



**Injury Prevention Action Plan
Funding Request
2010-2013**

Submitted To:

Alberta Health and Wellness

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1 INTRODUCTION

1.1 Background

The *Injury Prevention Action Plan 2010-2013* outlines the continuing commitment of the Alberta Centre for Injury Control & Research to the prevention of injury. It builds on the previous initiatives of the Centre and those of many partner injury stakeholders in the Province.

As an entity within the School of Public Health, the Centre reports operationally to the Dean of the School, is funded by public funds through a grant from Alberta Health and Wellness and is accountable to the injury stakeholders and the citizens of Alberta.

The *Injury Prevention Action Plan 2010-2013* highlights the Centre's commitment to the reduction and prevention of injury among older adults and other vulnerable populations addressing key injury issues such as falls, poisoning, suicide, as well as road, transport and pedestrian safety.

A critical component of the *Injury Prevention Action Plan 2010-2013* is the commitment of and collaboration between injury stakeholders, community and professional organizations, as well as the Government of Alberta. A unified approach contributes to a greater understanding of the gaps and opportunities in the program environment and provides a strong foundation for ongoing and new injury reduction initiatives.

1.2 Policy Context

The development of the *Injury Prevention Action Plan 2010-2013* was undertaken with reference to the draft *Alberta Injury Control Strategy, Planning for Action – Achieving Results*, the *Alberta Traffic Safety Plan: Saving Lives on Alberta's Roads, A CALL TO ACTION: The Alberta Suicide Prevention Strategy* and *Towards a Healthy Alberta*. Several overlapping themes emerge from these documents which have been integrated into this action plan. The framework below is from the draft *Alberta Injury Control Strategy, Planning for Action – Achieving Results* document that provides an overarching structure for the issue specific plans and the ACICR Injury Prevention Action Plan 2010-2013.

Alberta Injury Control Strategy, Planning for Action – Achieving Results Implementation Framework

| LIFE STAGE | Children (0-9) | Youth (10-19) | Adults (20-64) | Older Adults (65+) |
|-----------------------|--|------------------|-------------------|-----------------------|
| OVERARCHING STRATEGY | Shift in Social Culture and Public Attitudes | | | |
| INJURY FOCUS STRATEGY | Suicides | | | |
| | Motor Vehicle Collisions | | | |
| | Falls | | | |
| | Poisonings | | | |
| OVERARCHING STRATEGY | Injury Surveillance System | | | |

INJURY PREVENTION ACTION PLAN 2010-2013

2.1 Planning Principles

Priorities for the *Injury Prevention Action Plan 2010-2013* are guided by principles that describe our values and lay the foundation for the way in which we approach our work. These principles are based on the social determinants of health framework and focus on building community capacity as the key to improving community health and safety.

Commitment to all Albertans

- Population health perspective, where strategies will enhance the health and well-being of the overall population. We recognize that different populations and communities will have different issues and as a result, injury prevention initiatives will be considered on the basis of stakeholder support and community readiness.

The Importance of Partnership and a Community Building Approach

- Collaborating with multi-sectoral partners and stakeholders to build community capacity and develop sustainable injury-related resources. We respect the contribution and expertise of all parties involved and support diversity and innovation.

Utilization of the Best Available Evidence

- An evidence-based approach and using knowledge translation to enhance the practice of injury control.

2.2 The ACICR's Role

The Vision:

An injury-free Alberta in which to live, work, and play.

The Mission:

To reduce the societal and economic burden of injuries in Alberta by building partnerships, promoting effective strategies and sharing knowledge.

The Alberta Centre for Injury Control & Research has five main roles to play in injury prevention. These are:

- **Leadership**
 - The ACICR recognizes the leadership role it needs to play to attain its vision and mission. The ACICR develops and fosters relationships with other groups, agencies and stakeholders to facilitate common messaging, best practice, resource sharing and partnerships. The ACICR assists in the coordination of relevant community safety practices but also recognizes that to be successful these initiatives must involve commitment from all Albertans.
- **Education**
 - The ACICR will deliver high quality distinctive educational opportunities, and be a source of expert information and resources through outreach and engagement.

