INJURY FREE MANITOBA

A Provincial Injury Prevention Strategy

October 2006



Provincial Injury Prevention Framework

Vision	A safe and injury free Manitoba	
Mission	To create a safe and injury free Manitoba by engaging Manitobans in making injury prevention a priority.	
Goals	 To reduce the risk of injury To reduce societal costs of injury To change attitudes and behaviours 	Key Settings
Approach and Principles	 Comprehensive population health approach Multi-sectoral partnerships and shared responsibility Culturally appropriate Evidence-based Injuries are predictable and preventable Includes intentional and unintentional injuries 	Home School Workplace
		Recreation
Strategic Pillars	 Leadership and Policy Development Surveillance, Research & Evaluation Sustainability Evaluation Education & Training Programming Community Capacity 	Community — Business Industry
Injury Priorities	 Suicide Motor Vehicles / Traffic Falls Suffocation / Choking Drowning 	Target populations
		Children
Objectives & Targets	 Suicide Motor Vehicle - 30% by 2010 Falls -10% by 2010 Workplace - 25% by 2010 Drowning - 25% by 2010 Farm Injury - 25% by 2010 	Youth Seniors
		Aboriginal
Activities	Activities have been developed in each of the Strategic Pillar areas. Injury specific frameworks have been developed to address leading causes of injury and to achieve targeted reductions. Regional Injury Prevention Frameworks have been developed to address regional injury rates, priorities and targets.	Sports Governments Media

Table of Contents

1.	Developing Manitoba's Provincial Injury Prevention Strategy	5
2.	Manitoba Injury Data	5
3.	The Need for a Coordinated Approach	6
4.	Laying the Foundation for a Provincial Injury Prevention Strategy	7
5.	Manitoba Injury Prevention Framework	9
	a. Vision	9
	b. Mission	9
	C. Goals	9
	d. Approach and Principles	9
	e. Strategic Pillars	10
	f. Provincial Priorities	10
	g. Key setting and Target Populations	10
	h. Objectives and Targets	11
	i. Provincial Activities	12
6.	Injury Specific Frameworks	13
	a. Suicide Prevention Framework Overview	14
	b. Provincial Water Safety and Drowning Prevention Framework	16
	C. Provincial Falls Prevention Framework	17
7.	Regional Health Authority Frameworks	
	a. Assiniboine Injury Prevention Framework	18
	b. Brandon Injury Prevention Framework	19
	C. Burntwood Injury Prevention Framework	20
	d. Central Injury Prevention Framework	21
	e. Churchill Injury Prevention Framework	22
	f. Interlake Injury Prevention Framework	23
	g. NOR-MAN Injury Prevention Framework	24
	h. North Eastman Injury Prevention Framework	25
	i. Parkland Injury Prevention Framework	26

	j. South Eastman Health/ Santé Sud-Est Inc. Injury Prevention Framework27
	k. Winnipeg Injury Prevention Framework28
8.	First Nation Injury Prevention Strategy Overview
9.	Leading Causes of Injury Tables
	a. Leading Causes of Death by Diagnosis
	b. Leading Causes of Injury-related Death31
	C. Leading Causes of Injury-related Hospitalizations
10.	Acknowledgements

Developing Manitoba's Provincial Injury Prevention Strategy

Manitoba's Provincial Injury Prevention (IP) Strategy has been developed in partnership with government and key stakeholders organizations involved in injury prevention in Manitoba.

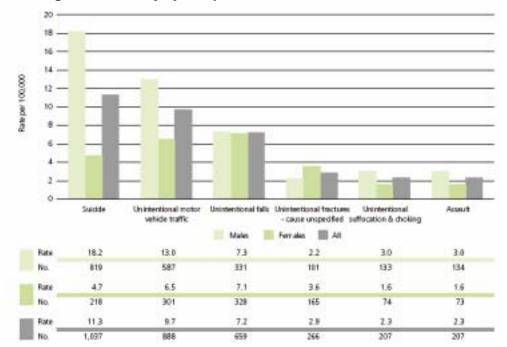
The Provincial IP Strategy is built on the vision of creating a safe and injury free Manitoba. This vision will be realized by engaging Manitobans in making injury prevention a priority. Strategic goals include reducing the risk of injury, reducing the societal costs of injury, and changing attitudes and behaviours.

A consultation process on the draft Provincial Injury Prevention Strategy was undertaken. Feedback was gathered at two Injury Free Manitoba Workshops and separate consultations have been held with the Assistant Deputy Minister's Injury Prevention Steering Committee, the Injury Prevention Network, and with key stakeholder organizations in Manitoba.

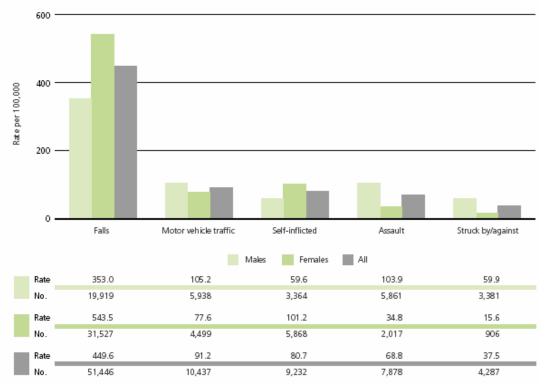
Manitoba Injury Data

Injury, both unintentional and intentional, is a major cause of death, disability and hospitalizations in Manitoba. In 2001, injuries were the most frequent cause of death for Manitoba males aged 1 to 54 and for Manitoba females aged 1 to 24. From 1992 to 2001 5,702 Manitobans died as a result of injuries. As well, there were 114,026 hospitalizations for injuries in the province.

The leading causes of injury deaths in Manitoba from 1992 to 1999 were suicide, motor vehicle traffic injuries, falls and fractures, suffocation and choking and assault. The leading causes of injury hospitalizations in Manitoba during the same period were falls, motor vehicle traffic injuries, self-inflicted injuries, assault and struck by/against an object. Most of these injury deaths and hospitalizations were preventable. The following two charts are from *Injuries in Manitoba: A 10 Year Review*. Tables showing the Leading Causes of Death by Diagnosis, the Leading Causes of Injury Hospitalization and the Leading Causes of Injury Death are appended on pages 30-32.



Leading Causes of Injury Hospitalizations in Manitoba: 1992 to 2001



Leading Causes of Injury Hospitalizations in Manitoba: 1992-2001

Good health depends on more than a good health care system. A comprehensive population health approach emphasizes positive health activities and illness/injury prevention measures. Population health is a holistic approach to health that aims to improve the health of the entire population and to reduce health inequalities among populations. The Manitoba IP Framework entrenches a population health approach. Injury lends itself particularly well to this approach, as types of injuries and causes of injuries vary widely. Strategies to reduce injuries must therefore include a wide variety of interventions, addressing a variety of determinants of health, involving a wide variety of disciplines (health, education, labour, transportation, law enforcement, etc.).

