with list developed during Injury Prevention and Control Strategy Consultation Process (September 2003)	Review inventory and make changes as appropriate	Review inventory and make changes as appropriate
2. Ensure that opportunities for partnership, collaboration, support, and information sharing are identified and pursued.		

Strategic Direction 2

Injury priorities: FALLS

STRATEGIC DIRECTION #2

Injury Priorities- Falls

Programs and strategies that are comprehensive, multi-faceted, and address priority issues, as identified by surveillance, research, and consultation. (The three priority issues identified and addressed in the current strategy are falls, motor vehicle collisions and transportation related injuries, and self-inflicted injuries).

Action – 2003/04	2004/05	2005/06
1. Develop a provincial network or provincial working group that will address all aspects of falls prevention. Tasks: • Clarify the role of a new network or working group (i.e. Will it deal directly with falls prevention among all target groups - kids, seniors, and the workplace, etc., or will it help support the work of other existing groups and help establish new working groups to focus on other target groups?). • Support the current group "Networking to Prevent Falling in Nova Scotia" that is focusing on falls prevention among seniors. • Support or establish a working group that deals with workplace falls prevention (possibly via WCB plan). • Support or establish a working group that deals with falls prevention for children (playground safety, home safety, wheeled safety). • Identify appropriate resources needed for a comprehensive falls prevention plan. • Examine and respond to engineering issues relating to falls. • Examine and develop safety standards for senior's homes, including nursing homes, and other areas where falls may be an issue.	Support provincial network or provincial working group that will address all aspects of falls prevention.	Evaluate provincial network or provincial working group that will address all aspects of falls prevention.

STRATEGIC DIRECTION #2

Injury Priorities- Falls

Programs and strategies that are comprehensive, multi-faceted, and address priority issues, as identified by surveillance, research, and consultation. (The three priority issues identified and addressed in the current strategy are falls, motor vehicle collisions and transportation related injuries, and self-inflicted injuries).

Action – 2003/04	2004/05	2005/06
2. Identify all those at risk for falls, in addition to the three main target groups of seniors, children, and workers, e.g., Multiple Sclerosis patients. Tasks: • Identify primary causes of falls in each target group • Develop strategies to improve environments through minimization of risk elements	Implement strategies to eliminate and/or reduce risks in identified target groups	Evaluate strategies implemented to eliminate and/or reduce risks in identified target groups
3. Review and identify any gaps in legislation and policy related to falls prevention, including issues of enforcement (e.g. municipal bylaws for snow removal, maintenance of walkways, etc.).	Implement policy and legislation to fill identified gaps Evaluate current policy and legislation	Evaluate policy and legislation implemented to fill gaps in existing legislation
4. Develop programs/initiatives to reduce the risk of recreation- related falls (i.e. "safe" playgrounds, skateboard and in-line skating parks, properly maintained sports fields, etc.).	Implement programs/initiatives to ensure safer areas for sport and recreation	Evaluate programs/initiatives to ensure safer areas for sport and recreation
5. Establish procedures, principles, and protocols for evaluation of falls prevention initiatives	Implement procedures, principles, and protocols for evaluation of falls prevention initiatives	Evaluate procedures, principles, and protocols for evaluation of falls prevention initiatives

Strategic Direction 2

Injury priorities: Motor Vehicle Collisions and Transportation-Related Injuries

STRATEGIC DIRECTION #2

Injury Priorities- Motor Vehicle Collisions and Transportation-Related Injuries

Programs and strategies that are comprehensive, multi-faceted, and address priority issues, as identified by surveillance, research, and consultation. (The three priority issues identified and addressed in the current strategy are falls, motor vehicle collisions and transportation related injuries, and self-inflicted injuries).

Action – 2003/04	2004/05	2005/06
1. Directly link this objective (MVCs) to the Transport 2010 vision and the work of the NS Road Safety Advisory Committee to implement the 2010 plan and the Canadian Council of Motor Transport Administrators Tasks: • Determine who will have overall responsibility for this objective, for example, the Road Safety Advisory Committee (RSAC).		
2. Identify organizations and current programs/ interventions/initiatives focused on preventing motor vehicle collisions and determine what additional programs/ interventions/initiatives are needed Tasks: • Create a catalogue of relevant organizations and programs/ interventions/ initiatives • Establish opportunities to link organizations and programs/ interventions/ initiatives • Complete a gap analysis	Develop programs/ interventions/initiatives to fill identified gaps	Implement programs/ interventions/initiatives to fill identified gaps

STRATEGIC DIRECTION #2

Injury Priorities- Motor Vehicle Collisions and Transportation-Related Injuries

Programs and strategies that are comprehensive, multi-faceted, and address priority issues, as identified by surveillance, research, and consultation. (The three priority issues identified and addressed in the current strategy are falls, motor vehicle collisions and transportation related injuries, and self-inflicted injuries).

Action – 2003/04	2004/05	2005/06
3. Develop and support proactive approaches to addressing and preventing the underlying causes of motor vehicle collisions Tasks: • Initiate an ongoing review of collision reports • Clarify what is meant by 'traffic' • Target specific populations, based on surveillance data • Collaborate with mental health professionals in analyzing high risk behaviour and emotional reasons for collisions	Implement a proactive approach to addressing and preventing the underlying causes of motor vehicle collisions	Evaluate approach
4. Identify current legislation, recommend and develop new legislation, and where required, enhance enforcement efforts. Tasks: • Analyze legislation needs related to slow moving vehicles • Produce a 20% reduction in driving while impaired recidivism • Establish a plan to enforce and/or reduce current speed limits • Increase penalties for violations of current legislation • Analyze the feasibility of having similar legislation and penalties for all motor vehicles	Implement legislation where appropriate Evaluate current legislation and enforcement efforts	Evaluate legislation and enforcement efforts Implement changes as appropriate

Injury Priorities- Motor Vehicle Collisions and Transportation-Related Injuries

Programs and strategies that are comprehensive, multi-faceted, and address priority issues, as identified by surveillance, research, and consultation. (The three priority issues identified and addressed in the current strategy are falls, motor vehicle collisions and transportation related injuries, and self-inflicted injuries).