- **Promotion of Healthy Public Policy**
 - The ACICR will build public awareness and support to address the injury issue through awareness raising activities such as media campaigns and targeted promotions to influence the development and implementation of healthy public policy at all levels.
- **Initiative Development and Coordination**
 - The ACICR will develop a proactive plan to address injury issues as they emerge through a three-prong approach of knowledge gathering and review, synthesis and communications. Where appropriate, the ACICR will provide supportive coordination and facilitate adoption of evidence based efforts to enhance the integration of efforts towards injury issues.
- **Knowledge Translation**
 - The ACICR will bring together study teams of experts, academics and practitioners to seek knowledge about injury issues and to determine, implement and /or evaluate innovative solutions to injury issues. The ACICR will also gather contextual information and other factors that may influence the solutions chosen and their implementation.

2.3 Priority Areas for Action

The *Injury Prevention Action Plan 2010-2013* aims to address injury issues causing the greatest level of harm across the province. Priority areas for action are based on Alberta data. These priorities take into account the provincial injury prevention context as well as qualitative information gained from key stakeholders' feedback and available evidence about effective approaches for meeting identified objectives.

In deciding on priority areas, consideration was given to actions that promote safety in high-risk environments and target high-risk or vulnerable populations. The following criteria were used to assist this process:

- *Prevalence/severity of injury* - is the issue a priority as reflected in the data?
- *Opportunity* - is there an existing opportunity to introduce an injury prevention strategy?
- *Outcome* - does the proposed intervention have a measurable outcome?

Consideration has also been given to existing injury initiatives and programs across the province with a view to gaining an understanding of the gaps and opportunities in the injury area. The *Injury Prevention Action Plan 2010-2013* is intended to address gaps in services and programs and complement or add value to existing initiatives.

The *Injury Prevention Action Plan 2010-2013* outlines five priority action areas, these priority areas contribute to the overarching goal of the Action Plan:

Reduce injuries in the Province of Alberta by providing leadership, education, promoting healthy public policy, developing and coordinating initiatives and translating knowledge.

PRIORITY AREA 1

Reduce the incidence and severity of injuries in older people, with a focus on fall injury reduction.

PRIORITY AREA 2

Reduce the incidence and severity of poisonings, focus to be determined based on evidence.

PRIORITY AREA 3

Reduce the incidence and severity of injuries to vulnerable populations such as children and youth, Aboriginal peoples, and farming communities.

PRIORITY AREA 4

Reduce the incidence and severity of self harm and suicide, with a focus on the priorities of Call to Action: The Alberta Suicide Prevention Strategy.

PRIORITY AREA 5

Reduce the incidence and severity of road, pedestrian and transport-related injuries, with a focus on the priorities of the Alberta Traffic Safety Plan.

Priorities 1 and 2 of the *Injury Prevention Action Plan 2010-2013* will encompass 70% of the Centre's resources. Priority 3-5 will utilize the remaining 30% of Centre resources. Priority 3 will be largely addressed through emerging opportunities. Priorities 4 and 5 are largely addressed by other agencies; therefore, the ACICR's role will be largely supportive.

Reduce injuries in the Province of Alberta by providing leadership, education, promoting healthy public policy, developing and coordinating initiatives and translating knowledge.

PRIORITY AREA 1

Reduce the incidence and severity of injuries in older people, with a focus on fall-related injury reduction.

Outcome Measures:

- Albertans have an increased awareness of and understanding about the prevention of fall-related injuries and take actions to prevent such injuries
- Professionals and key stakeholder groups have an increased awareness of and understanding about the prevention of fall-related injuries and implement actions to prevent such injuries
- The rate of emergency department visits due to fall-related injuries in older persons is decreased
- The rate of hospitalizations due to fall-related injuries in older persons is decreased
- The rate of admissions to continuing care (supportive living and long term care) due to fall-related injuries in older persons is decreased
- The rate of deaths due to fall-related injuries in older persons is decreased