The cost of injury in Canada including both unintentional and intentional injuries has been estimated at \$14.3 billion annually. A Manitoba Economic Burden of Unintentional Injury report was released in April 2004. Unintentional injuries alone are estimated in the report to cost Manitoba \$819 million annually; this includes direct health care costs and indirect costs. In terms of economic burden, injury ranks third highest after cardiovascular and musculoskeletal diseases and before cancer.

The Need for a Coordinated Approach

Injury prevention is a collaborative effort, involving members of the community as well as a wide range of professionals representing many disciplines. The development of a Provincial Injury Prevention Strategy must take into account and link with other injury prevention work that has already been done. Examples of specific initiatives include:

• Building a Workplace Safety and Health Culture - report of the Review Committee on the Public Consultations into the Workplace Safety and Health Injury Prevention Strategy. The Manitoba Government has developed a six-point strategy to reduce workplace injuries, including the setting of a target for injury reduction of 25 per cent over five years.

- RHA Health Plan Accountability Framework Injury Prevention Planning was included as a deliverable in the RHA Health Plan Accountability Framework. RHAs are working with Manitoba Health to review regional data and set targets for injury reductions.
- Aboriginal Injury Reduction Strategy funded by the First Nations and Inuit Health Branch of Health Canada, developed under the supervision of the Manitoba Community Wellness Working Group of the Assembly of Manitoba Chiefs, the Aboriginal Injury Reduction Strategy focuses on all 63 Manitoba First Nations' communities.
- Manitoba Suicide Prevention Committee A report including recommendations for action has been developed.
- Road Safety Vision 2010 The RCMP "D" Division (Manitoba) is providing leadership towards achieving identified reductions in motor vehicle injury as recommended in Road Safety Vision 2010.

Laying the Foundation for a Provincial Injury Prevention Strategy

Over the past four years a number of processes have been initiated to help lay the foundation for a provincial injury prevention strategy. These include:

- 1. Development of a background discussion paper and stakeholder feedback.
- 2. Establishment of the Manitoba Injury Prevention Strategy Development Committee
- 3. Development of the Manitoba Economic Burden Study of Unintentional Injury
- 4. Development of the Manitoba Injury Surveillance Report
- 5. Intersectoral planning through two provincial injury prevention conferences
- 6. Injury prevention is part of the Healthy Living Strategy
- 7. Development of four best practice papers (falls, motor vehicle occupants, drowning, choking and suffocation)

In Manitoba, an Injury Prevention Strategy Development Committee was organized by a partnership including Health and Labour and Immigration. Members included representatives from Workplace Safety and Health Division, Agriculture and Food, Transportation and Government Services, Justice, IMPACT, Manitoba Public Insurance, Regional Health Authority, First Nations and Inuit Health Branch of Health Canada, Seniors Directorate, Manitoba Metis Federation and the Suicide Co-ordinating Committee. This committee was formed to collaborate on the initial development of a provincial strategy, to hold the first intersectoral provincial conference on injury prevention, and to share information on provincial injury prevention initiatives.

Strengthening Manitoba: Developing a Provincial Injury Prevention Strategy (Background Discussion Paper) http://www.hsc.mb.ca/impact

A background discussion paper was developed in April 2002, which served as a launching point for obtaining input from government departments, key service providers (e.g. Regional Health Authorities), and other agencies.

Strengthening Manitoba: Developing an Injury Prevention Strategy – Stakeholder Recommendations http://www.hsc.mb.ca/impact

A second document was produced October 2002 outlining stakeholder recommendations following the completion of 20 consultations with key informants.

The Economic Burden of Unintentional Injuries in Manitoba

http://www.gov.mb.ca/healthyliving/injury.html#reports

This report outlines the costs of unintentional injuries to Manitoba, which is approximately \$819 million per year. Falls accounted for \$335 million in annual costs and motor vehicles cost \$120 million. The report states that in Manitoba 18 people/hour are injured due to unintentional injury daily (over 400/day), roughly 1 person dies daily from these injuries, and over 3500 are disabled annually. Overall, over 160,000 Manitobans are injured each year. Reducing injury in Manitoba by 30% would result in over \$246 million in savings. The report was released in April 2004.

Injuries in Manitoba: A Ten Year Review http://www.gov.mb.ca/healthyliving/injuryreview.html

This report outlines the injury trends in Manitoba over a ten-year period from 1992-2001 and include data on both unintentional and intentional injury. The report was released in April 2004. Key findings in the report include:

- Injuries were the leading cause of death for males under age 54 and for females under age 24.
- Injuries were responsible for about 49% of deaths among children and about 71% of deaths among youth.
- Manitobans spent 143,423 days in hospital because of injuries, an average of 13.3 days per hospitalization.
- First Nations Manitobans had an injury death rate, which was almost twice that of other Manitobans and an injury hospitalization rate that was over three times higher than other Manitobans.
- Suicide is the leading cause of death due to injury in Manitoba, followed by motor vehicles and falls.

Injury Free Manitoba Conferences:

The first intersectoral injury prevention conference was planned by Manitoba Health and held in May 2002 to begin joint planning and information sharing across government and nongovernment sectors. A second conference was held in April 2004 to release the Economic Burden Study of Unintentional Injury Report, and the Injuries in Manitoba: A Ten year Review Report. The conferences also provided support for injury prevention partners to develop injury prevention plans, and to consult on the development of a draft Injury Prevention Framework.

Injury Prevention is part of the Healthy Living Strategy:

The Healthy Living Strategy aims to engage individuals, communities, professionals and organizations in building a healthy future for all Manitobans. Injury prevention and safety is one of the six key focuses of the Healthy Living Strategy.

RHA Injury Prevention Network

Meetings have been held with representatives of the Community Health Assessment Network (CHAN) and the Health Promotion Network to discuss the development of IP plans in RHAs. A revised draft Manitoba IP Framework was circulated to assist RHAs with the development of regional IP plans. The RHA's have submitted their IP plans.

Best Practices Papers

In 2004, Manitoba Healthy Living commissioned four best practices papers (falls, motor vehicle occupants, drowning, choking and suffocation). These papers helped to inform the development of the regional injury prevention plans as well as the provincial responses.

Manitoba Injury Prevention Framework

The Manitoba Injury Prevention Framework is based on a draft the Canadian Injury Prevention Strategy and Strengthening Manitoba: Developing a Provincial Injury Prevention Strategy.

Vision

A Safe and Injury Free Manitoba:

This vision statement has been adapted from the Canadian IP Strategy Vision. The current version reflects the feedback received during the consultation sessions during the Injury Free Manitoba forum held in April 2004 and the Injury Prevention Network meeting October 2005.

Mission

To create to a safe and injury free Manitoba by engaging Manitobans in making injury prevention a priority:

This mission statement has been adapted from the Canadian IP Strategy Mission. The current version reflects the feedback received during the consultation sessions during the Injury Free Manitoba forum held in April 2004 and the Injury Prevention Network meeting October 2005.

Goals

- 1. To reduce the risk of injury
- To reduce societal costs of injury 2.
- 3. To change attitudes and behaviours

The goals have been adapted from the Canadian IP Strategy Vision. The current version reflects the feedback received during the consultation sessions during the Injury Free Manitoba forum held in April 2004 and the Injury Prevention Network meeting October 2005.