Action – 2003/04	2004/05	2005/06
5. Develop an education plan regarding the prevention of motor vehicle collisions and control of motor vehicle related injuries Tasks: • Link with road safety advisory • Enhance safe driving programs in schools • Educate the public with respect to the proper usage of air bags, seatbelts and child restraints	Implement an education plan regarding the prevention of motor vehicle collisions	Evaluate education plan

6. Examine engineering issues related to motor vehicle collisions and develop programs/ initiatives/ interventions to address them
 	
Tasks:
• Ensure mandatory injury prevention education for engineers and other relevant stakeholders
• Analyze engineering needs related to:
  • public transportation, e.g. seat belts on buses
  • road design, e.g., embankments, signage, pavement markings, lighting, vibration strips
  • sidewalk safety
  • urban vs. rural roads
	Implement programs/ initiatives/ interventions that address engineering issues related to motor vehicle collisions	Evaluate programs/ initiatives/ interventions

STRATEGIC DIRECTION #2

Injury Priorities- Motor Vehicle Collisions and Transportation-Related Injuries

Programs and strategies that are comprehensive, multi-faceted, and address priority issues, as identified by surveillance, research, and consultation. (The three priority issues identified and addressed in the current strategy are falls, motor vehicle collisions and transportation related injuries, and self-inflicted injuries).

Action – 2003/04	**2004/05**	**2005/06**

7. Develop prevention and control strategies for specific priority vehicles, as identified through surveillance data
 	
Tasks:
 	
• Analyze legislation, education, engineering and enforcement issues related to:
  • Sport Utility Vehicles (SUVs)
  • Motorcycles
  • All terrain vehicles (ATVs) and dirt bikes
  • High performance cars
  • Jet skis and various watercraft
  • Agriculture equipment
• Clarify age definition for specialty vehicles, such as, all terrain vehicles and dirt bikes, lawn mowers, boats and jet skis
	Implement prevention and control strategies for specific priority vehicles, as identified through surveillance data	Evaluate prevention and control strategies for specific priority vehicles, as identified through surveillance data

STRATEGIC DIRECTION #2

Injury Priorities- Motor Vehicle Collisions and Transportation-Related Injuries

Programs and strategies that are comprehensive, multi-faceted, and address priority issues, as identified by surveillance, research, and consultation. (The three priority issues identified and addressed in the current strategy are falls, motor vehicle collisions and transportation related injuries, and self-inflicted injuries).

Action – 2003/04	2004/05	2005/06
8. Develop policies and legislation regarding driver certification and re-testing Tasks: • Identify and target high risk drivers • Increase education and awareness regarding ability to drive, e.g., medications, sleep deprivation • Develop a good licensing program for all ages • Develop increased mechanisms for reporting, e.g. poor driving • Establish reporting mechanisms for compromised driving due to health issues (mandatory testing).	Implement policies and legislation regarding driver certification and re-testing	Evaluate policies and legislation regarding driver certification and re-testing
9. Examine the issues relating to impaired driving, with respect to alcohol and drugs Tasks: • Lobby for zero tolerance for impaired driving • Lobby for a lower legal limit for driving under the influence of alcohol, i.e. 0.5	Develop programs/initiatives/ interventions to address issues relating to impaired driving, with respect to alcohol and drugs	Implement programs/initiatives/ interventions to address issues relating to impaired driving, with respect to alcohol and drugs
10. Examine the risks related to cell phone use and all other electronic distractions while driving	Develop programs/initiatives/ interventions to address risks related to cell phone use while driving	Implement programs/initiatives/ interventions to address risks related to cell phone use while driving

STRATEGIC DIRECTION #2

Injury Priorities- Motor Vehicle Collisions and Transportation-Related Injuries

Programs and strategies that are comprehensive, multi-faceted, and address priority issues, as identified by surveillance, research, and consultation. (The three priority issues identified and addressed in the current strategy are falls, motor vehicle collisions and transportation related injuries, and self-inflicted injuries).

11. Analyze legislation, education, engineering and enforcement issues related to the proper use of all occupant restraints (booster seats, car seats, etc.	Develop programs/initiatives/ interventions to address legislation, education, engineering and enforcement issues related to the proper use of child occupant restraints (booster seats, car seats, etc)	Implement programs/initiatives/ interventions to address legislation, education, engineering and enforcement issues related to the proper use of child occupant restraints (booster seats, car seats, etc)
12. Establish procedures, principles, and protocols for evaluation of motor vehicle related injury prevention initiative	Implement procedures, principles, and protocols for evaluation of motor vehicle related injury prevention initiatives	Evaluate procedures, principles, and protocols implemented for evaluation of motor vehicle related injury prevention initiatives

Strategic Direction 2

Injury priorities: Self-Inflicted Injuries

STRATEGIC DIRECTION #2

Injury Priorities- Self-Inflicted Injuries

Programs and strategies that are comprehensive, multi-faceted, and address priority issues, as identified by surveillance, research, and consultation. (The three priority issues identified and addressed in the current strategy are falls, motor vehicle collisions and transportation related injuries, and self-inflicted injuries).

