
INJURY PREVENTION PLAN

TAKING STEPS TO PREVENT INJURIES IN MANITOBA

Manitoba Health, Healthy Living and Seniors
June 2015

Manitoba 

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Introduction

This five-year (2015 to 2020) plan renews our department's focus on injury prevention in Manitoba and builds on the achievements and progress made since the introduction of the Injury Prevention Strategy in 2006.

Despite the fact that injuries are the leading cause of death among Manitobans aged one to 44, injuries often don't generate the same type of attention that other causes do. As such, more work needs to be done on a national and provincial level to relay the message that injuries are an important public health concern. Provincially, we hope this plan can be a tool for these conversations to be had.

What is optimistic is that injuries are largely preventable. There are known actions that can be taken to mitigate the risks of injury. Education is essential but often not effective as a stand-alone. When combined with other approaches, including engineering (altering the built environment, safer designs, better consumer products) and enforcement (regulation, legislation and policies), there are better opportunities to ensure steps will be taken to reduce injury risk. Education, engineering and enforcement – otherwise known as the three “E’s” of injury prevention – have been taken into consideration in the development of this plan.

Before interventions are planned, we must have a better understanding about the causes of injury to make the greatest difference. This plan is comprised of three strategic goals to increase this understanding, and ultimately, reduce the risk and societal cost of injury and to change attitudes and behaviours.

Background

A five-year Manitoba Injury Prevention Strategy was established in 2006 to create a safe and injury-free Manitoba, identified leading causes of injury, death and hospitalization and set targets for reduction. Government departments, regional health authorities and key stakeholders were engaged to collectively move the strategy forward. Separate frameworks were developed for falls prevention, water safety, suicide prevention, regional health authorities and First Nations. In addition, the Healthy Living and Healthy Populations branch of Manitoba Health, Healthy Living and Seniors (MHLS) acknowledged existing strategies, including Road Safety Vision 2010.

During this time, many successful initiatives were implemented. Despite this, more works needs to be done to reduce injuries in Manitoba.

Laying the Foundation

Several initiatives have helped guide the development this plan. These include:

Manitoba Injury Prevention Strategy Evaluation Report

In 2013, MHHLS undertook an evaluation of the provincial injury prevention strategy. More than 30 stakeholder interviews and four focus groups were conducted to obtain feedback on the activities that occurred and what gaps remain to inform future programming. Broad recommendations included:

- 1) enhancing surveillance, research and evaluation efforts to be more timely and accessible
- 2) refreshing the strategy with the goal of coordinating opportunities for inter-sectoral and cross-jurisdictional collaboration and knowledge exchange
- 3) enhancing regional health authorities reporting and accountability for injury prevention

Five themes were generated from the evaluation results. These themes are being incorporated as our key pillars in our framework.

Manitoba Injury Surveillance Data

A twelve-year surveillance review (2000 to 2012) of data on injury deaths and hospitalizations was completed in 2014. This review has informed the development of this plan; in particular, it helped determine the priority areas.

Healthy Living and Healthy Populations Strategic Plan

This strategic plan was developed to provide direction for provincial health prevention and promotion work over a five-year period, beginning in 2014. Four strategic priorities and three goals have been developed with 10 objectives and several activities to meet the identified goals.

Manitoba Health, Healthy Living and Seniors Priorities and Goals

In 2010, MHHLS established six department priorities to optimize strategic planning and an alignment processes and systems. Strategic alignment will help the department deliver on its priorities, measure and monitor performance and track commitments.

The Healthy People and Communities Steering Committee Dashboard

Falls prevention and sports and recreational injuries are identified as priorities by the federal/provincial task group. An injury prevention dashboard with listed initiatives has been created to highlight effective provincial/territorial practices.