Approach and Principles

A comprehensive population health approach emphasizes positive health activities and illness/injury prevention measures. Population health is a holistic approach to health that aims to improve the health of the entire population and to reduce health inequities among populations. The population health approach includes the recognition that many factors--known as determinants of health--influence individual health and well-being. The determinants of health include the following.

- Income and Social Status
- Social Support Networks
- Education and Literacy Levels
- Employment / Working Conditions
- . Social Environment

- Personal Health Practices and Coping Skills
- Healthy Child Development
- **Biological and Genetic Development**
- Health Services
- Gender

Physical Environment

Culture

In short, the population health approach attempts to positively influence conditions that enable people to make healthy choices, as well as offering services that promote and maintain health.

Principles include:

- multi-sectoral partnerships will be developed to encourage collaboration, build on existing successful
 initiatives and activities to avoid duplication and maximize use of resources;
- best research and "best practice" information;
- A majority of unintentional and intentional injuries are predictable and are therefore preventable;
- Injury prevention plans should be comprehensive including responses for the entire population and will emphasize assets and capacity building for sustainable change;
- Plans should be culturally appropriate.

Strategic Pillars:

The framework incorporates six main pillars, which have been adapted from the Canadian IP Strategy and Strengthening Manitoba: Developing a Provincial Injury Prevention Strategy. Provincial activities are grouped under these pillars.

- 1. Leadership and Policy Development
- 2. Surveillance, Research and Evaluation
- 3. Sustainability
- 4. Education and training
- 5. Programming
- 6. Community Capacity

Provincial Priorities:

The provincial priorities were derived from the data found in the report Injuries in Manitoba: A 10-Year Review (January 2004). Leading causes of death and hospitalization were:

- 1. Suicide -1^{st} leading cause of death (Self-inflicted is 3^{rd} leading cause of hospitalization)
- 2. Motor Vehicle -2^{nd} leading cause of death, 2^{nd} leading cause of hospitalization
- 3. Falls -3^{rd} leading cause of death, 1^{st} leading cause of hospitalization
- 4. Suffocation / Choking -5^{th} leading cause of death
- 5. Drowning 6th leading cause of death

Fractures cause unspecified is the fourth leading cause of death, and assault is tied for fifth leading cause. Fractures cause unspecified requires further investigation prior to identifying prevention responses. Assault may be identified in future frameworks.

Key Setting and Target Populations

Targeting and identifying populations that are at a greater risk of injury and coordinating intervention efforts based on evidence and best-practices will optimally generate the best outcomes. Priority populations have been identified by Manitoba Health as including:

- Seniors
- Aboriginal peoples
- Children
- Women
- Individuals with disabilities

Objectives and Targets:

Provincial objectives and targets have built upon the strategic work done by other sectors and key stakeholders who have gone through processes to establish their injury specific strategic plans and reduction targets.

 <u>Suicide</u> – A provincial committee was struck to develop a framework to be used by Manitoba Health, Regional Health Authorities and participating organizations to develop plans to address suicide. The committee, with representation from Regional Health Authorities, Self-Help groups, consumers, family members, First Nations and Métis communities met from July 2004 to December 2005.

The committee looked at data on suicide and self inflicted injury, reviewed best practice literature, inquest recommendations, and suicide prevention strategies from other jurisdictions. A summary of this research is presented in the document "A Background Report" available through the Mental Health and Addictions Branch, Manitoba Health. The main components and basic structure of the framework was influenced by the Canadian Association of Suicide Prevention Blueprint. (Overview attached)

 <u>Motor Vehicle</u> – RCMP "D" Division (Manitoba) has adopted Road Safety Vision 2010. This plan calls for a 30% decrease in the average number of road users killed and seriously injured during the 2008-10 period (compared to 1996-2001).

Sub-Targets include:

- Minimum seatbelt wearing rates of 95%
- 40% decrease in the number of unbelted fatally or seriously injured occupants
- 40% decrease in road users fatally or seriously injured in crashes involving alcohol
- 20% decrease in road users fatally or seriously injured in speed and intersection related crashes
- 20% decrease in drivers who commit three high risk driving offences
- 20% decrease in young drivers / riders fatally or seriously injured
- 20% decrease of the number of road users fatally or seriously injured involving commercial vehicles
- 30% decrease in the number of vulnerable road users (pedestrians, motor cycles and cyclists)
- 40% of road users fatally or seriously injured on rural roads

A provincial road safety co-ordinating committee has been established and is being hosted by Manitoba Public Insurance.

- 3. <u>Falls</u> A provincial falls prevention framework and strategy has been developed. A workgroup will be required to assist in implementing provincial activities to reduce falls. A provincial reduction target of 10% has been set to support regional injury targets. (Framework attached)
- 4. <u>Suffocation / Choking</u> A Manitoba workgroup will be required to assist in identifying provincial reduction targets, objectives and activities for suffocation and choking.
- 5. <u>Drowning</u> The Manitoba Coalition for Safer Waters is an interagency group that helps to co-ordinate water and ice safety activities in Manitoba with the overall goal of reducing the number of drowning and near drowning. The Coalition has established a provincial target of 25% reduction in drowning deaths by 2010. Manitoba's targets reflect and support this committee's recommendations and suggested activities. (Framework attached)

- 6. <u>Workplace</u> Government Response to the Report of the Workplace Safety and Health Review Committee (April 26, 2002) The Manitoba Government has set a five-year reduction target of 25% in Workers Compensation Board provincial time-loss injury rate. Manitoba in partnership with the Workers Compensation Board is leading a sustained provincial initiative to create a strong workplace safety and health culture. There is a strong focus on young workers and farm safety. The workplace initiative includes:
 - public awareness and education,
 - training for employers, supervisors and workers
 - prevention measures and standards
 - internal and external responsibility systems
- 7. **<u>Regional Health Authorities</u>** The eleven Regional Health Authorities have developed region specific injury prevention plans that include priorities, reduction targets and activities. (Frameworks attached)

Provincial Activities:

Activities have been grouped under the Strategic Pillars. However specific actions may be appropriate under more that one pillar.

- 1. Leadership and Policy Development:
 - Establish a Provincial Steering Committee and a multi-sectoral Network Committee
 - Identify a support mechanism for the Provincial Steering Committee and Network
 - Promote the existence of the provincial injury prevention strategy
 - Identify leadership groups in each priority / target sector
 - Where no leadership group exists encourage the establishment of one
 - Review options for legislative or regulatory measures
 - Enhance enforcement
- 2. <u>Surveillance, Research and Evaluation:</u>
 - Establish an advisory committee
 - Enhance surveillance
 - Identify priorities in research
 - Establish system for translation, dissemination and mobilization of results
 - Encourage evaluations of programs
- 3. <u>Sustainability</u>
 - Explore options for long term funding and resource sharing
 - Provide opportunities for practitioners to learn and share
- 4. Education and Training
 - Provide multi-level (basic to advanced) injury prevention training opportunities
 - Support for stakeholder knowledge regarding injury prevention theory and principles
 - Provide injury prevention training regarding specific topics, programs and approaches

- 5. Programming
 - Provide best practice guides to planners
 - Establish a vehicle for disseminating information
 - Provide public awareness activities
 - Maintain and enhance current systems for delivery of IP initiatives
- 6. Community Capacity
 - Provide opportunities for learning and sharing
 - Create a communication plan

Injury Specific Frameworks

Included in the following section are injury specific frameworks and those developed by the Regional Health Authorities. The frameworks provide an overview of injury specific plans and regional injury prevention plans. The recently established Manitoba Road Safety Coordinating Committee is considering the development of a provincial framework and plan for the reduction of injuries resulting from motor vehicle collisions.