Action – 2003/04	2004/05	2005/06
1. Develop a proactive approach to addressing and treating the underlying causes and predisposing factors of self-injury/harm, including the determinants of health Tasks: • Define self-injury/harm as well as its underlying causes and predisposing factors. • Research/Identify evidence regarding underlying causes/predisposing factors • Define high risk groups for self injury/harm across the life span • Develop education/awareness sessions regarding underlying causes and predisposing factors in relation to self-injury/harm • Explore the role of Mental Health Early Response/Crisis Response Teams • Develop multi-faceted solutions combining efforts of community groups and carious government departments	Implement a proactive approach to addressing and treating the underlying causes and predisposing factors of self-injury/harm, including the determinants of health	Evaluate a proactive approach to addressing and treating the underlying causes and predisposing factors of self-injury/harm, including the determinants of health

2. Explore the development and benefits of legislation in support of addressing the issue of self injury/harm
Tasks:
• Determine the need for legislation by:
  • Completing a gap analysis of current provincial legislation
  • Reviewing all other relevant national and international legislation
  • Analyzing the means of self-harm, as identified through surveillance data
  • Exploring approaches/strategies that will promote legislative compliance
  • Formulating policies supportive of workplace wellness programs
	Implement legislation in support of addressing the issue of self injury/harm	Evaluate legislation implemented in support of addressing the issue of self injury/harm

STRATEGIC DIRECTION #2

Injury Priorities- Self-Inflicted Injuries

Programs and strategies that are comprehensive, multi-faceted, and address priority issues, as identified by surveillance, research, and consultation. (The three priority issues identified and addressed in the current strategy are falls, motor vehicle collisions and transportation related injuries, and self-inflicted injuries).

Action – 2003/04	2004/05	2005/06
3. Support research related to the prevention of self injury/harm* Tasks: • Determine what is meant by "self-harm" in the context of a prevention program • Determine the "means" for self-harm at a district/provincial level • Identify best practices in preventing self-injury/harm *See Strategic Direction #2 Surveillance for more information on this action	Support research related to the prevention of self injury/harm	Support research related to the prevention of self injury/harm
4. Develop appropriate infrastructure to assist in the prevention self injury/harm Tasks: • Include this initiative as part of the provincial mental health strategy • Determine appropriate funding levels and target monetary allocations based on evidence • Determine appropriate human resource requirements • Develop strategies to allow access to a variety of providers • Develop a directory of available support groups	Implement appropriate infrastructure to assist in the prevention self injury/harm	Evaluate appropriate infrastructure to assist in the prevention self injury/harm

STRATEGIC DIRECTION #2

Injury Priorities- Self-Inflicted Injuries

Programs and strategies that are comprehensive, multi-faceted, and address priority issues, as identified by surveillance, research, and consultation. (The three priority issues identified and addressed in the current strategy are falls, motor vehicle collisions and transportation related injuries, and self-inflicted injuries).

Action – 2003/04	2004/05	2005/06
5. Implement educational initiatives that are targeted and promote the early identification and assessment of high risk groups Tasks: • Develop appropriate and timely treatment for high risk groups across the life span • Develop programs around life and workplace balance • Educate co-workers/families with regards to this issue • Create special initiatives for rural/remote communities • Develop prevention strategies based on early intervention • Develop educational initiatives regarding treatment and assessment geared to health care professionals • Determine core competencies for professionals working with high risk self injury/harm populations • Identify educational needs of Emergency Department staff	Evaluate educational initiatives that are targeted and promote the early identification and assessment of high risk groups	Implement changes to educational initiatives that are targeted and promote the early identification and assessment of high risk groups, as identified from evaluation(s)
6. Develop a social marketing/communications plan to specifically address issues related to self-injury Tasks: • Inform the public of available programs and support services • Develop strategies to destigmatize the issue of self-harm • Develop a strategy that highlights the issue of "means" • Develop special initiatives for rural and remote communities	Implement a social marketing/ communications plan to specifically address issues related to self-injury	Evaluate a social marketing/ communications plan to specifically address issues related to self-injury

STRATEGIC DIRECTION #2

Injury Priorities- Self-Inflicted Injuries

Programs and strategies that are comprehensive, multi-faceted, and address priority issues, as identified by surveillance, research, and consultation. (The three priority issues identified and addressed in the current strategy are falls, motor vehicle collisions and transportation related injuries, and self-inflicted injuries).

Action – 2003/04	2004/05	2005/06
7. Ensure linkages with current work on suicide prevention in NS (i.e. Suicide Symposium results)		
8. Establish procedures, principles, and protocols for evaluation of self-inflicted/suicide prevention initiatives	Implement procedures, principles, and protocols for evaluation of self-inflicted/suicide prevention initiatives	Evaluate procedures, principles, and protocols for evaluation of self-inflicted/suicide prevention initiatives

Strategic Direction 3

Surveillance, Research & Evaluation

STRATEGIC DIRECTION #3

Surveillance, Research and Evaluation

A system that collects, analyses, interprets and evaluates injury-related data and informs the injury prevention strategy in a timely manner.