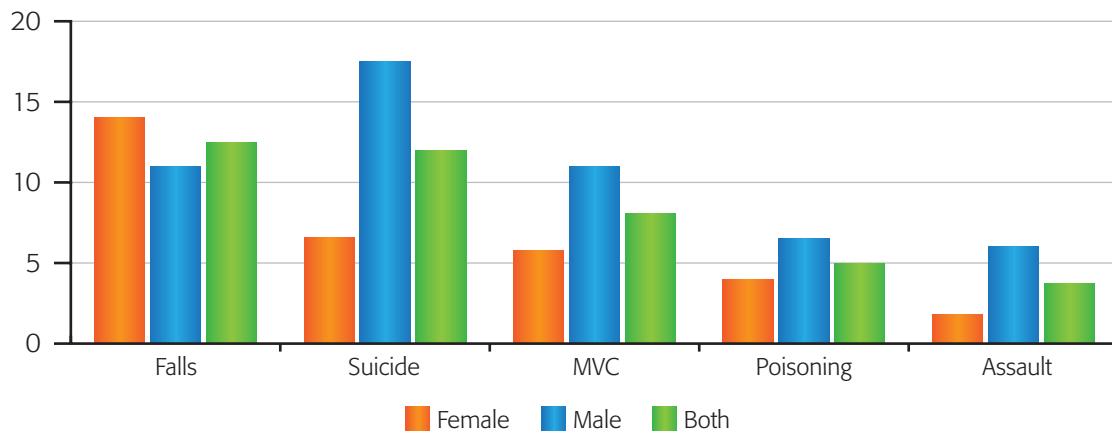
The Case for Injury Prevention

Manitobans continue to be affected by injuries, both intentional and unintentional. On average, 746 Manitobans die each year as a result of injury and are the most frequent cause of death for Manitobans aged one to 44.

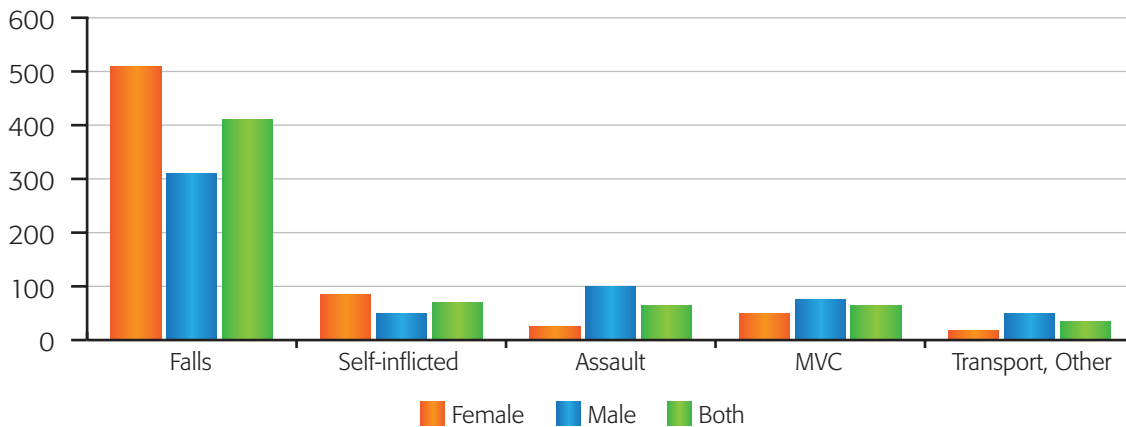
The leading causes of injury deaths in Manitoba are falls, suicide, motor vehicle collisions, poisoning and assaults.

The leading causes of injury hospitalizations are falls, self-inflicted, assault, motor vehicle collisions and "other transport".

Leading Causes of Injury Deaths Crude Rates (per 100,000), MB, 2000-2012



Leading Causes of Injury Hospitalizations Crude Rates (per 100,000), MB, 2000-2012



Please see Appendix 1 for charts demonstrating leading causes of deaths and hospitalization by age group.

The 2015 Cost of Injury in Canada report shows that injuries cost Manitoba \$1.2 billion and 725 lives in 2010. Based on Manitoba’s 2010 population of 1,220,930, this translates into \$958 in total costs for every Manitoban due to injury.

Summary of Findings, All Injury, Manitoba, 2010

Injury Deaths	Hospitalizations	Emergency Room Visits	Permanent Partial Disability	Permanent Total Disability	Total Cost
725	10,044	127,543	2,278	185	\$ 1.2 billion

Most injuries incurred by Manitobans in 2010 were unintentional injuries. Sixty-nine percent of deaths, 83% of hospitalizations, 96% of ER visits, 85% of all cases of permanent partial and permanent total disability arising from injury were caused by unintentional injuries.

It is not surprising then, that unintentional injuries accounted for 78% of Manitoba's 1.2 billion total injury costs in 2010.

Total, Direct, and Indirect Costs by Intent of Injury, Manitoba, 2010

Description	Total Costs (\$ millions)	Direct Costs (\$ millions)	Indirect Costs (\$ millions)
Unintentional	\$914	\$584	\$331
Intentional	\$223	\$81	\$142
Undetermined Intent/Other	\$32	\$11	\$21
Total	\$1,169	\$676	\$493

Falls were responsible for the most injury deaths per capita at 17.2 per 100,000 and generated the greatest per capita cost to Manitobans – \$283.