The frameworks included are

- Suicide
- Drowning
- Falls
- Regional Health Authorities (11 regions)
- First Nations

Suicide Prevention Framework Overview

The *Manitoba Suicide Prevention Framework* (draft) is comprised of five components. For each component, goals and objectives have been identified. The document also provides examples of practical activities and resources from various jurisdictions that have been identified in prevention literature or shared by communities. The list of activities is not meant to be an exhaustive list, but rather a selection of examples to help in the development of a regional work plan.

1. Implementation

Goal: Develop or enhance partnerships to endorse a suicide prevention framework and ensure implementation and sustainability of the framework.

2. Mental Health Promotion

Goal: Enhance primary prevention activities.

3. Awareness and Understanding

Goal 1: Encourage awareness across Manitoba that suicide is a significant community concern and that it is everyone's responsibility to help an individual at risk.

Goal 2: Reduce stigma associated with suicide prevention, intervention and bereavement activities.

Goal 3: Improve media knowledge regarding suicide.

4. Prevention, Intervention and Postvention

Goal 1: Develop, implement and sustain community-based suicide prevention strategies specific to age, gender, cultural and ethnic needs.

Goal 2: Reduce the availability and lethality of suicide methods.

Goal 3: Enhance the training of gatekeepers, volunteers and professionals for recognition of risk factors, warning signs and at-risk behaviours and for effective intervention.

Goal 4: Promote effective professional practice to support clients, families and communities.

- Goal 5: Improve coordination between services and families for individuals at high risk.
- Goal 7: Prioritize service delivery for individuals at risk.
- Goal 8: Ensure availability of a comprehensive and coordinated crisis response system.
- Goal 9: Improve services and support to those bereaved by suicide.

5. Data Surveillance, Research and Evaluation

- Goal 1: Improve and expand surveillance systems.
- Goal 2: Promote and support the development of effective evaluation tools.
- Goal 3: Promote and develop suicide-related research.
- Goal 4: Improve reporting of research results.

Community Needs Assessment Process

When a group is developing a suicide prevention work plan it will first want to consider how to select the specific goals, objectives and activities best for their community. A community consultation process should occur and begin with a forum and/or other needs assessment process to identify specific community strengths, weaknesses, opportunities and threats.

Consideration of the following questions may be helpful in an assessment process:

1.) What are the strengths in your community? Which activities will help you build on these strengths?

- 2.) What are the priority risk factors identified in your community? Which activities would help you address these risk factors?
- 3.) What are the gaps or needs in service delivery in your community? Which activities would help you address these gaps?
- 4.) How strong is the evidence to support the activity?
- 5.) What resources are available to accomplish the activities? Can the activity be accomplished with available resources and partnerships? Are there outside resources that can be accessed?
- 6.) Are there opportunities to develop partnerships with other sectors?
- 7.) In what time frame do you wish to show success? Can the activity demonstrate some success or progress within this identified time frame?
- 8.) What is the potential impact of the activities and can it be measured?
- 9.) Is there readiness/support for this work in the community?

Suicide Prevention Work plan

From the needs assessment and analysis, a Suicide Prevention Work plan can be developed. The needs assessment identifies the current status (where you are) and where you want to go (the community's vision and goals). The work plan then identifies what you do (target objectives and action plans) to achieve those goals.

The work plan needs to have clear, realistic goals and objectives with time-lines, and specific persons responsible for activities.

This framework offers a selection of goals and activities that can be undertaken at the provincial, regional or local levels, depending on the mandate of the group.

Provincial Water Safety and Drowning Prevention Framework (July 2005)

Vision	Safe waters and a drowning free Manitoba	
Mission	To contribute to a safe and injury free Manitoba by engaging Manitobans in making water safety and drowning prevention priorities.	
Approach and	-Comprehensive -Culturally appropriate -Multi-sectoral -Evidence-based -Partnership-based -Drowning is predictable and preventable	Key Settings
Principles	-Evidence-based -i artifersing-based -Difforming is predictable and preventable	Home
	Leadership and policy development	School
Strategic	Surveillance, research and evaluation	Remote
Pillars	 Capacity Building (awareness, education and training) Sustainability 	Communities
		Recreational settings
	 Goal: To reduce drowning and near-drowning hospitalizations in Manitoba by 25% by 2010 by showing reductions in the following target populations Toddlers (1-4 years of age) Boaters 	_
Goal & Target	Aboriginals	Target Population
	• Males	-
		Caregivers of toddlers
	 The Manitoba Coalition for Safer Waters will provide leadership to coordinate the efforts of stakeholders committed to the promotion of water safety and the prevention of drowning. 	Aboriginals
	2. Policy makers, program planners, program delivery personnel and the	Boaters
Sub goals	public will have timely access to evidence-based information.	Snowmobilers
Sub-goals (broad statements of	 Manitobans will have reasonable access to effective water safety and drowning prevention programs. 	Residential pool and spa
intent)	4. In partnership with stakeholders, the Manitoba Coalition for Safer	owners
	Waters will co-ordinate a targeted water safety and drowning prevention awareness campaign.	Recreational waterfront and
	5. The Water Safety and Drowning Prevention Strategy will be sustainable.	pool owners /operators /users

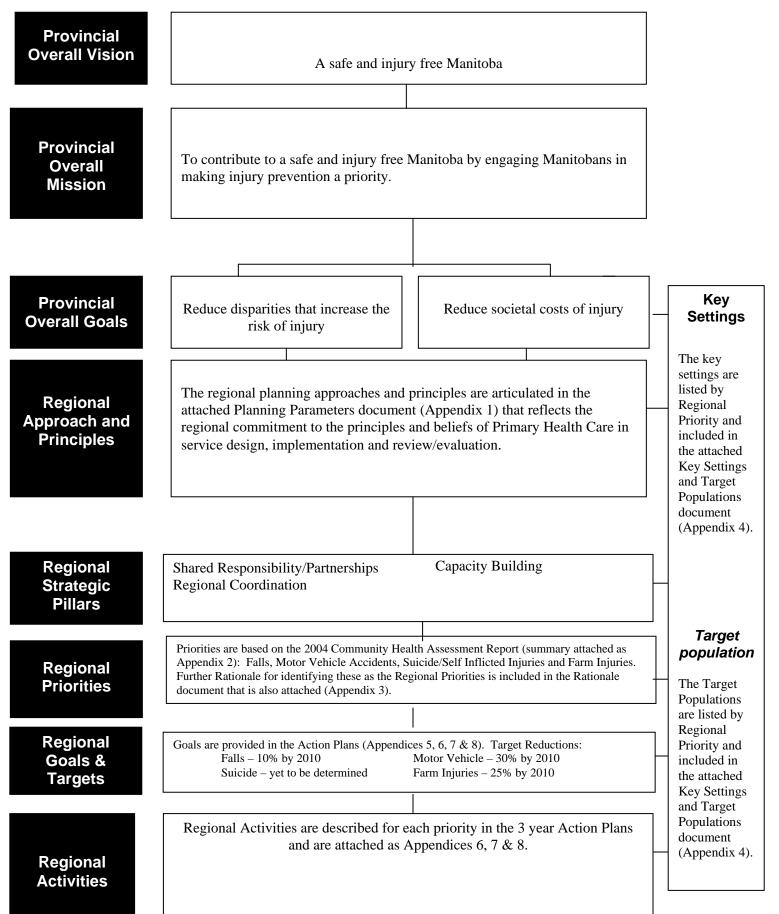
Provincial Falls Prevention Framework

(March 2006)