Action – 2003/04	2004/05	2005/06
1. Establish a provincial injury surveillance working group to determine the infrastructure necessary to sustain timely surveillance and dissemination of injury information; and to advise on the ongoing development and maintenance of the system. Tasks: • Develop terms of reference with deliverables and timelines • Identify technology requirements in support of surveillance • Identify best practices in injury surveillance. • Establish linkages with national and international injury surveillance databases	Support provincial injury surveillance working group	Support provincial injury surveillance working group
2. Develop a catalogue of existing injury-related databases and data sources and make available to all stakeholders Tasks: • Define users, collection points and methods of access • Ensure that the surveillance system meets all legislated criteria regarding privacy and confidentiality	Implement and maintain a catalogue of existing injury-related databases and data sources	Evaluate catalogue of existing injury-related databases and data sources

STRATEGIC DIRECTION #3

Surveillance, Research and Evaluation

A system that collects, analyses, interprets and evaluates injury-related data and informs the injury prevention strategy in a timely manner.

Action – 2003/04	2004/05	2005/06
3. Develop a standard minimal dataset for injury surveillance in NS Tasks: • Ensure common data definitions and standards. • Conduct a needs assessment and gap analysis • Ensure compliance with relevant systems and standards • Investigate applicability of the National Ambulatory Care Reporting System (NACRS) • Ensure a common link among all injury data collection systems in NS • Work with NS Health Research Foundation, Population Health Research Unit (PHRU) and other research funding bodies to support development • Explore development of user friendly and layperson friendly reporting systems • Analyze use of geo-mapping systems to support surveillance • Establish an injury registry for schools, establish incentives (create a competitive environment) • Ensure seamless data collection from injury through rehabilitation and return to the community. • Explore the possibility of collecting data that links previous injury prevention exposure of patient to subsequent injury rates.	Implement a standard minimal dataset for injury surveillance in NS	Evaluate standard minimal dataset for injury surveillance in NS

STRATEGIC DIRECTION #3

Surveillance, Research and Evaluation

A system that collects, analyses, interprets and evaluates injury-related data and informs the injury prevention strategy in a timely manner.

Action – 2003/04	2004/05	2005/06
4. Ensure qualitative/quantitative information is available to all stakeholders to inform policy, research, program development, implementation, and evaluation. Tasks: • Ensure development of a system that captures quantitative data • Ensure development of a system that captures qualitative data • Information must be presented in a user-friendly (layperson's format)	Implement systems that capture qualitative/ quantitative information and make it available to all stakeholders and to inform policy, research, program development and evaluation.	Evaluate systems that capture qualitative/ quantitative information and make it available to all stakeholders and to inform policy, research, program development and evaluation.
5. Ensure that the surveillance system supports evaluation of injury prevention programs and strategies.	Implement a surveillance system that supports evaluation of injury prevention programs and strategies.	Evaluate the surveillance system that supports evaluation of injury prevention programs and strategies.
6. Identify policy and legislative issues as they relate to injury surveillance, including issues related to privacy and confidentiality Tasks: • Ensure that policy and legislation do not inappropriately restrict or obstruct ability to collect, analyze, and share injury surveillance data • Enact appropriate legislation that supports needs of injury surveillance • Identify gaps in legislation • Make injuries a mandatory reportable incident (Examine British Columbia model)	Evaluate policy and legislation related to injury surveillance to determine what gaps exist	Implement policy and legislation related to injury surveillance to address existing gaps

STRATEGIC DIRECTION #3

Surveillance, Research and Evaluation

A system that collects, analyses, interprets and evaluates injury-related data and informs the injury prevention strategy in a timely manner.

Action – 2003/04	2004/05	2005/06
7. Advocate for and develop partnerships that support post-secondary education recognizing the importance of injury surveillance, research, and evaluation Tasks: • Integrate evidence and role of surveillance in relevant academic curriculum – engineering, trades, health professions, education, environment, agriculture, fisheries, forestry, industry	Implement partnerships that support academic education regarding the importance of injury surveillance	Evaluate partnerships that support academic education regarding the importance of injury surveillance
8. Secure long term funding commitment for injury surveillance, research, and evaluation Tasks: • Develop long-term funding plan • Develop cost benefit analysis framework • Ensure that use of funds is evaluated and accountable • Lobby for research funding → special arm for injury prevention research – research funding commensurate with prevalence of death, disability etc. (i.e. 50% injury-related death, 50% Nova Scotia Health Research Foundation funding for injury prevention) • Examine potential funding partners, i.e. Workers Compensation Board (WCB)	Implement long term funding plan for injury surveillance	Evaluate long term funding plan for injury surveillance

STRATEGIC DIRECTION #3

Surveillance, Research and Evaluation

A system that collects, analyses, interprets and evaluates injury-related data and informs the injury prevention strategy in a timely manner.

Action – 2003/04	2004/05	2005/06
9. Partner with appropriate bodies for comprehensive development of injury prevention research based on surveillance data	Support injury prevention research	Support injury prevention research
10. Immediately establish an emergency department database for the collection, analysis, and reporting of injury-related emergency visits.	Implement database throughout province	Evaluate implementation and make changes as appropriate

Strategic Direction 4

Communications/Social Marketing

STRATEGIC DIRECTION #4

Communications/Social Marketing

A social marketing strategy that engages Nova Scotians in injury prevention efforts because they recognize that injury is a significant health issue that threatens their well-being and is a burden on the economy.

Action – 2003/04	2004/05	2005/06
1. Create a communications and social marketing strategy to support the provincial injury prevention strategy. Tasks: • Determine if the provincial injury prevention strategy needs a separate communications and social marketing campaign for self-inflicted injury. • Investigate and evaluate a range of public awareness initiatives and tool. • Research and evaluate best practices in communications and social marketing. • Identify linkages and pursue opportunities for integration with other relevant communications and social marketing strategies (national, ANIP, WCB, corporate, etc.). • Undertake an exercise to brand the provincial injury prevention strategy and its initiatives (*see Action #3*). • Identify community partners for communications and marketing strategy development and implementation • Develop tailored IP campaigns for target audiences (aboriginal youth, young men, seniors, workplaces, new parents…) • Identify innovative funding opportunities to fund IP education campaigns (partnership with Insurance Bureau, health organizations, professional associations, etc.) • Appoint leadership to coordinate development and implementation of IP communications strategy	Implement a communications and social marketing strategy to support the provincial injury prevention strategy.	Evaluate a communications and social marketing strategy to support the provincial injury prevention strategy.

