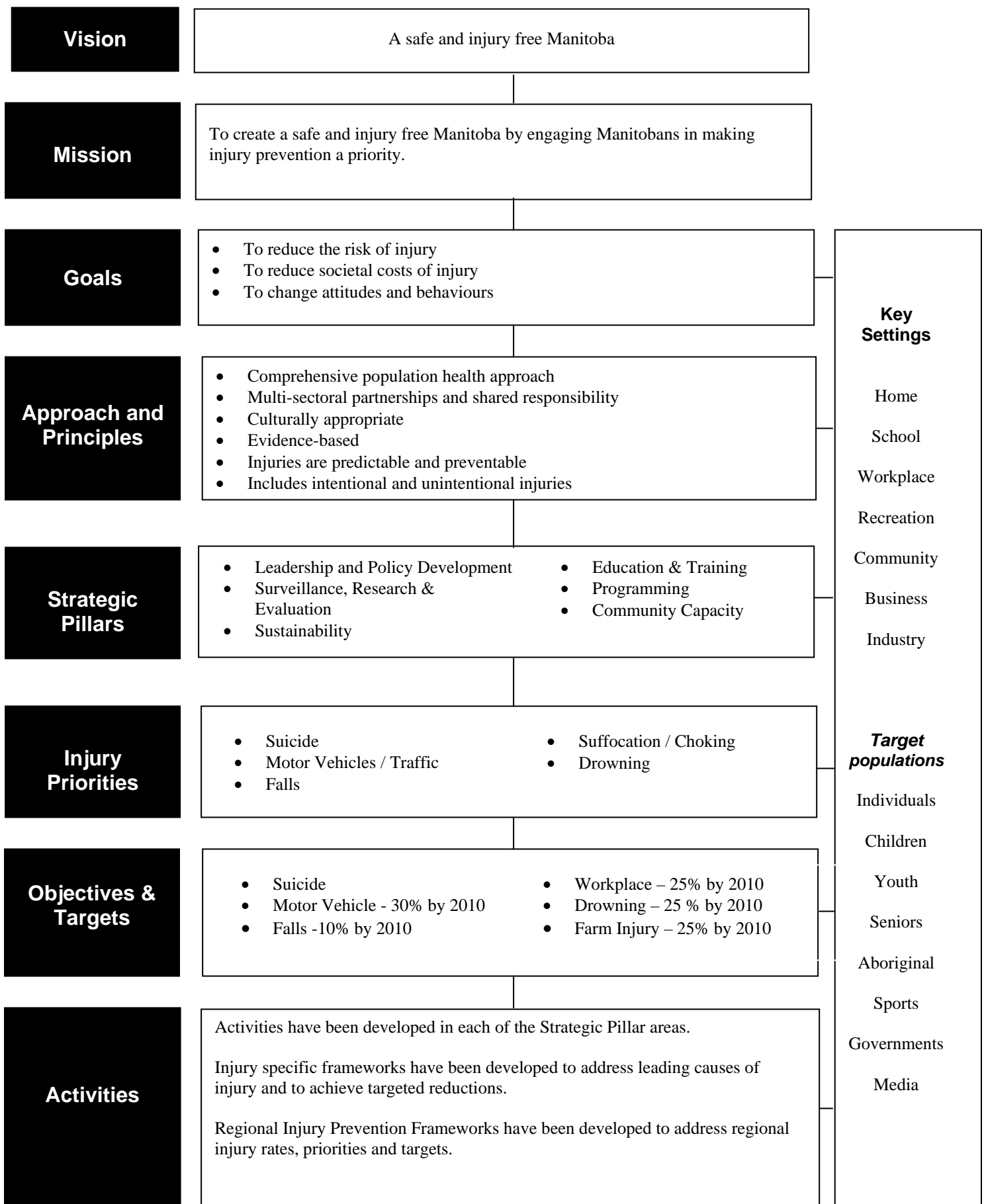


# INJURY FREE MANITOBA

## A Provincial Injury Prevention Strategy

October 2006

# Provincial Injury Prevention Framework



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## 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.

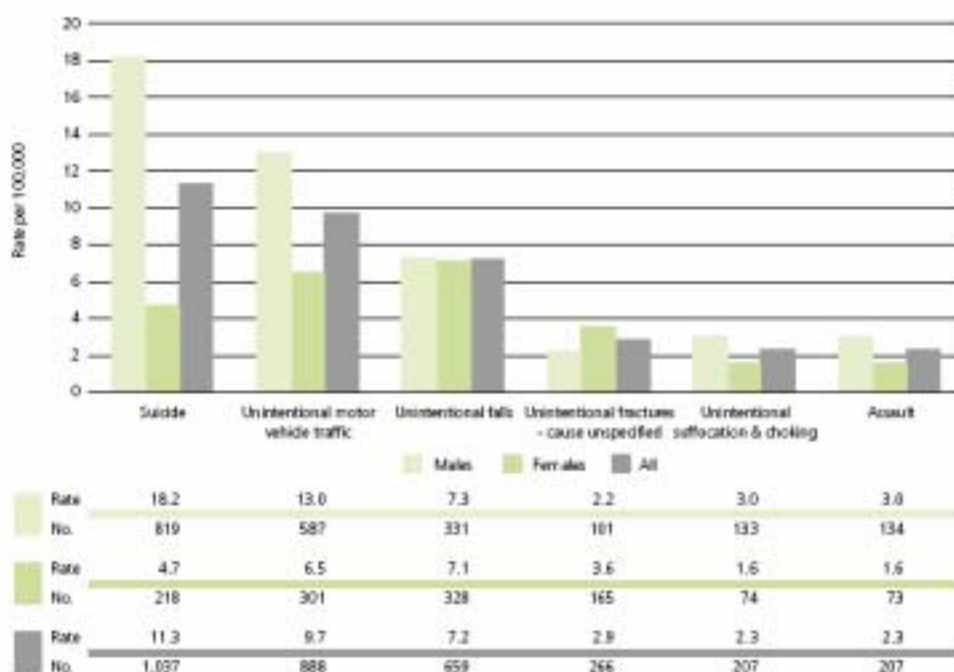
A consultation process on the draft Provincial Injury Prevention Strategy was undertaken. Feedback was gathered at two Injury Free Manitoba Workshops and separate consultations have been held with the Assistant Deputy Minister's Injury Prevention Steering Committee, the Injury Prevention Network, and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

### Manitoba Injury Data

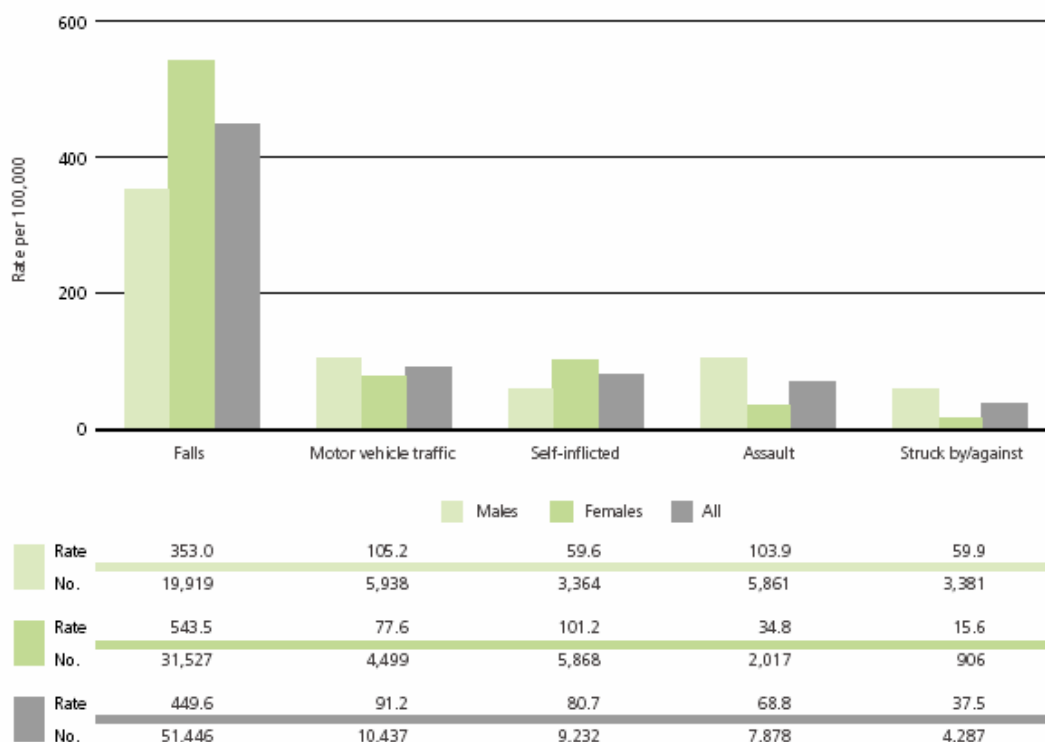
Injury, both unintentional and intentional, is a major cause of death, disability and hospitalizations in Manitoba. In 2001, injuries were the most frequent cause of death for Manitoba males aged 1 to 54 and for Manitoba females aged 1 to 24. From 1992 to 2001 5,702 Manitobans died as a result of injuries.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