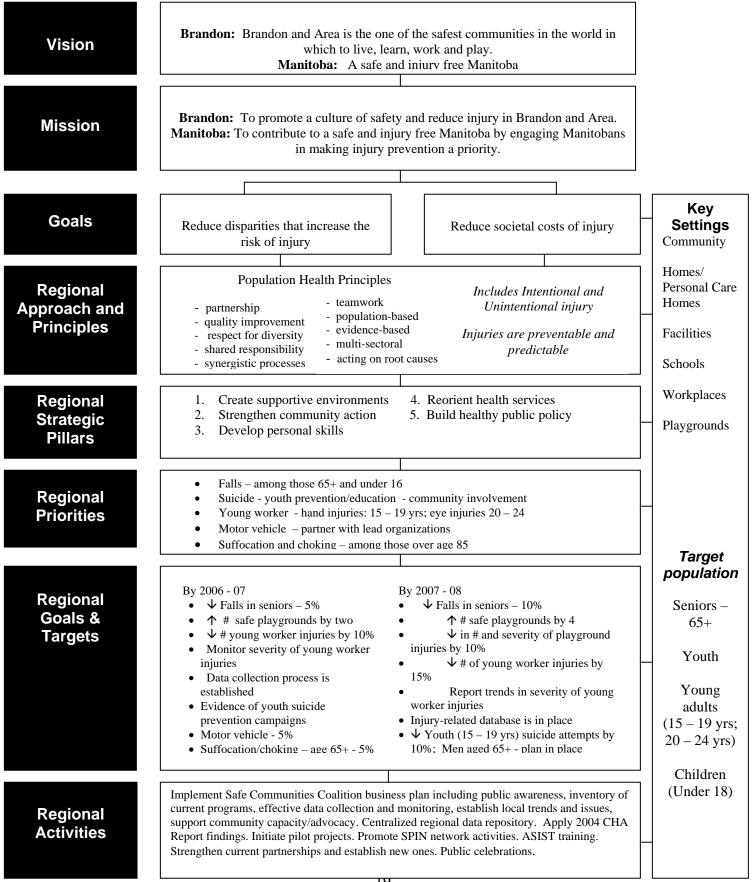
Vision	A falls-free Manitoba	
Mission	To create a safe and injury-free Manitoba by engaging Manitobans in making falls prevention a priority.	
Goals	 To reduce the risk of falls To reduce societal costs of falls To change attitudes and behaviours by creating a culture of safety 	Key Settings
Approach and Principles	 Most falls are predictable and preventable Comprehensive population health approach Multi-sectoral partnerships and shared responsibility Culturally appropriate Evidence-based Life course perspective 	Home School / daycares Recreation Community Long-term care/ hospital
Strategic Pillars	 Leadership & Policy Development Surveillance, Research & Evaluation Surveillance, Research & Evaluation Surveillance, Research & Surveillance, Surveillance, Surveillance	Target population Individuals
Injury Priority	Injury resulting from falls Children and youth Older adults 	Children Youth Older adults Aboriginal
Targets	Reduce falls hospitalization and deaths by 10% by 2010.	Sports participants Service providers i.e. home care Governments
Activities	 Activities have been identified in each of the Strategic Pillar areas. Establish a falls prevention coalition. Conduct a gap analysis of existing programming for identified target populations. Develop awareness initiatives. Enhance a falls surveillance system. Build on best practice programs including activity programs, risk assessment programs and training. Share knowledge across sectors and jurisdictions. 	Media

Assiniboine Injury Prevention Framework

Revised January 27 2006



Brandon Injury Prevention Framework



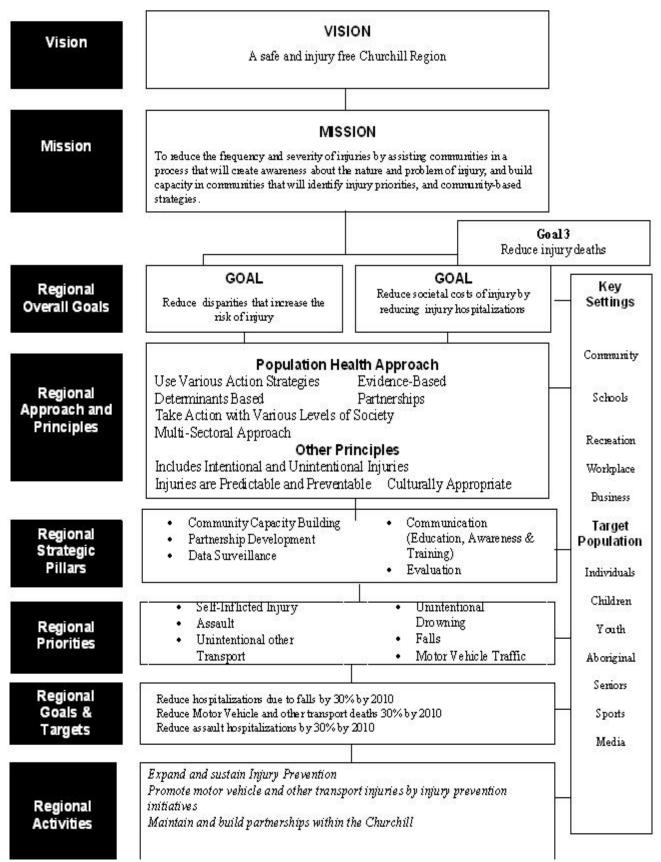


Vision	A safe and injury free Burntwood Region	
Mission	To reduce the frequency and severity of injuries by assisting communities in a process that will create awareness about the nature and problem of injury, and build capacity in communities that will identify injury priorities, and community-based strategies.	
Regional Overall Goals	Reduce disparities that increase the risk of injury Reduce societal costs of injury	Key Settings Communities
Regional Approach and Principles	Population Health Approach Use Various Action Strategies Evidence-Based Determinants Based Partnerships Take Action with Various Levels of Society Multi-Sectoral Approach Other Principles Includes Intentional and Unintentional Injuries Injuries are Predictable and Preventable Culturally Appropriate	Schools Recreation Homes Target population
Regional Strategic Pillars	 Community Capacity Building Partnership Development Data Surveillance Building Healthy Public Policy Communication (Education, Awareness & Training) Evaluation 	Individuals (Children, Adolescents, Adults)
Regional Priorities	Self-Inflicted Injury & Suicide	Families Health Care/Social Service Providers
Regional Goals & Targets	Reduction of Suicide and Self-Inflicted Injury	Media Governments
Regional Activities	Detailed in the "Activity Plan" component of the Strategic Plan, the activities focus on the areas of prevention, intervention, postvention and evaluation.	General Population