STRATEGIC DIRECTION #4

Communications/Social Marketing

A social marketing strategy that engages Nova Scotians in injury prevention efforts because they recognize that injury is a significant health issue that threatens their well-being and is a burden on the economy.

Action – 2003/04	2004/05	2005/06
2. Create a budget line for communications and social marketing for injury prevention in the Office of Health Promotion.	Maintain budget line for communications and social marketing for injury prevention in the Office of Health Promotion.	Evaluate budget line for communications and social marketing for injury prevention in the Office of Health Promotion.
3. Develop brand for the provincial injury prevention strategy and its initiatives (NOTE: while this would normally be classified as a task under Action #1, it was a recurring comment from stakeholders that this was a priority, and needed attention - the desire to have a catch-phrase and/or logo to promote the injury prevention strategy).	Implement brand for the provincial injury prevention strategy and its initiatives	Evaluate brand for the provincial injury prevention strategy and its initiatives
4. Create a distinct communications and social marketing strategy for high schools, including its own injury registry with accompanying injury prevention/education/awareness initiatives. Tasks: • Target specific educational and chronological milestones like Grade 10 students (driving age) with PARTY Program (Prevention of Alcohol and Risk-Related Trauma in Youth) and Bystander Care programs and accompanying public awareness blitz.	Implement a distinct communications and social marketing strategy for high schools, including its own injury registry with accompanying injury prevention/ education/ awareness initiatives.	Evaluate communications and social marketing strategy for high schools.

Strategic Direction 5

Tertiary Prevention

STRATEGIC DIRECTION #5

Tertiary Prevention

A system that improves outcomes for those affected by injury by optimizing emergency response, acute care, rehabilitation, and ongoing community support.

Action – 2003/04	2004/05	2005/06
1. Support the work of the Nova Scotia Trauma Advisory Council (NSTAC) and continue to strengthen relationship between the EHS Nova Scotia Trauma Program and the various trauma care stakeholders in Nova Scotia	Support NSTAC	Support NSTAC
2. Identify gaps in the care continuum (i.e. family doctor offices, nurse practitioners, etc).	Develop strategies to respond to gaps in care continuum	Implement strategies to respond to gaps in care continuum
3. Ensure accreditation of all District Trauma Centres by the Trauma Association of Canada (TAC)		
4. Support maintenance of TAC Accreditation by all District & Tertiary Trauma Centres		
5. Utilize surveillance data to support the ongoing evaluation of the efficacy of the trauma system		
6. Capitalize on trauma care providers as a resource for community based injury prevention initiatives	Develop strategies to utilize trauma care providers in community based injury prevention initiatives	Implement strategies to utilize trauma care providers in community based injury prevention initiatives
7. Enhance and strengthen ability for trauma care providers (across continuum of care) to access clinical education opportunities	Support clinical education programs and initiatives for trauma care providers	Support clinical education programs and initiatives for trauma care providers

STRATEGIC DIRECTION #5

Tertiary Prevention

A system that improves outcomes for those affected by injury by optimizing emergency response, acute care, rehabilitation, and ongoing community support.

Action – 2003/04	2004/05	2005/06
8. Advocate for services for the injured post-discharge (ongoing community support)		
9. Optimize pre-hospital access to the appropriate level of care Tasks: ▪ Improve Bystander care training programs (explore establishing as part of driver certification)	Develop/Implement programs to optimize pre-hospital access to the appropriate level of care	Evaluate programs implemented to optimize pre-hospital access to the appropriate level of care
10. Streamline path followed by injured patients through the trauma system (i.e. acute care to rehab discharge, rehab to community discharge, etc)		

Strategic Direction 6

Infrastructure

STRATEGIC DIRECTION #6

Infrastructure

Leadership, capacity building and infrastructure that sustains, coordinates, facilitates, monitors, evaluates and supports all aspects of the Injury Prevention Strategy.

Action – 2003/04	2004/05	2005/06
1. Determine and develop a structure that will support a collaborative inter-sectoral approach Tasks: • Identify key stakeholders in strategy • Establish linkages with existing groups • Develop an organizational chart for the infrastructure • Define roles and levels of authority/decision-making for each component of the infrastructure • Identify responsibilities of the infrastructure (accountability to the public i.e., report card available to public, tabled in legislature) • Enact policy & direction to incorporate IPS for all ages in mandate of the Office of Health Promotion (OHP) and partners (WCB, Environment & Labour, Transportation and Public Works, Emergency Health Services, public health etc).	Implement the governance structure that supports a collaborative inter-sectoral approach	Evaluate the governance structure that supports a collaborative inter-sectoral approach

STRATEGIC DIRECTION #6

Infrastructure

Leadership, capacity building and infrastructure that sustains, coordinates, facilitates, monitors, evaluates and supports all aspects of the Injury Prevention Strategy.