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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
2. To reduce societal costs of injury
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
- Physical Environment
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Biological and Genetic Development
- Health Services
- Gender
- 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<sup>st</sup> leading cause of death (Self-inflicted is 3<sup>rd</sup> leading cause of hospitalization)
2. Motor Vehicle – 2<sup>nd</sup> leading cause of death, 2<sup>nd</sup> leading cause of hospitalization
3. Falls – 3<sup>rd</sup> leading cause of death, 1<sup>st</sup> leading cause of hospitalization
4. Suffocation / Choking – 5<sup>th</sup> leading cause of death
5. Drowning – 6<sup>th</sup> 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.

1. **Suicide** – 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)

2. **Motor Vehicle** – 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. **Falls** - 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. **Suffocation / Choking** - A Manitoba workgroup will be required to assist in identifying provincial reduction targets, objectives and activities for suffocation and choking.
5. **Drowning** – 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. **Workplace** 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. **Regional Health Authorities** – 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 than 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. **Surveillance, Research and Evaluation:**
  - Establish an advisory committee
  - Enhance surveillance
  - Identify priorities in research
  - Establish system for translation, dissemination and mobilization of results
  - Encourage evaluations of programs
3. **Sustainability**
  - 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?

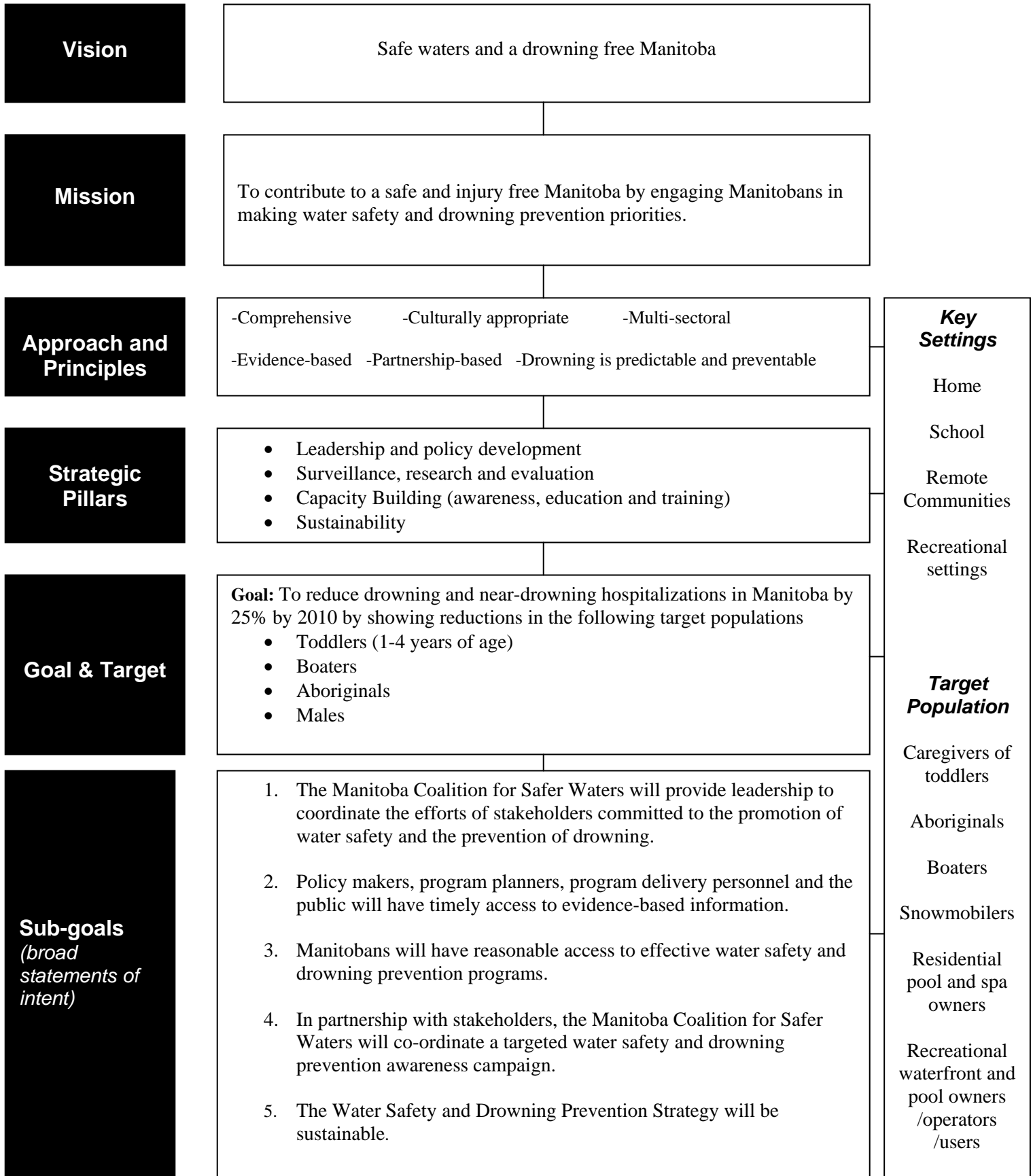
### **Suicide Prevention Work plan**

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.