Central Injury Prevention Framework

Vision	A safe and injury free Central Region	
Mission	To contribute to a safe and injury free Central Region by engaging residents in making injury prevention a priority.	
Goals	Reduce disparities that increase the risk of injury	Key Settings
Approach and Principles	POPULATION HEALTH APPROACH Based on Primary Health Care Principles -Comprehensive -Culturally appropriate -Evidence-based -Partnerships and shared responsibility -Injuries are predictable and preventable - Includes intentional and unintentional	Home School Workplace Recreation Community
Strategic Pillars	Integrated Health SystemPartnershipPeople DevelopmentPerformance Improvement	Business Industry Target
Priorities	 Suicide / Self Inflicted Injury Motor Vehicle Falls 	population Individuals Children Youth
Goals & Targets	 Suicide – Process related Motor Vehicle - 30% by 2010 Falls -10% by 2010 	Seniors Aboriginal
Activities	Described in injury plan	

Churchill Regional Injury Prevention Framework



Interlake Injury Prevention Framework

Vision	A safe and inj	ury free Manitoba	
Mission	To contribute to a safe and injury free In injury prevention a priority.	terlake by engaging Interlakers in making	
Goals	Reduce disparities that increase the risk of injury	Reduce societal costs of injury	Key Settings
Approach and Principles	POPULATION HEALTH APPROACH -Comprehensive -Injuries are predictable and preventable -Includes intentional and unintentional -Evidence-based -Community-based / Culturally appropriate -Multi-sectoral / Work in partnerships / Shared responsibility		Home School Workplace Recreation Community
Strategic Pillars	 Community awareness Facilitate community planning Leadership and Policy Development 	 Capacity building includes: Education & Training Programming Sustainability 	Business Industry Target
Priorities	SuicideFalls	Motor vehicle Other transport	population Individuals Children Youth
Goals & Targets	Reduce hospitalizations due to falls by 5% by 2007 and by 7% by 2008	Reduce motor vehicle and other transport deaths and hospitalizations by 5% by 2007 and 7% by 2008	Seniors Aboriginal
Activities	Expand and sustain the Interlake Injury Promote the Safe Communities model Develop Falls Prevention Strategy for sen Build community capacity to prevent suic Increase motor vehicle and other transport	iors ide	Sports Governments Media

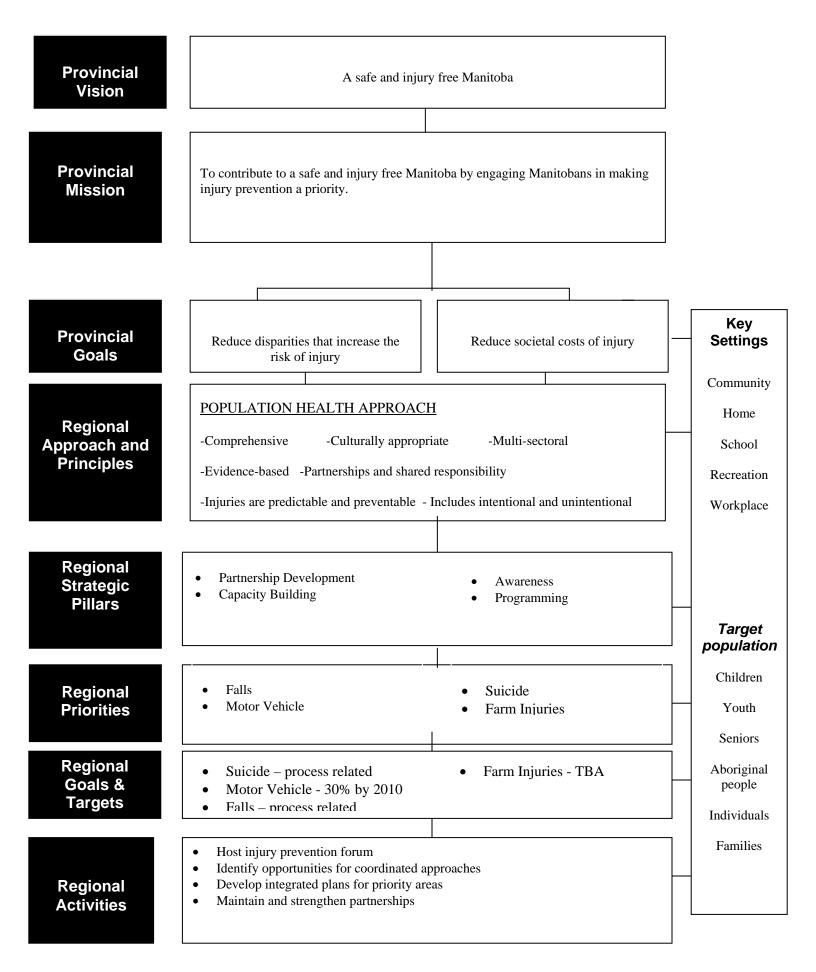
NOR-MAN Injury Prevention Framework April 29, 2005

Provincial Overall Vision	A safe and inju	ry free Manitoba	
Provincial Overall Mission	incident and severity of intentional and	nitoba by engaging NOR-MAN residents Injury Prevention Strategy is to reduce the non-intentional injuries to the population Regional Health Authority)	
Provincial Overall Goals	Reduce disparities that increase the risk of injury	Reduce societal costs of injury	Key Settings
			Community
	Population Health Approach	Principles	Working for income
Regional Approach and	Comprehensive Multi-sectoral Evidence-based (best practices)	Injuries are predictable and preventable Focus on intentional & unintentional Multi-faceted	Leisure
Principles	Partnerships and relationships Culturally Appropriate	Injury reduction is a community responsibility	Sport Activity
			School
Regional Strategic Pillars	 Leadership and Policy Developmen Surveillance, Research and & evaluation Communication/Social-marketing 	t > Capacity Building including: - Education & Training - Programming - Sustainability	
	L		Target population
Regional Priorities	Falls Self- inflicted (including suicides) Motor vehicle incidents	Fire & burns (scalds) Struck by/collision with an object	Aboriginal Infant Children Youth
	Falls - \downarrow incident of falls for 5-19 year old,		
Regional Goals &	seniors and in workplace by 5% in 3 years MVI - 30% reduction by 2010	Fire & Burns (Scalds) - \downarrow incidents by 5% in 0-4 year old and seniors Struck by/collision with an object- \downarrow	Women Men
Targets	Self-inflicted (suicides) process related	incidents by 5% in 3 years	Seniors
	Continue with strategies developed through Injuri		Media
Regional	Injury Prevention Logic Model -Continue partici enhance surveillance through NRHA ER Inju conduct evaluations – leadership / infrastructu	ury Surveillance Tool, - explore research, - ure – multi sectoral NRHA Injury	Government Local
Activities	Reduction Working Group –develop issue a (public and health care professionals)partners available IP training– best practice guides – n disseminating information	ship with Aboriginal groups – participate in	