Action – 2003/04	2004/05	2005/06
2. Identify/assess current resources, determine gaps and the additional resources required (short & long term) for implementation. Tasks: • Ensure evaluation is built into the strategy from its inception • Identify and address human resource needs • Identify capital needs (equipment, office set-up etc) • Explore establishment of community grants for injury prevention, similar to wellness fund • Link to community (develop advisory committee with a community coordinator)	Implement required resources	Evaluate resources
3. Ensure an effective monitoring and evaluation component. Tasks: • Develop an evaluation process/plan at the start of the initiative, which determines desired results/outcomes.	Implement an effective monitoring and evaluation component	Evaluate monitoring and evaluation component

STRATEGIC DIRECTION #6

Tertiary Prevention

A system that improves outcomes for those affected by injury by optimizing emergency response, acute care, rehabilitation, and ongoing community support.

Action – 2003/04	2004/05	2005/06
4. Ensure a focus on community development to support capacity building and sustainability of the strategy Tasks: • Establish mechanisms to empower communities • Distribute annual report, including injury prevention activities initiated by communities • Develop a strategy to ensure CHB involvement (make communities recognize injury as a priority) • Host annual provincial conference • Establish working groups with terms of reference ad deliverables for each targeted area, e.g., falls, motor vehicle crashes (MVCs), self-injury (suicide)	Implement programs/initiatives that focus on community development and support capacity building and sustainability of the strategy	Evaluate programs/initiatives that focus on community development and support capacity building and sustainability of the strategy
5. Ensure stable funding that supports implementation, monitoring, and evaluation of the injury prevention strategy Tasks: • Establish long term funding plan	Implement funding plan	Evaluate funding plan and make changes as appropriate

Appendix E

Consultation Sessions: Participant Feedback

Sample Evaluation Form*
Injury Prevention Strategy Workshop

We want to sincerely thank everyone who participated in the strategic planning workshop yesterday. While it was an exhausting day for all involved, the workshop brings us one step closer to achieving the draft vision that you've helped craft for us.

Now that you have had some time to reflect on the workshop, it's vital that we receive constructive feedback about the day. We are therefore asking everybody to please take a few minutes and respond to our Evaluation Form.

While we had an excellent response to our pre-workshop questionnaire, we would like to see every participant complete an Evaluation Form. Please help us by taking the time to answer the following questions and fax your responses back to us by **Friday September 19, 2003**. Our fax number is **473-5835**. Your responses can also be submitted electronically using an online Evaluation Form at **www.gov.ns.ca/health/ehs**

Please circle the most appropriate response and provide written feedback at the end of the evaluation form.

	Strongly Disagree	Disagree	Don't know	Agree	Strongly Agree
1. The background materials and communications prior to the meeting were helpful and appropriate.	1	2	3	4	5
2. The purpose of the workshop and the desired outcomes were clearly stated.	1	2	3	4	5
3. Discussions and group exercises were appropriate for achieving the desired outcome.	1	2	3	4	5
4. The appropriate pace was maintained.	1	2	3	4	5
5. Diverse points of view were encouraged.	1	2	3	4	5
6. The desired outcome was accomplished.	1	2	3	4	5
7. The next steps were clearly articulated.	1	2	3	4	5
8. The workshop was well organized.	1	2	3	4	5
9. The overall facilitation was effective.	1	2	3	4	5
10. The facilitation of smaller group exercises was effective.	1	2	3	4	5

11. I am satisfied with the end product that we developed during the workshop.	1	2	3	4	5

12. What worked well with the workshop?

13. What would have improved the workshop – how could it have been better?

15. Please provide any additional comments.

*Note: this form was modified slightly and distributed during the September 25 and 26 Consultations

Summary of Evaluation Results

NS Injury Prevention Strategy Development Workshop Evaluation – September 15.

Approximately 45% of the participants returned their feedback forms and another 16 participants provided feedback over the telephone.

In general, the feedback from this group was positive, with the overall message that the day was an excellent starting point. Many of the participants appreciated the cross-section of stakeholders present – not only from a networking point of view, but also to hear the diverse perspectives that are present in the injury prevention community.

Despite some challenges with the room and noise level, and with the smaller group facilitations, participants felt the day was worthwhile, and we're certainly pleased to now have a more complete draft strategic plan to carry forward to the next step.

Summary of Comments

- The group participants were very open and friendly. The facilitator came across as being well versed in injury prevention
- Having the opportunity to view all groups' exercises was very beneficial.
- During the lunch and coffee breaks, all participants were able to mingle and participate in conversation with others.
- Very well organized, well-paced, very focused agenda
- Good representation from a diverse group of stakeholders, participants and organizers were enthusiastic
- A tremendous amount of work went into preparation, and that was very evident throughout the day
- Organizers and facilitators should be commended on a job very well done.
- with excellent facilitation
- Small group interaction was very useful. It was good to get this perspective as there was often a very diverse array of people in the group.
- Excellent opportunity to network with fellow injury prevention practitioners/stakeholders
- The small group work discussing the vision, mission, guiding principles was time well spent
- The organizers, both visible and the suspected small army behind what we saw, should be proud….achieved results that frequently require 2-3 days.
- The meeting area too crowded. The buzz of conversations and the "gentle voices" of some table facilitators made hearing things very difficult.

- The room could have better accommodated the flow of activity for the day

- I would have liked to have found out more about the different backgrounds of all the individuals.

- Coordinating, facilitating and reaching consensus among such a large group was very challenging.

ANIP Evaluation – September 25.

A total of 23 evaluations forms were returned, and feedback was overwhelmingly positive. With the exception of five questions, ALL respondents said they agreed or strongly agreed with the statements. In other words, only one person felt neutral when given the statement "Diverse points of view were encouraged". Only one person felt neutral when given the statement "The overall facilitation was effective". Only one person felt neutral when given the statement "The appropriate pace was maintained". One person felt neutral when given the statement "The desired outcome was accomplished". Only one person felt neutral when given the statement "The next steps were clearly articulated".