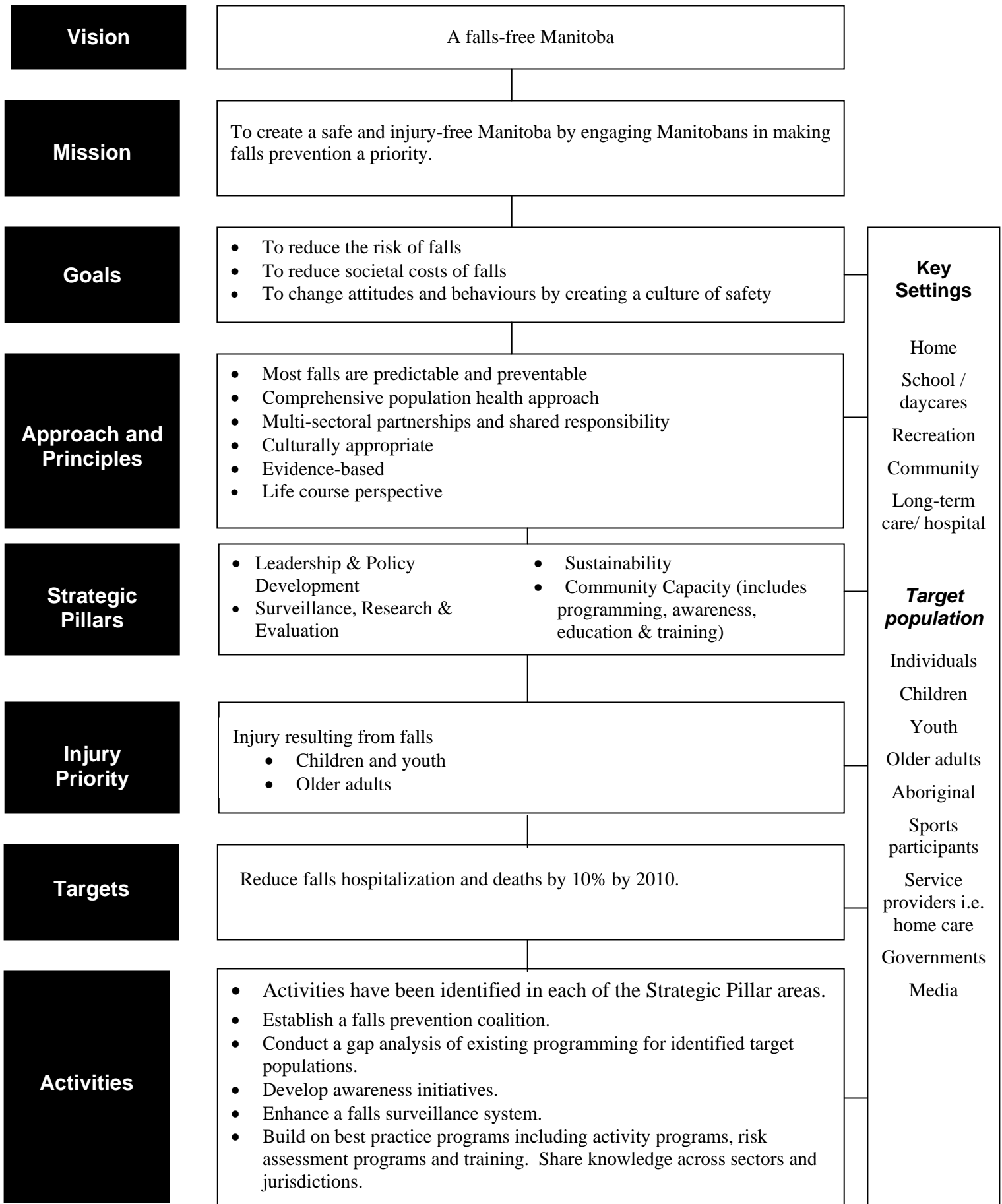
**Provincial Water Safety and Drowning Prevention Framework  
(July 2005)**





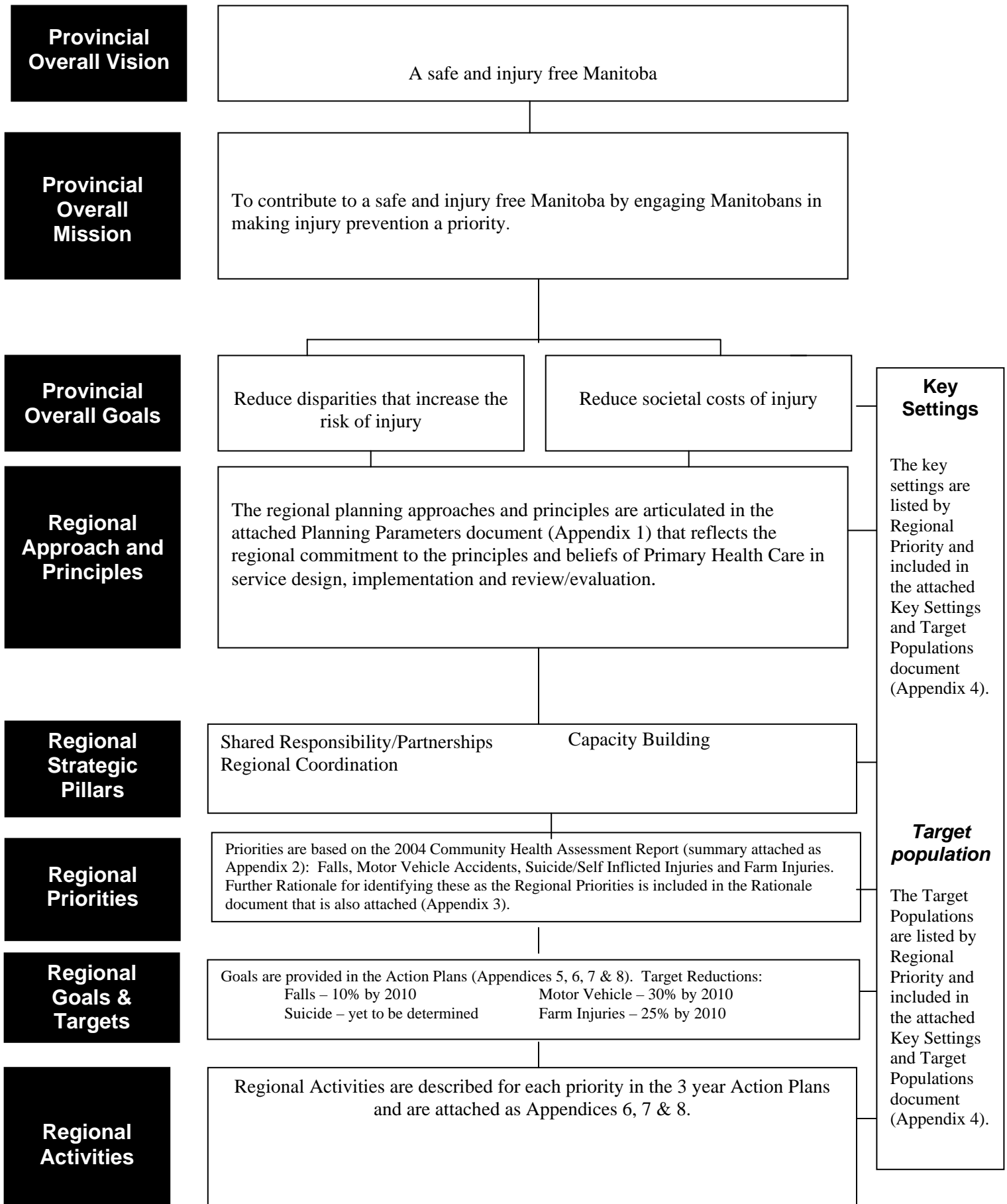
# Provincial Falls Prevention Framework

(March 2006)