Mortality, Crude Death Rates (per 100,000 pop) and Total Cost Per Capita by Cause, Manitoba, 2010

Cause	Deaths	Death Rate (per 100,000)	Total Costs	Costs Per Capita
Transport Incidents	105	8.6	\$189 million	\$154
Falls	210	17.2	\$345 million	\$283
Suicide/Self-Harm	145	11.9	\$114 million	\$93
Violence	50	4.1	\$109 million	\$89

Approximately half (46%) of total costs of injury in Manitoba in 2010 were attributable to falls (30%) and transport incidents (16%). Falls were the leading cause of health care or direct costs due to injury, accounting for 39% of all direct injury costs in 2010. Transport incidents were the leading cause of indirect costs arising from injury at 20%.

Shared Responsibility for Success

The responsibility for injury prevention is shared by several stakeholders. These partnerships are essential and when full collaboration and cooperation exists the implementation of initiatives is bound to be more successful.

To reduce duplication, this plan takes into account injury prevention work that is underway. It also acknowledges leadership roles for specific causes of injury. For instance, intentional injuries are addressed by other government branches/departments.

A list of existing initiatives with lead organizations is included in Appendix 2.

The Plan Development Process

An Injury Prevention Steering Committee was established to help guide the development of the plan. Specifically advice and guidance was requested on:

- a draft framework
- priority topic areas
- stakeholder consultation
- a draft injury prevention plan

A stakeholder consultation brought together over 30 participants to discuss current efforts and make recommendations to support and strengthen injury prevention activities in Manitoba.

To frame the consultation, key stakeholders presented data related to the areas for discussion. Following information sharing, participants discussed the role of the branch in the context of what is already happening at community and regional levels, and what needs to be reflected in the provincial plan. Participants were also asked to identify gaps and the branch's role in addressing these during table-based facilitated discussions. These discussions explored injury prevention across Manitoba. There was overlap and consensus built around core areas needing attention: setting targets, leadership and coordination, data collection and sharing, working group development to address strategic issues and guiding principles for the plan, including a health equity and strengths-based orientation, connecting pieces/root causes and thinking upstream.

The following priority areas provided the framework for the remaining discussion: motor vehicle collision (occupants and pedestrians), off-road vehicles and poisoning. These discussions focused on identifying recommendations about leadership and policy development, surveillance, research and evaluation, education and training, programming and interventions, and sustainability.

Framework

The overall goals of the framework are to:

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

Strategic Goals

1. Strengthen partnerships with key stakeholders

Partnerships are essential in moving injury prevention forward. It was important to identify a strategic priority that could articulate and direct the work around partnerships.

2. Strengthen and enhance surveillance and reporting

Data is critical for ongoing evaluation and planning efforts.

3. Strengthen and enhance efforts that address causes of injury

This strategic goal articulates the work that will look at the causes of injury associated with our focus areas.

Key Pillars

The five key pillars were derived from stakeholder feedback from the 2013 Injury Prevention Strategy Evaluation Report.

Focus Areas

The five-year injury prevention plan addresses the leading causes of injury hospitalization and death in Manitoba: motor vehicle collisions (including off-road vehicles), poisoning, falls and drowning. Although drowning is not one of the leading causes of hospitalization or death due to injury, it remains a priority for Manitoba. Separate plans have been established for drowning and falls prevention.

Approaches

The following approaches will be used in implementing the plan:

- strengths-based – focusing and building on what is already working
- health equity – using a health equity lens to identify potential inequities needing to be addressed
- gender lens – focusing on how gender influences experiences and consideration in intervention development
- integration – focusing on connecting the injury pieces across sectors/jurisdictions/departments
- causes of the causes – work with ‘root causes’ of injury in intervention development (ex: social determinants of health)

While the branch leads the plan, its success is driven by the collective efforts of several government departments, and partners.

The framework below illustrates the critical elements of the injury prevention plan. It is intended to assist all stakeholders in aligning injury prevention initiatives and activities with the strategy.