Summary of Comments:

- small groups worked well
- relaxed and open atmosphere
- well done
- small groups were well facilitated
- ample opportunities for input and discussion
- good to see an open process
- input and discussion was encouraged
- great job and well worth the time
- well organized
- skilled and friendly facilitators
- discussions were pragmatic and effective
- very informative
- very professional job

NSTAC Evaluation – September 26

A total of 16 evaluations forms were returned, and feedback was overwhelmingly positive. With the exception of seven questions, ALL respondents said they agreed or strongly agreed with the statements. In other words, only one person felt neutral when given the statement "The appropriate pace was maintained". Only one person felt neutral when given the statement "The desired outcome was accomplished". Only one person felt neutral when given the statement "The purpose of the session and the desired outcomes were clearly stated." One word of note - four people felt neutral when given the statement "The next steps were clearly articulated".

Summary of comments:

- good location
- good background material
- our diverse group felt very comfortable expressing opinions
- diversity of backgrounds greatly contributed to the "review"
- small group review of strategic directions worked well
- great diversity of stakeholders throughout the process
- well done…a very difficult process, but handled extremely well

- try to create strategic directions/actions that are as easy as possible to understand and follow
- remarkable work…great job pulling together all the input and information
- working lunch a good idea

STRATEGIC DIRECTION #6

Infrastructure

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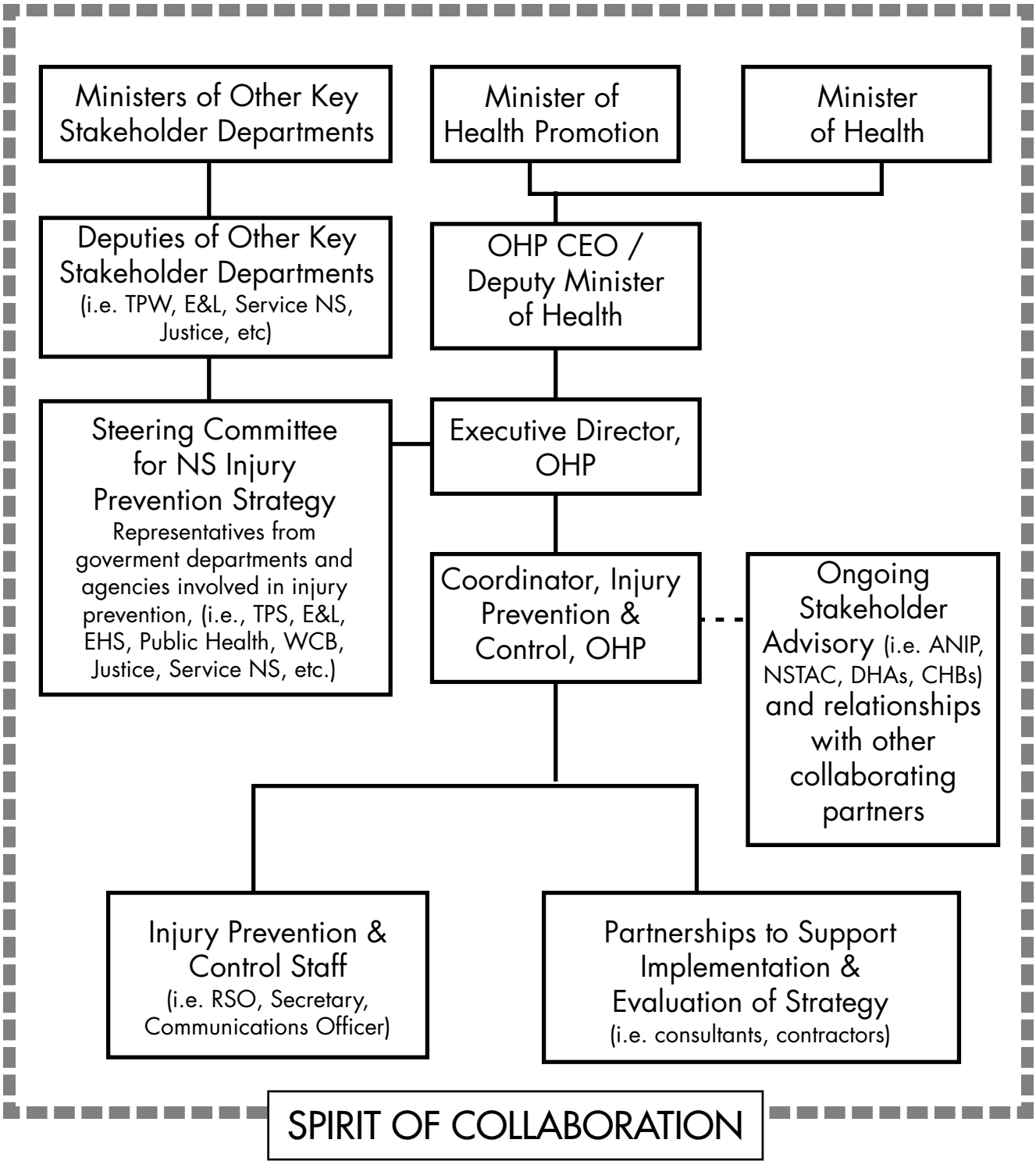
Appendix F

Accountability & Collaboration Framework

Accountability & Collaboration Framework



Appendix G

Glossary of Terms

Glossary of Terms

Accident

An a*ccident* is an event that occurs without one's foresight, has no known cause, is unavoidable or unpredictable, and occurs as a result of chance or fate. It is well-established that 95 per cent of all injuries are predictable, have a well understood cause, are avoidable, and therefore are not chance events. It is inappropriate and counter-productive to use the term *accident* when discussing injury prevention and control.