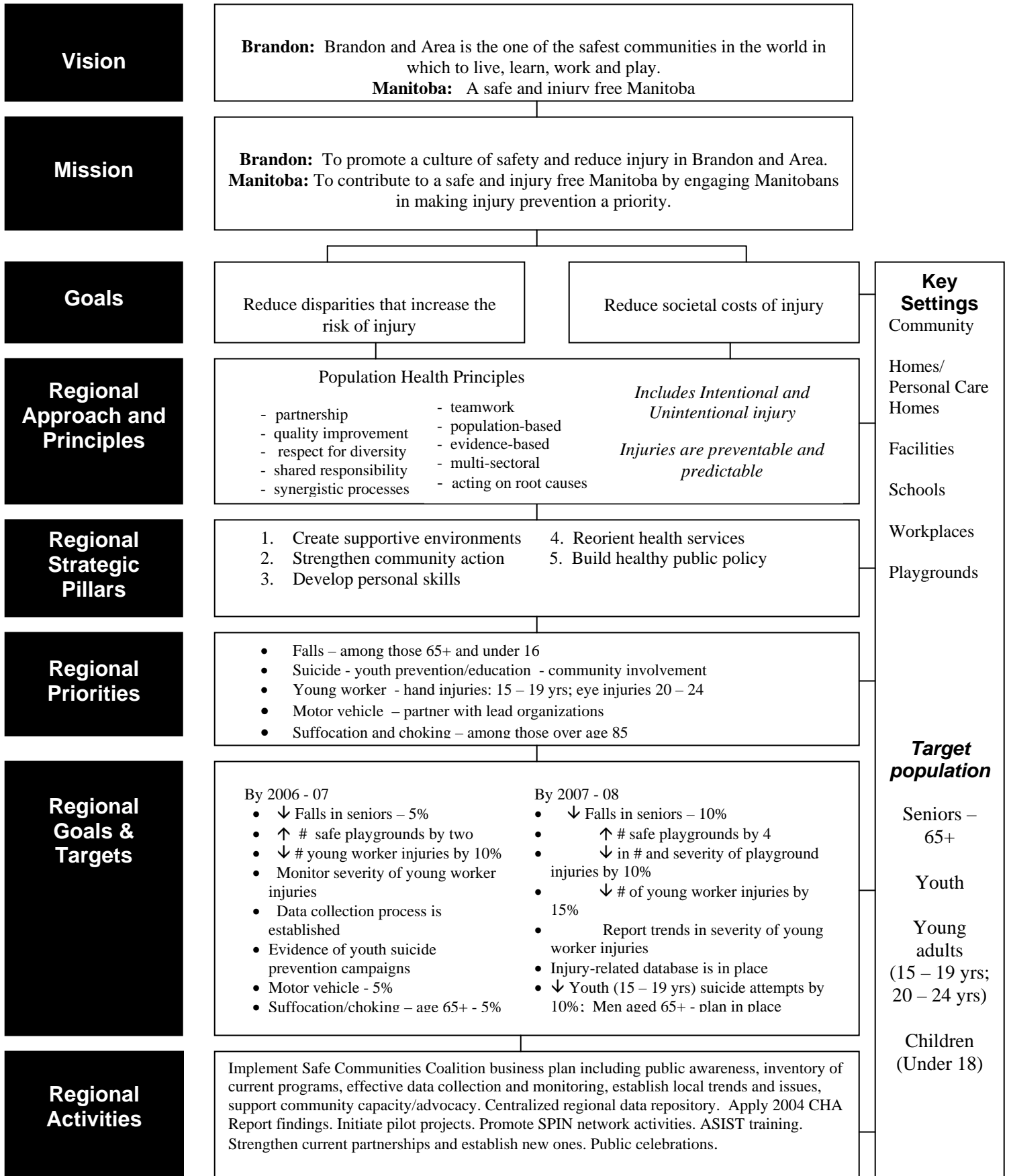


# Assiniboine Injury Prevention Framework

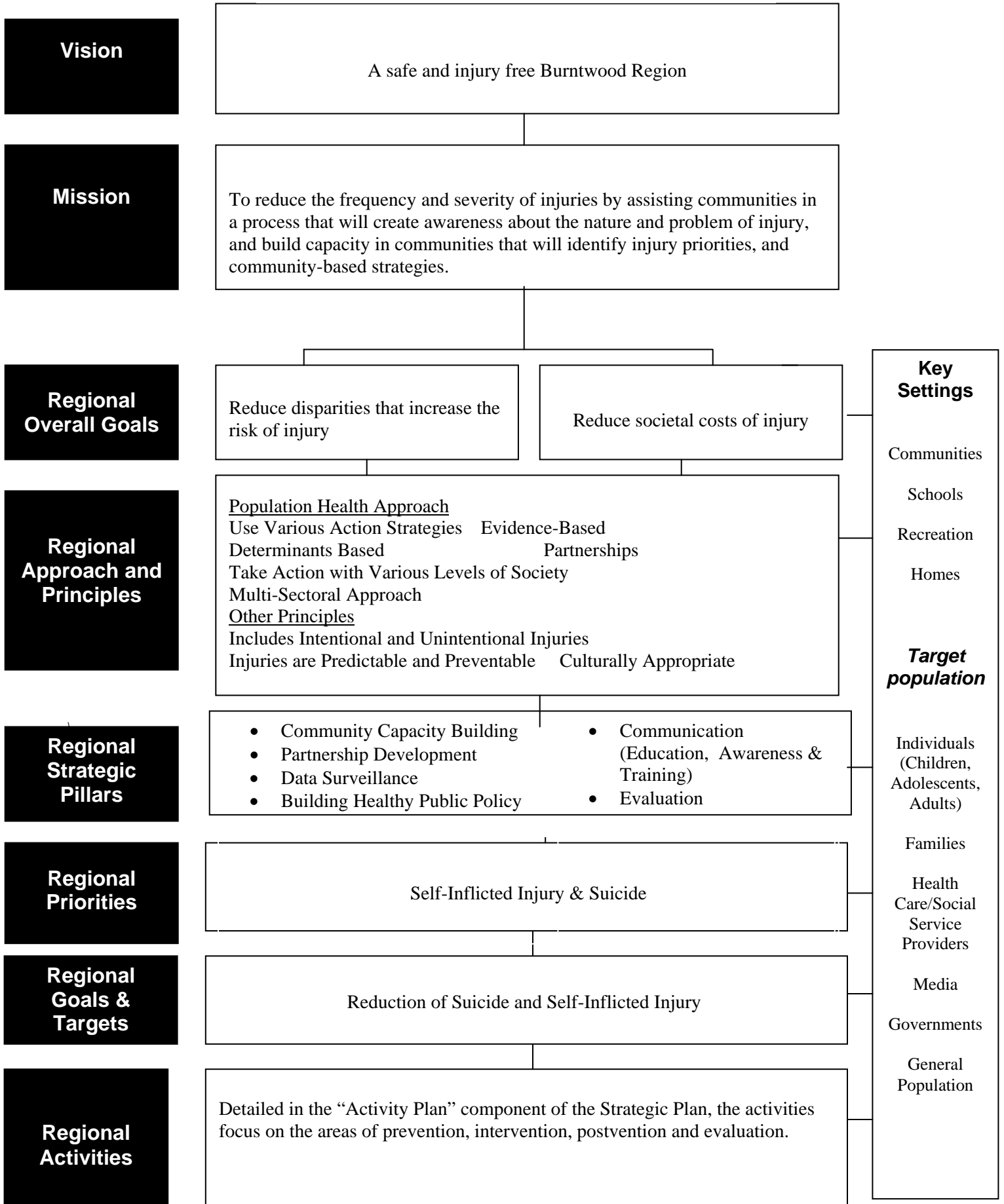
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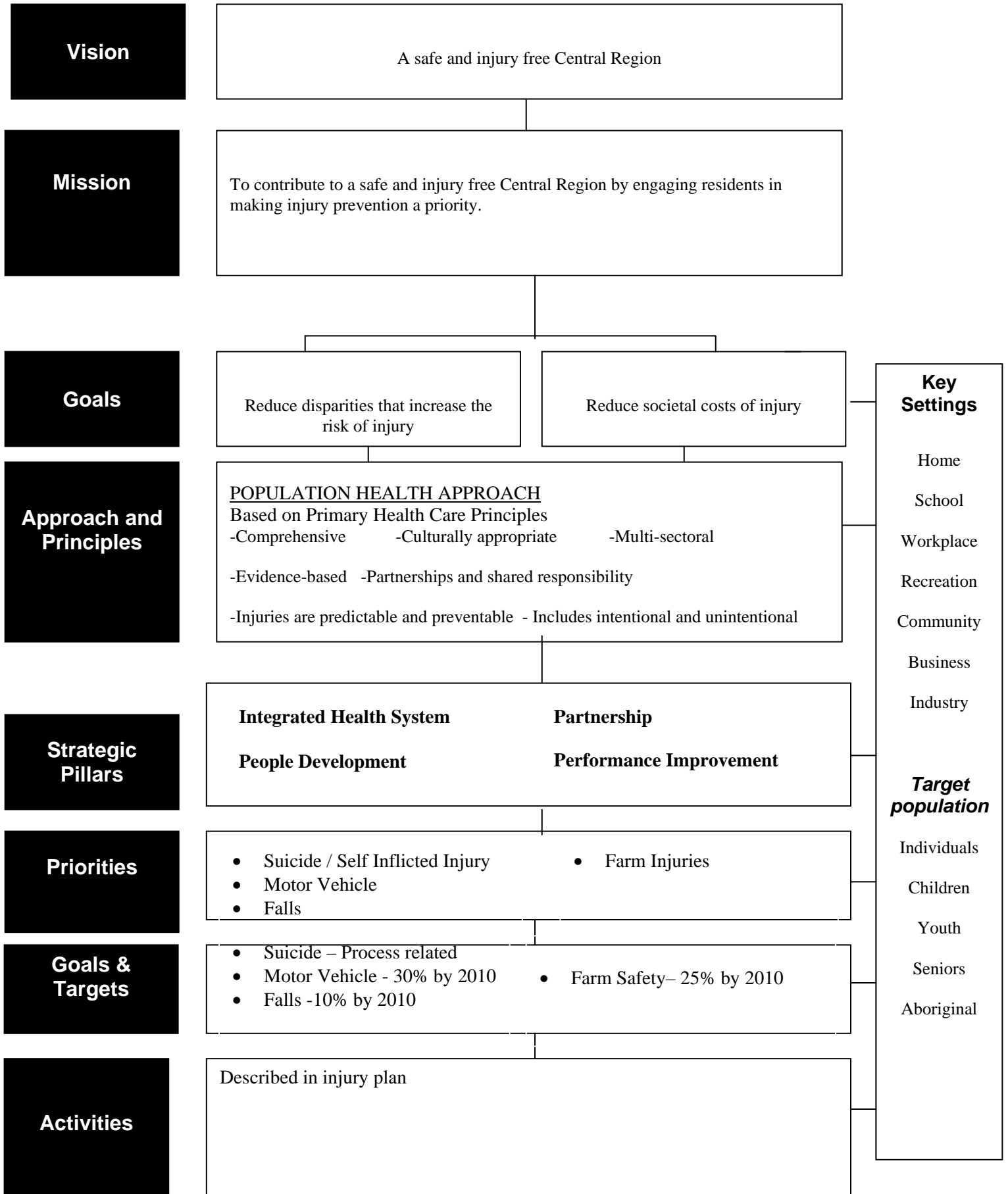
## Brandon Injury Prevention Framework