North Eastman Injury Prevention Framework

Provincial Vision	A safe and injury free Manitoba	
Provincial Mission	To contribute to a safe and injury free Manitoba by engaging Manitobans in making injury prevention a priority.	
Provincial Goals	Reduce disparities that increase the risk of injury	Key Settings
Regional Approach and Principles	POPULATION HEALTH APPROACH -Comprehensive -Culturally appropriate -Multi-sectoral -Evidence-based -Partnerships and shared responsibility -Injuries are predictable and preventable - Includes intentional and unintentional	Home Communities School Workplace
Regional Strategic Pillars	 Leadership and Policy Development Surveillance, Research & Evaluation Capacity building includes: Community partnership Education & Training Programming Sustainability 	Target population Individuals
Regional Priorities	 Suicide / self inflicted injuries Motor Vehicle Falls Drowning General injury prevention in our workplace – ie: care for the Care giver Staff injury prevention 	Across the lifespan that reside in the North Eastman region
Regional Goals & Targets	 Suicide – 20% by 2010 Motor Vehicle - 30% by 2010 Falls -10% by 2010 General workplace injuries– 10% by 2010 Drowning – 10% reduction 	
Regional Activities	 Build partnerships outside health sector to work upon injury prevention Support and continue to work with the Regional Suicide prevention Committee that has been established Support the provincial targets and activities for motor vehicle injury reduction Established a committee or link with an existing committee to look at staff injury prevention within our organization 	

Parkland Injury Prevention Framework



South Eastman Health/Santé Sud-Est Inc. Injury Prevention Framework

Vision	A safe and injury free S	South Eastman Region	
Mission	To contribute to a safe and injury free Man injury prevention a priority.	itoba by engaging Manitobans in making	
Goals	Reduce disparities that increase the risk of injury	Reduce societal costs of injury	└ Settings
Approach and Principles	Health Approach • Comprehensive • Culturally approach • Evidence-Based • Partnerships • Injuries are predictable and preven • Includes intentional and unintention	and shared responsibility table	Home Health Care Settings School Recreation Community Workplace
Strategic Pillars	 Leadership and Policy Development Surveillance, Research & Evaluation Data Surveillance 	 Evidence-based decision making Capacity building 	Target population Individuals Children
Priorities	 To work with our community part injuries occurring in our region. Falls (seniors) Motor Vehicle Accidents – adoles Poisoning (35-44 yrs of age) Drowning (0 – 35 years) 	ners to strive to understand the scope of cent & youth (15-19 yrs of age)	Youth (Teens) Early Middle Age (35-44 yrs) Seniors

	Winnipeg Injury Prevention Framework	
Vision	A safe and injury free Winnipeg Health Region	
Mission	To enhance safety and reduce unintentional and intentional injury in the Winnipusing a population and public health approach.	eg Health Region
Goals	related health and physical related mortality, individu disparities environments that support health and disability control	GOAL ase capacity of uals, families and nunities to have over their health and safety
Regional Approach and Principles	The population and public health approach has been used to define the scope of injury, identify priority injury causes and their associated risk factors, and to select, implement and evaluate appropriate interventions. Program strategies target the human, agent and environmental factors related to the identified priority issue using the "Haddon's Matrix" approach. Injury prevention efforts are inclusive of four general approaches: education, engineering, enforcement and economics.	Key Settings Home School
Regional Strategic Pillars	Policy / Program / Practice / Partnership	Community
Regional Priorities	 To reduce the incidence of injury from falls To reduce the incidence of injury from suicide and self-harm To reduce the incidence of injury from traffic To reduce the incidence of injury by creating public and professional awareness of the burden, cost and preventability of injury and developing capacity to address injury issues 	Priority populations Children Youth Older Adults
Regional Goals & Targets	 Complete the WRHA Injury Data report to confirm cause-specific priorities and identify higher risk populations for special focus by September 2005 Complete regional action plans guided by regional advisory groups in the area of suicide prevention and seniors fall prevention by December 2005, Implement priority tasks as articulated in regional action plans on falls and suicide by 2007 Increase the number of collaborative activities undertaken with key partners in the area of traffic injury reduction by 2007 Advocate for provincial bike helmet legislation and booster seat legislation by 2007 Complete a consultation and decision-making process to decide whether Winnipeg should pursue a Safe Communities designation by January 2006 Reduce falls requiring hospitalization in 65+ population by 10% by 2008 Reduce suicide rate by 10% by 2008 Support traffic injury reduction partners to meet national targets 	Aboriginal People Community Areas with highest burden of injury
Regional Activities	Regional activities summarized in charts	

First Nation Injury Prevention Strategy Overview

The First Nation Injury Prevention Strategy is composed of the following 7 specific strategies.

3.1.1 **Strategy # 1:** Adopt the injury prevention framework established by the National First Nation and Inuit Injury Prevention Work as the Manitoba framework.



3.1.2 **Strategy # 2:** Establish formal linkages with the development of the Manitoba injury prevention strategy (whole population) that is currently under way.

3.1.3 **Strategy # 3:** Establish the infrastructure necessary to provide provincial level injury prevention coordination and support for First Nations communities.

3.1.4 **Strategy # 4:** Develop and implement a communication plan that would support: 1) safety promotion/injury prevention messaging; 2) information dissemination regarding resources and programming; 3) advocacy on injury problems and solutions; and 4) effective and efficient collaboration for services and programming

3.1.5 **Strategy # 5:** Encourage and support the building of community capacity

3.1.6 **Strategy # 6:** Support the establishment of the necessary infrastructure for injury surveillance and data collection and analysis.

3.1.7 **Strategy # 7:** Encourage research to support knowledge development about: injury priorities in First Nations communities; risk factors; risk taking behaviors; culturally relevant interventions; programming that support the community and the development of community capacity; and cost effectiveness of community-based and regionally-based interventions