ANIP

The *Atlantic Network for Injury Prevention* (*ANIP*) is a network of approximately 80 individuals/organizations working for injury control. The purpose of ANIP is to provide opportunities to facilitate coordination in injury prevention activities within Atlantic Canada in the following areas: policy development and advocacy, surveillance, program development, evaluation and resources, research, and awareness and education.

Injury

The term *injury* is used synonymously with the term *trauma*. It is defined as any specific or identifiable bodily impairment or damage resulting from acute exposure to thermal energy, mechanical energy, electrical energy, chemical energy or the absence of energy essential to life.

Injury Control

Injury control is a broad term that links the prevention and treatment paradigms. With *injury* control, the focus is not only on preventing injury, but on the response which takes place to maximize outcome after an injury has occurred. This response includes the provision of quality emergency health services, acute care and rehabilitation.

Injury Control Model

The *Injury Control Model* utilizes a series of strategies along the injury continuum and involves: Primary Prevention – which seeks to reduce the number of injury causing events through injury prevention and safety promotion (i.e. driver education). Secondary Prevention – which seeks to reduce harm in the injury causing event (i.e. a seatbelt). And, Tertiary Prevention – which involves treatment and rehabilitation of injuries so as to reduce their severity and maximize outcome (i.e. hospital trauma team for resuscitation and trauma rehabilitation facility).

Injury Prevention

Injury prevention comprises ongoing strategies, operations, or programs designed to eliminate the occurrence of injuries. To be successful, injury prevention efforts should be comprehensive and involve a multifaceted approach which may include education, legislation and enforcement, economic incentives or disincentives, and product/environmental engineering.

Injury Pyramid

Used to graphically depict the burden of injury. While considered most severe, injury-related deaths represent a small portion of the overall burden of injury. Death is followed by injury-related hospitalizations, followed by emergency department visits, followed by episodes of injury that go unreported.

Injury Surveillance	The ongoing and systematic collection, analysis, and interpretation of injury-related data to plan, implement, and evaluate injury prevention programs. An injury surveillance system should provide an understanding of the injury problem to the extent that the right program and solution are targeted at the right group; to track progress and monitor trends and improvements; to assess the global impact of a program; to develop hypotheses and a database for future prevention efforts; and to describe injury patterns that justify the need for a prevention program.
Intentional Injury	*Intentional Injuries* are deliberate in nature and occur when an individual intentionally inflicts harm. These injuries can be further divided into self-inflicted injuries and injuries inflicted by another person.
Mission Statement	The mission statement is typically understood as describing the purpose of the strategy by answering the following questions: What is the strategy supposed to do? What does the strategy produce or deliver? Who are we targeting with the strategy? For example, "A provincial injury prevention strategy will help reduce injuries among all Nova Scotians wherever they live, work and play by providing the support and resources necessary to help prevent all types of injury".
Nova Scotia Trauma Advisory Council	Meeting on a quarterly basis, the *Nova Scotia Trauma Advisory Council* (*NSTAC*) was created in April 2001 and draws its 60 members from a broad range of multi-disciplinary trauma system stakeholders. The role of the council is to provide strategic advice and input to the EHS Nova Scotia Trauma Program regarding all aspects of trauma care and injury control. Through this council a network for information exchange on trauma systems and injury prevention issues has been created. There are three subcommittees within NSTAC: the Injury Prevention & Public Education Committee; the Trauma Registry & Information Management Committee; and the Optimal Care Committee.
Population Health Approach	Health Canada defines a *Population Health Approach* as "an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health"
RSAC	Road Safety Advisory Committee (joint committee with representation from the departments of Transportation & Public Works, Service Nova Scotia, Justice, and Health).
Self-Inflicted Injury/Suicide	Those injuries deliberately inflicted upon one's self – intrapersonal injury. Suicide means death from an intentionally self-inflicted injury. Suicide attempts are those self-inflicted injuries that do not result in death. Self-inflicted injury is a broader terms that captures both suicide attempts and suicide completions.
Strategic Directions	**Strategic Directions** - These describe the end results that need to be achieved in support of the strategy. The strategic directions are higher level activities that reflect what we need to do to accomplish our vision…the high level components that will need to be in place in five years time. A sample strategic direction for the injury prevention strategy might read: a comprehensive integrated injury surveillance system for Nova Scotia. It should be understood that the strategic directions feed back into the mission and vision of the strategy, i.e. they are the enablers of the vision and mission.
Trauma	See *Injury*
Trauma System	A *Trauma System* is an organized approach, within a defined geographic area, that delivers the full spectrum of care and prevention of injuries, and is integrated with the wider health care system.

Unintentional Injury	*Unintentional Injuries* are involuntary and occur without any intent to inflict harm.
Vision Statement	A *vision* is quite literally a mental image of what the future looks like as the result of the successful implementation of a strategic plan. The time frame is generally five years. The vision is generally a short statement (less than a dozen words) that sums up the future position of Nova Scotia as the result of a successful provincial injury prevention strategy. A sample vision, albeit very optimistic, might read "In 2008, Nova Scotia will be injury free".

Sources for the glossary include:

- The Canadian Injury Prevention & Control Curriculum
- Materials produced by the EHS Nova Scotia Trauma Program
- The Alberta Injury Control Strategy
- The Comprehensive Report on Injuries in Nova Scotia
- Health Canada: http://www.hc-sc.gc.ca/hppb/phdd/approach/#What