Injury Prevention Framework 2015-2020

Strategic Goals	Objectives	Key Pillars	Focus Areas	Long Term Outcomes			
Strengthen partnerships with key stakeholders	1. Foster engagement with injury prevention stakeholders and key population groups.	Leadership and Policy Development	Motor Vehicle Collisions	Increased coordination and information sharing among relevant stakeholders.			
			Poisoning				
Strengthen and enhance surveillance and reporting	2. Improve data quality and access.	Surveillance, Research and Evaluation	Falls	Improved data quality and increased utilization.			
			Drowning				
Strengthen and enhance efforts that address causes of injury	3. Continue to explore new opportunities to address motor vehicle collisions specifically in the areas of child occupant restraints, active transportation, dangerous driving and off road vehicles.	Education and Training	Programming and Interventions	Decreased rates of injury related to motor vehicle collisions, poisoning, falls and drowning.			
					4. Develop a coordinated approach to reporting and responding to poisoning.		
						5. Develop a coordinated approach in addressing falls prevention.	
							6. To continue to implement approaches to reduce drowning in Manitoba.
Approaches	Strengths-Based Integration	Health Equity Causes of the Causes	Gender-Lens				

Note: The prevention of suicides and assaults remain injury prevention priorities. However the Mental Health and Spiritual Health Care branch of MHLS is leading suicide prevention and several government departments are leading assault prevention so they are not reflected here. See Appendix 2 for more information on existing initiatives.

Acknowledgments

Many stakeholders shared their expertise, knowledge and provided suggestions to build this plan and we are greatly appreciative of these contributions. Specifically, we would like to thank the Injury Prevention Steering Committee who committed their time to the development of this plan and whose advice was invaluable. We would also like to thank Health in Common for their evaluation and consultative expertise.

In addition we would like to acknowledge the Epidemiology and Surveillance Unit and the Health Information Management branch of MHHLS for providing data analysis support. And finally, thank you to Parachute Canada for providing Manitoba economic burden of injury data.

Appendix 1

Table 1: Leading Causes of Injury Deaths by Age Group, MB Residents, 2000-2012

Rank	Age Groups												
	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-65	65-74	75-84	85+
1	Suffocation (28)	MVC (24)	MVC (14)	Suicide (57)	Suicide (205)	MVC (199)	Suicide (302)	Suicide (343)	Suicide (364)	Suicide (201)	Falls (156)	Falls (498)	Falls (1,079)
2	Assault (7)	Drowning/ Submersion (17)	Burns (10)	MVC (22)	MVC (173)	Suicide (180)	MVC (189)	Poisoning (194)	Poisoning (199)	Poisoning (117)	MVC (108)	Unspecified (142)	Unspecified (306)
3	Burns (4)	Burns (17)	Drowning/ Submersion (9)	Assault (12)	Assault (80)	Assault (106)	Assault (132)	MVC (172)	MVC (158)	Falls (95)	Suicide (97)	MVC (93)	Suffocation (65)
4	Drowning/ Submersion (3)	Assault (14)	Suffocation (6)	Drowning/ Submersion (10)	Poisoning (30)	Poisoning (50)	Poisoning (123)	Assault (103)	Assault (66)	MVC (95)	Poisoning (55)	Suicide (81)	MVC (44)
5	Other Specified, Classifiable (1)	Suffocation (9)	Assault (5)	Suffocation (8)	Suffocation (24)	Transport, Other (22)	Drowning/ Submersion (30)	Transport, Other (36)	Falls (58)	Assault (33)	Unspecified (36)	Suffocation (42)	Suicide (28)

Table 2: Leading Causes of Injury Hospitalizations by Age Group, MB Residents, 2000-2012

Rank	Age Groups												
	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-65	65-74	75-84	85+
1	Falls (224)	Falls (882)	Falls (1,287)	Falls (1,194)	Self-inflicted (1,776)	Assault (1,988)	Assault (2,770)	Falls (3,316)	Falls (4,484)	Falls (5,954)	Falls (7,873)	Falls (16,385)	Falls (18,119)
2	Assault (89)	Poisoning (342)	MVC (223)	Struck by or Against (545)	Assault (1,600)	Self-inflicted (1,263)	Falls (2,442)	Self-inflicted (2,093)	Self-inflicted (1,524)	MVC (867)	MVC (706)	Unspecified (792)	Unspecified (682)
3	Unspecified (60)	Other Specified, Classifiable (259)	Struck by or Against (197)	Self-inflicted (497)	MVC (1,289)	Falls (1,166)	Self-inflicted (2,102)	Assault (1,787)	MVC (1,139)	Self-inflicted (618)	Unspecified (521)	MVC (735)	MVC (271)
4	Burns (45)	Burns (224)	Other Specified, Classifiable (179)	Transport, Other (432)	Falls (1,142)	MVC (1,156)	MVC (1,439)	MVC (1,373)	Assault (1,002)	Unspecified (441)	Poisoning (298)	Poisoning (330)	Poisoning (159)
5	Other Specified, Classifiable (41)	Natural or Environmental (127)	Pedal Cyclist, Other (164)	MVC (355)	Struck by or Against (716)	Transport, Other (583)	Transport, Other (842)	Transport, Other (760)	Transport, Other (633)	Transport, Other (388)	Self-inflicted (216)	Overexertion (217)	Overexertion (153)

Note: Number of deaths or people hospitalized is indicated in brackets. The category “struck by or against” includes exposures such as inanimate mechanical forces by objects and a strike or bump by another person including during legal action.