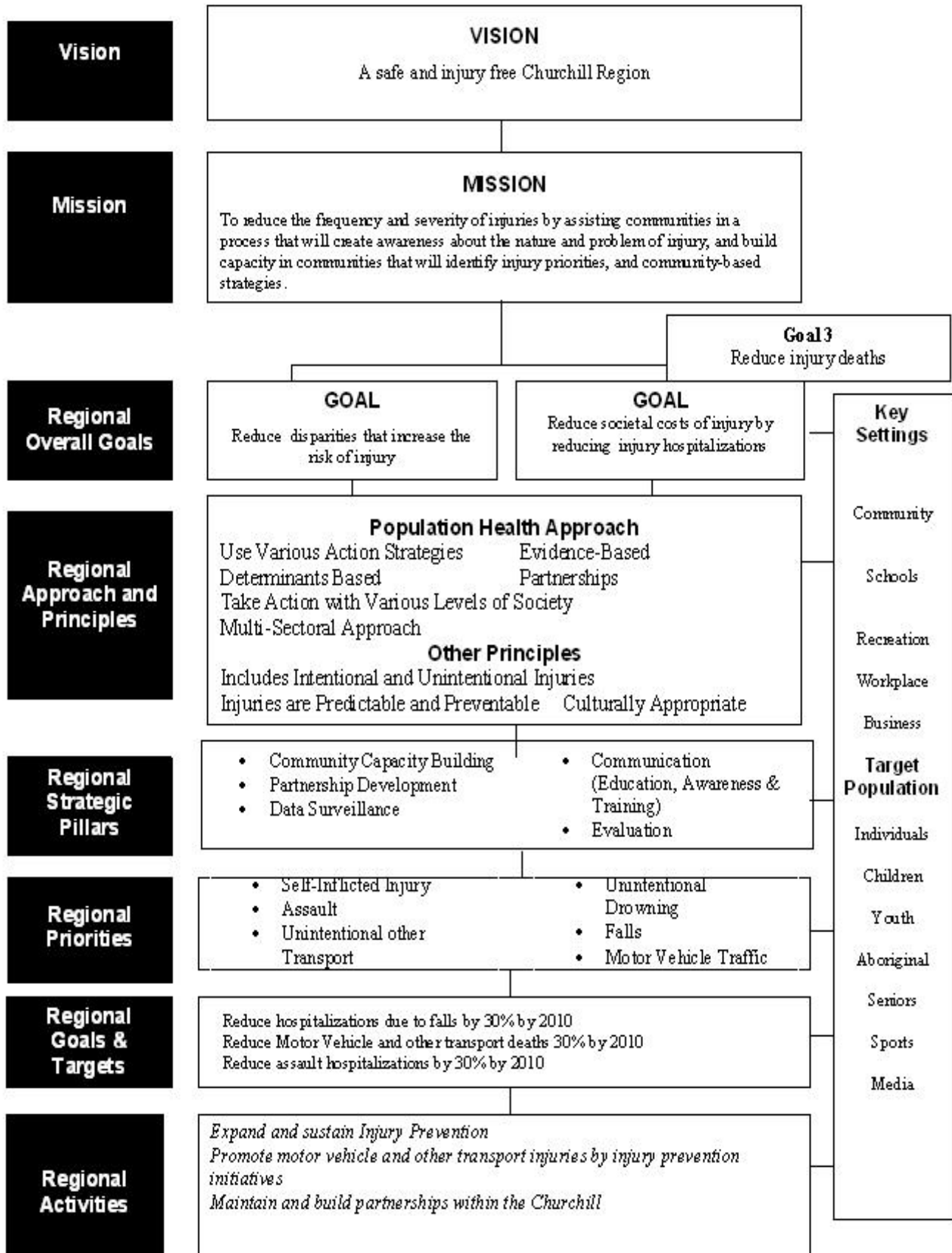
# Burntwood Injury Prevention Framework



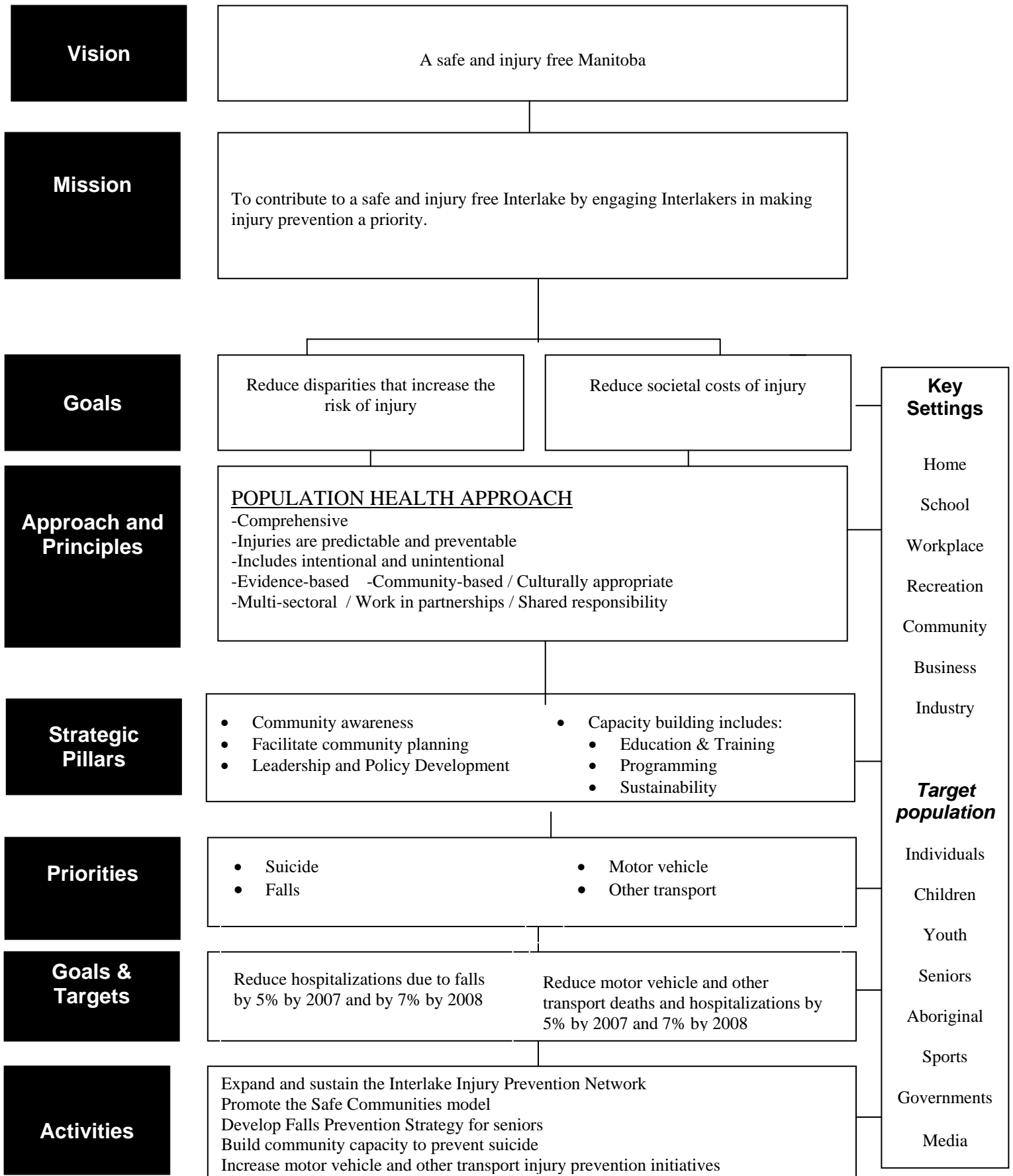
# Central Injury Prevention Framework



## Churchill Regional Injury Prevention Framework

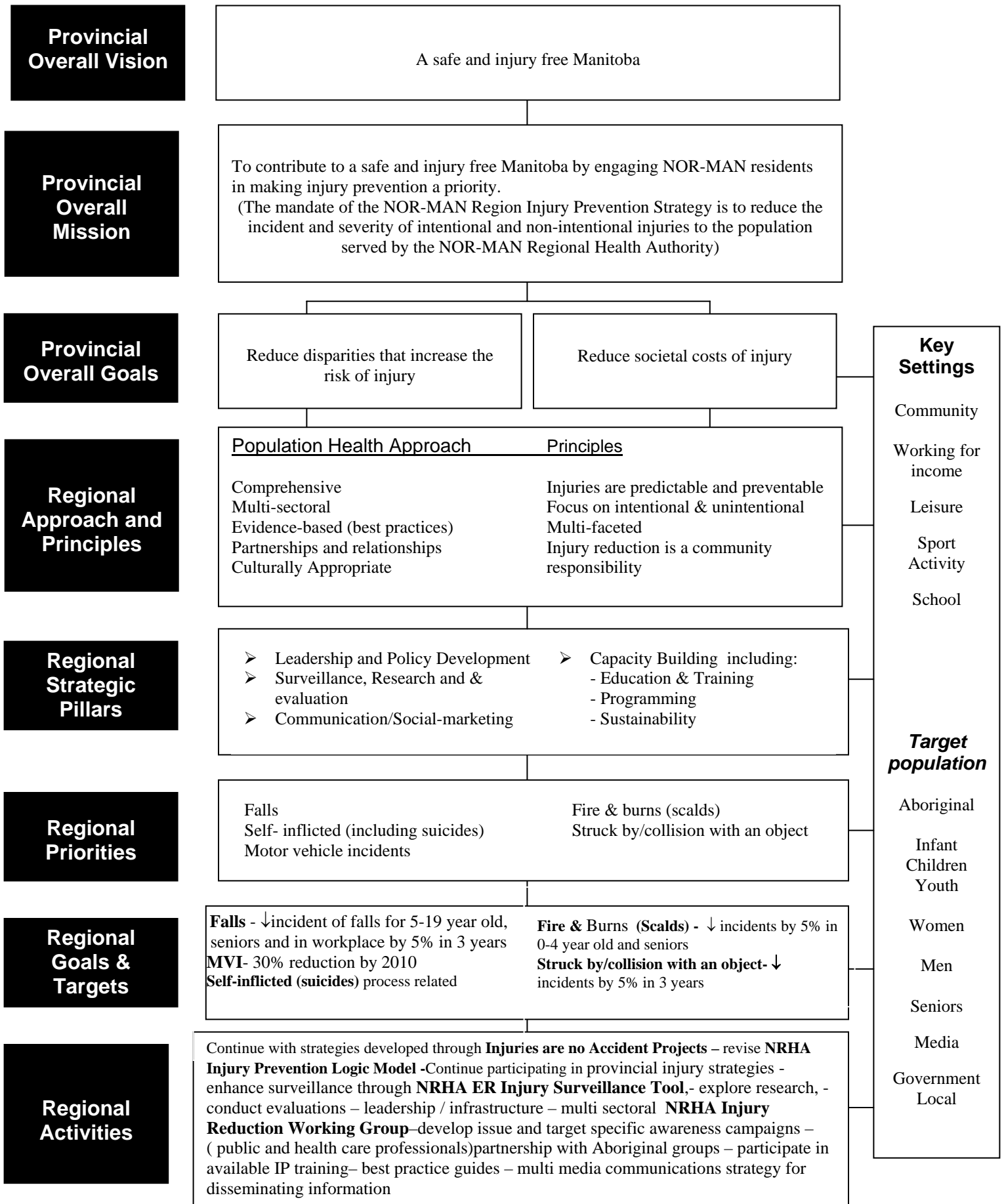


# Interlake Injury Prevention Framework



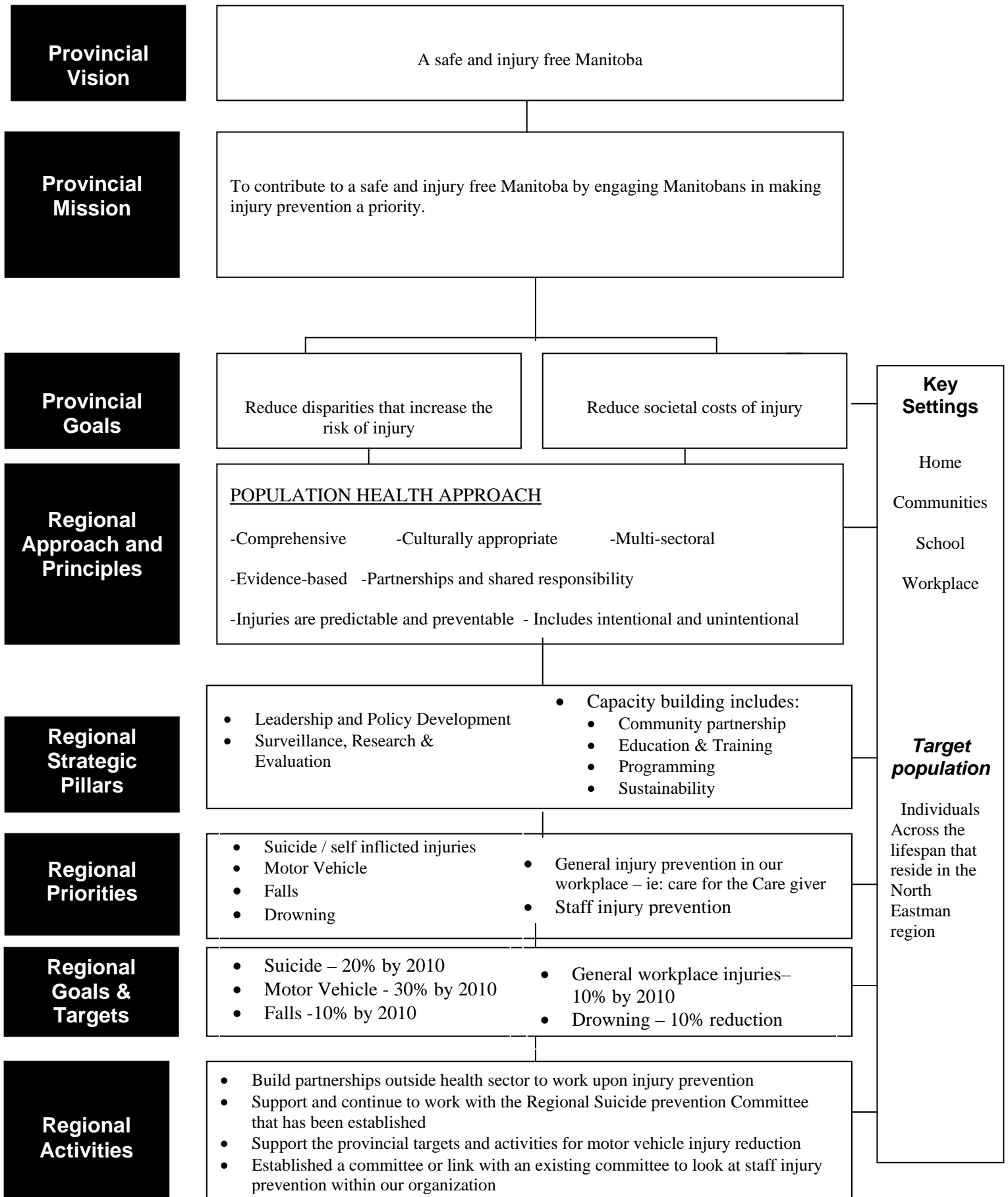
# NOR-MAN Injury Prevention Framework

April 29, 2005

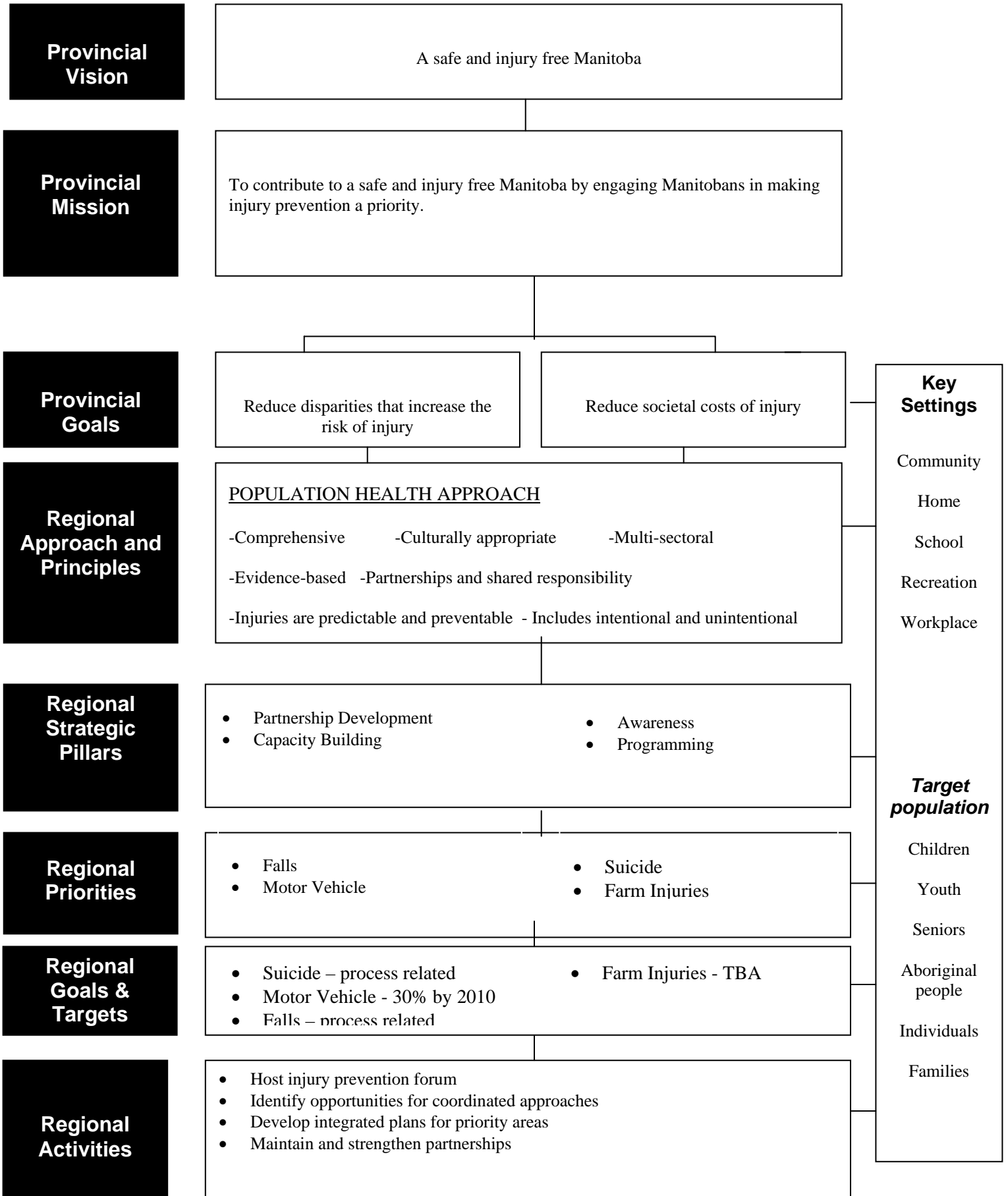




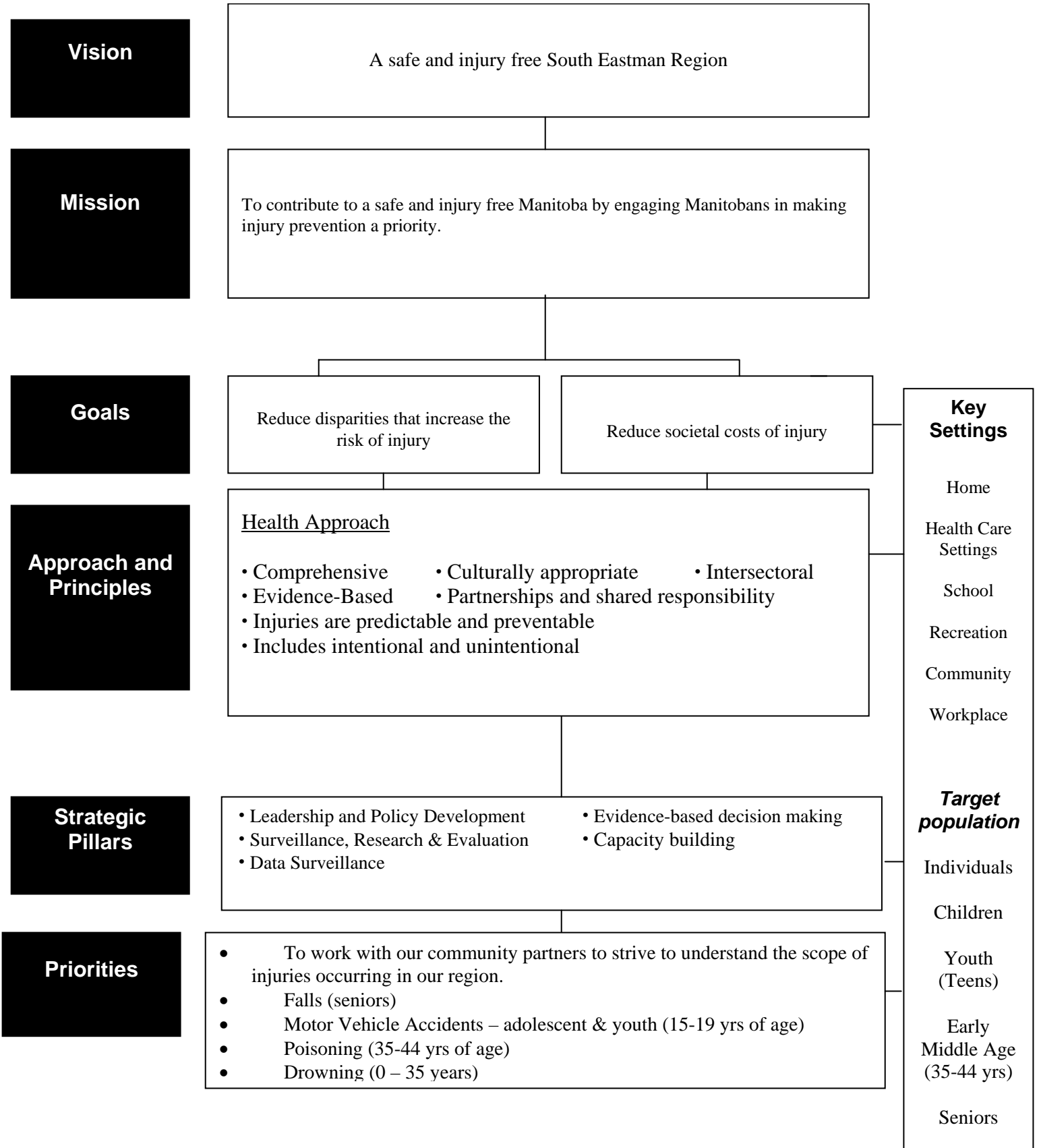
# North Eastman Injury Prevention Framework



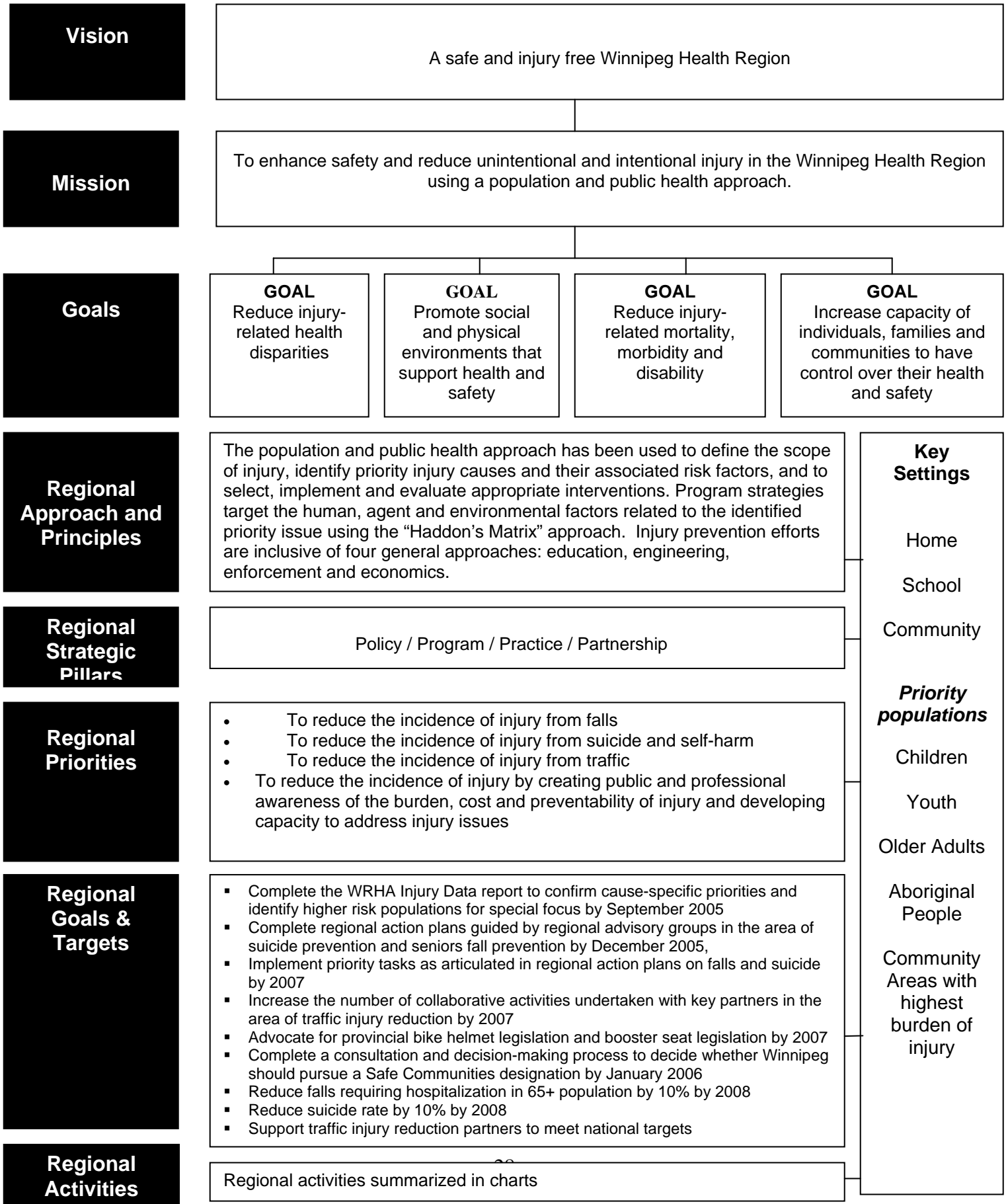
# Parkland Injury Prevention Framework



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