Leading Causes of Deaths in Manitoba by Diagnosis 1992 to 1999

Age Groups													
Rank	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
1	All other codes (754)	Injury: Unintentional & Intentional (96)	Injury: Unintentional & Intentional (64)	Injury: Unintentional & Intentional (85)	Injury: Unintentional & Intentional (325)	Injury: Unintentional & Intentional (364)	Injury: Unintentional & Intentional (657)	Injury: Unintentional & Intentional (580)	Neoplasm (1412)	Neoplasm (3090)	Neoplasm (5677)	Circulatory System Disease (10,335)	Circulatory system disease (10,442)
2	Diseases of Circulatory System (32)	All other codes (69)	All other codes (25)	All other codes (22)	All other codes (49)	All other codes (66)	All other codes (196)	Neoplasm (527)	Circulatory Disease (863)	Circulatory Disease (2058)	Circulatory Disease (5513)	Neoplasm (6,126)	Respiratory system disease (2,961)
3	Injury: Unintentional & intentional (29)	Neoplasm (16)	Neoplasm (19)	Neoplasm (18)	Neoplasm (33)	Neoplasm (19)	Neoplasm (163)	Circulatory Disease (344)	Injury: Unintentional & Intentional (420)	All other codes (478)	Respiratory Disease (1130)	Respiratory System Disease (2,534)	All other codes (2,925)
4	Respiratory Disease (24)	Respiratory Disease (10)	Respiratory disease (6)	Circulatory Disease (4)	Respiratory disease (12)	Circulatory Disease (19)	Circulatory Disease (80)	All other codes (283)	All other codes (348)	Injury: Unintentional & Intentional (327)	All other codes (1017)	All other codes (2,271)	Digestive system disease (814)
5	Endocrine system disease (15)	Circulatory Disease (9)	Circulatory Disease (6)	Digestive system disease (4)	Circulatory Disease (8)	Respiratory Disease (7)	Respiratory Disease (35)	Digestive system disease (86)	Digestive system disease (165)	Digestive system disease (304)	Digestive system disease (554)	Digestive system disease (797)	Endocrine system disease (607)
6	Digestive system disease (7)	Digestive system disease (6)	Endocrine system disease (6)	Respiratory disease (3)	Endocrine system disease (5)	Endocrine system disease (6)	Endocrine system disease (26)	Respiratory Disease (45)	Endocrine system disease (138)	Respiratory Disease (298)	Endocrine System Disease (536)	Endocrine System Disease (786)	Injury: Unintentional & Intentional (602)

Note: Number of deaths is indicated in brackets.

All other codes – includes diseases related to intestinal infectious disease, mental disorders, nervous system and sense organs, genitor urinary system, skin and subcutaneous tissues, musculo-skeletal system and connective tissues, as well as complications of pregnancy and childbirth and the puerperium, congenital anomalies and other.

Sources: Manitoba Health, Health Information Management

Manitoba Health, Injuries in Manitoba: a 10-year review, January 2004

Age Groups													
Rank	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
1	Suffocation & choking (12)	Drowning & submersion (26)	Motor vehicle traffic (28)	Motor vehicle traffic (29)	Motor vehicle traffic (118)	Motor vehicle traffic (106)	Suicide (217)	Suicide (211)	Suicide (145)	Suicide (100)	Motor vehicle traffic (86)	Falls (168)	Falls (322)
2	Assault (8)	Motor vehicle traffic (19)	Drowning & submersion (11)	Suicide (14)	Suicide (93)	Suicide (102)	Motor vehicle traffic (136)	Motor vehicle traffic (107)	Motor vehicle traffic (85)	Motor vehicle traffic (66)	Falls (77)	Fractures - cause unspecified (78)	Fractures- cause unspecified (164)
3	Motor vehicle traffic (2)	Fire & burn (17)	Fire & burn <i>(9)</i>	Drowning & submersion (10)	Assault (19)	Assault (33)	Assault (52)	Poisoning (37)	Falls (24)	Falls (26)	Suicide (76)	Motor vehicle traffic (78)	Motor vehicle traffic (28)
4	Fire & burn (2)	Assault (11)	Suffocation & choking (3)	Suffocation & choking (7)	Drowning & submersion (15)	Drowning & submersion (23)	Drowning & submersion (40)	Assault (33)	Poisoning (22)	Poisoning (18)	Drowning & submersion (16)	Suicide (61)	Suffocation & choking (24)
5	Poisoning (1)	Suffocation & choking (8)	Unintentional Firearms (3)	Unintentional Firearms (5)	Suffocation & choking (15)	Suffocation & choking (22)	Suffocation & choking (32)	Drowning & submersion (32)	Drowning & submersion (18)	Fire & burn (18)	Suffocation & choking (14)	Suffocation & choking (25)	Suicide (16)
5	Falls (1)			Assault (5)									

Note: Coloured boxes indicate deaths caused by unintentional injuries.

Number of deaths is indicated in brackets.

Some injuries are categorized as "Undetermined" if it is unclear if they were unintentional or the result of assault or self-inflicted (intentional). Undetermined injuries are not included in this chart.

Source: Manitoba Health, Injuries in Manitoba: a 10-year review, January 2004

	Age Groups													
Rank	All ages	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
1	Falls (51,446)	Falls (260)	Falls (1,127)	Falls (1,826)	Falls (1,501)	Motor vehicle traffic (1,721)	Motor vehicle traffic (1,296)	Falls (2,219)	Falls (2,887)	Falls (3,025)	Falls (3,606)	Falls (6,980)	Falls (13,708)	Falls (12,364)
2	Motor vehicle traffic (10,437)	Fire and burn (90)	Poisoning (636)	Motor vehicle traffic (381)	Struck by/against (626)	Falls (989)	Falls (954)	Motor vehicle traffic (1,708)	Motor vehicle traffic (1,345)	Motor vehicle traffic (912)	Motor vehicle traffic (743)	Motor vehicle traffic (770)	Motor vehicle traffic (650)	Fractures – cause unspecified (363)
3	Struck by/against (4,287)	Suffocation and choking (63)	Fire and burn (384)	Struck by/against (303)	Motor vehicle traffic (468)	Struck by/against (686)	Struck by/against (415)	Struck by/against (708)	Overexertion (599)	Overexertion (409)	Overexertion (270)	Fractures – cause unspecified (299)	Fractures – cause unspecified (472)	Motor vehicle traffic (192)
4	Transport, other (3,343)	Natural and environmental* (40)	Motor vehicle traffic (227)	Pedal cyclist, other (247)	Transport, other (392)	Transport, other (445)	Transport, other (388)	Transport, other (697)	Transport, other (523)	Struck by/against (322)	Natural and environmental* (239)	Natural and environmental* (209)	Poisoning (268)	Overexertion (127)
5	Poisoning (2,749)	Poisoning (38)	Natural and environmental* (224)	Transport, other (153)	Pedal cyclist, other (280)	Poisoning (194)	Machinery (201)	Overexertion (499)	Struck by/against (517)	Machinery (300)	Struck by/against (215)	Overexertion (189)	Overexertion (233)	Poisoning (94)

Leading Causes of Injury-related Hospitalizations in Manitoba 1992 to 2001

Note: Number of people hospitalized is indicated in brackets.

Rankings do not include the category of "Undetermined" as this information was inconclusive.

* *Natural & Environmental* refers to conditions such as excessive heat, severe changes in air pressure, hunger, thirst, exposure, and neglect.

Source: Manitoba Health, Injuries in Manitoba: a 10-year review, January 2004

Acknowledgements

The development of this Strategy involved many people providing assistance, support and guidance.

The Provincial Assistant Deputy Minister Steering Committee and the Manitoba Provincial Injury Prevention Network reviewed the strategy and provided invaluable feedback. The Regional Health Authorities worked in close collaboration to develop regional injury prevention frameworks and strategies that are key components of the province's injury reduction plan.

Also, key stakeholder organizations and coalitions have provided important leadership and expertise in leading causes of injury including suicide prevention, falls prevention, motor vehicle collision and road safety, drowning prevention and water safety, farm and workplace safety.