Appendix 2

Existing Initiatives with Lead Organizations

Motor Vehicle Collisions

Manitoba Public Insurance: Road Safety Mandate

Road safety efforts of Manitoba Public Insurance (MPI) focus first and foremost on establishing premiums that reflect individual driver risk, administering regulatory programs intended to reduce road risk, and subsidizing quality driver training for new drivers through Driver Education programs. MPI also provides a wide variety of complementary road safety programs, public advertising campaigns, community partnerships, and sponsorships to reach target audiences with relevant road safety messaging. These programs focus on educating Manitobans about key road safety risks that contribute to collisions, fatalities, and injuries. The objective of this programming is to raise awareness, educate and positively change road user behaviour to reduce collisions, claims, and claims costs. MPI also works with law enforcement to align awareness and enforcement efforts and fund strategic traffic enforcement programs.

For more information, please visit: [Manitoba Public Insurance: Road Safety Information](#)

Manitoba Infrastructure and Transportation (MIT)

Safety is a top priority for MIT. This is a primary guiding principle and objective – both as MIT designs, constructs, and maintains Manitoba’s provincial highway network, and as MIT provides stewardship related to use of the associated highway rights-of-way by others (e.g. utilities, railways, adjacent landowners, active transportation users, etc.).

MIT also monitors highway safety on a network wide basis using state-of-practice analysis tools to identify and prioritize safety improvements on provincial highways. The Department further develops and implements a wide range of safety standards for commercial vehicles, as well as legislation governing motorists, vehicles, and highway operations and classifications.

MIT’s geometric design standards are based on the Transportation Association of Canada’s (TAC’s) Geometric Design Guide for Canadian Highways. The TAC Geometric Design Guide is a reflection of design practices by road authorities in Canada, and road safety considerations are built into and are an integral part of the practices in the Design Guide. Similarly, MIT has adopted the TAC Manual of Uniform Traffic Control Devices of Canada (MUTCD-C) which, in conjunction with MIT’s Traffic Engineering Policies and Standards, provides guidance with respect to ensuring safe practices across all traffic operations in Manitoba falling under the Department’s authority.

The Department further integrates road safety related concepts, principles, and specifications into highway construction processes and highway maintenance/preservation activities.

Suicide

Manitoba Health, Healthy Living and Seniors

A youth suicide prevention strategy has been established by Mental Health and Spiritual Health Care branch of MHHLS. The goal of the strategy is to prevent the tragedy of youth suicide and suicide-related thoughts and behaviours.

For more information, please visit <http://www.gov.mb.ca/healthyliving/mh/hope.html>.

Assault

Manitoba Children and Youth Opportunities

The Crime Prevention Branch co-ordinates crime prevention policies and programs for the Province of Manitoba. The goal is to prevent criminal behaviour before it starts by addressing the factors that put individuals, families and communities at risk, while enhancing protective factors to help prevent problem behaviours.

For more information, please visit http://www.gov.mb.ca/cyo/crime_prevention/index.html.

Manitoba Family Services

A multi-year domestic violence prevention strategy has been established by Manitoba Family Services. This strategy outlines new actions to support people who have been harmed by domestic violence, ways to deal with those who commit this crime, and training for people who encounter families in the course of their work.

For more information, please visit <http://www.gov.mb.ca/fs/fvpp/publications.html>.

Falls

Manitoba Health, Healthy Living and Seniors

MHLS has established a new, five-year plan (2015 to 2020) to reduce the risk of falls, reduce societal costs of falls and change attitudes and behaviours by creating a culture of safety.

Drownings

Manitoba Coalition for Safer Waters

The Manitoba Coalition for Safer Waters has a new, five-year plan (2015 to 2020) to reduce rates of water related injury and drowning in Manitoba.

Workplace

Manitoba Family Services

Manitoba Family Services has developed Manitoba's Five-year Plan for Workplace Illness and Injury Prevention. The strategy builds on Manitoba's protection for workers.

For more information, please visit <http://www.gov.mb.ca/labour/safety/index.html>.