## Winnipeg Injury Prevention Framework



## 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**

<b>Age Groups</b>													
<b>Rank</b>	<b>&lt;1</b>	<b>1-4</b>	<b>5-9</b>	<b>10-14</b>	<b>15-19</b>	<b>20-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-54</b>	<b>55-64</b>	<b>65-74</b>	<b>75-84</b>	<b>85+</b>
<b>1</b>	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)
<b>2</b>	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)
<b>3</b>	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)
<b>4</b>	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)
<b>5</b>	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)
<b>6</b>	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

**Leading Causes of Injury-related Deaths in Manitoba  
1992 to 1999**

<b>Age Groups</b>													
<b>Rank</b>	<b>&lt;1</b>	<b>1-4</b>	<b>5-9</b>	<b>10-14</b>	<b>15-19</b>	<b>20-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-54</b>	<b>55-64</b>	<b>65-74</b>	<b>75-84</b>	<b>85+</b>
<b>1</b>	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)
<b>2</b>	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)
<b>3</b>	Motor vehicle traffic (2)	Fire & burn (17)	Fire & burn (9)	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)
<b>4</b>	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)
<b>5</b>	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)
<b>5</b>	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*

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

<b>Age Groups</b>														
<b>Rank</b>	<b>All ages</b>	<b>&lt;1</b>	<b>1-4</b>	<b>5-9</b>	<b>10-14</b>	<b>15-19</b>	<b>20-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-54</b>	<b>55-64</b>	<b>65-74</b>	<b>75-84</b>	<b>85+</b>
<b>1</b>	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)
<b>2</b>	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)
<b>3</b>	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)
<b>4</b>	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)
<b>5</b>	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)

**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*



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