| Actions | Potential Partners | Timelines | Indicators |
|---|--|-----------|--|
| Production of resource materials related to the prevention of Falls Among Seniors such as: <ul style="list-style-type: none"> ➤ Take Action Sheet ➤ Fact/Data Sheet ➤ Injury Examiner ➤ Practitioner Tool Kit | <ul style="list-style-type: none"> ▪ Alberta Seniors Fall Prevention Network ▪ Alberta Health & Wellness Surveillance Branch | On-going | <ul style="list-style-type: none"> ▪ Number of resources distributed to stakeholders. ▪ Number of resources downloaded from website. ▪ Evaluation of resources. ▪ Reported changes in practise. |
| Facilitate & support the Alberta Seniors' Falls Prevention Network through: <ul style="list-style-type: none"> ▪ Monthly electronic bulletins ▪ Teleconferences ▪ Online archive of research articles and educational opportunities ▪ Links to other key falls prevention sites | <ul style="list-style-type: none"> ▪ Stakeholders supporting seniors/seniors' health | On-going | <ul style="list-style-type: none"> ▪ Number of times information/ materials are distributed through the ACICR formal networks. ▪ Number of participants in the network. ▪ Diversity of membership by discipline and setting, and geographical coverage of the province. |

| Actions | Potential Partners | Timelines | Indicators |
|---|--|-----------|---|
| <p>Improve Albertans' knowledge about falls among seniors by conducting an awareness campaign focused on preventative measures.</p> | <ul style="list-style-type: none"> ▪ Alberta Seniors Fall Prevention Network ▪ Alberta Health Services ▪ Alberta Medical Association ▪ Alberta Physiotherapists Association ▪ Alberta Pharmacists Association ▪ Alberta Therapeutic Recreation Association ▪ Albert College of Occupational Therapists ▪ College and Association of RNs of Alberta ▪ Alberta Centre for Active Living ▪ Alberta Chapter Dieticians of Canada ▪ Osteoporosis Centre Alberta Chapter ▪ Health Link Alberta ▪ Primary Care Network ▪ Alberta Seniors and Community Supports ▪ College and Licensed Practical Nurses of Alberta ▪ Alberta Blue Cross | On-going | <ul style="list-style-type: none"> ▪ Evaluation of network services. ▪ Reported changes in practise. ▪ Measures of media activities such as interviews and news stories. ▪ Pre/post campaign survey results. <ul style="list-style-type: none"> ○ Reported changes in knowledge and behaviour of seniors. ○ Reported changes in knowledge and practise of caregivers of seniors. ▪ Hits to Finding Balance Website. |
| <p>Improve Albertans' access to local falls prevention resources and programming by maintaining current information in Inform Alberta's service database.</p> | <ul style="list-style-type: none"> ▪ Inform Alberta/Health Link Alberta | On-going | <ul style="list-style-type: none"> ▪ Hits to Inform Alberta. ▪ Calls to Health Link Alberta. ▪ Hits to Finding Balance website. |
| <p>Develop and deliver injury prevention related workshops, seminars, and tools to meet the needs of senior fall prevention practitioners.</p> <ul style="list-style-type: none"> ▪ Canadian Falls Prevention Curriculum (CFPC) ▪ Two-day practitioner symposium on falls among seniors. ▪ Falls prevention workshop for Primary Care Networks ▪ Forums addressing specific fall-related issues in specific settings. | <ul style="list-style-type: none"> ▪ CFPEC ▪ Alberta Health Services ▪ Community and professional organizations ▪ Alberta Seniors' Falls Prevention Network ▪ Stakeholders supporting seniors and seniors' health | On-going | <ul style="list-style-type: none"> ▪ Number of and attendance at workshops. ▪ Workshop evaluations. ▪ Number and diversity of symposium attendees by discipline and setting, and geographical coverage of the province. ▪ Symposium evaluation. ▪ Reported changes in practise. |
| <p>Maintain and promote electronic multidisciplinary falls prevention algorithm.</p> | <ul style="list-style-type: none"> ▪ Alberta Health Services ▪ Alberta Seniors' Falls Prevention Network ▪ Stakeholders supporting seniors and seniors' health | On-going | <ul style="list-style-type: none"> ▪ Hits to algorithm. ▪ Online evaluation. ▪ Reported changes in practise. |

| Actions | Potential Partners | Timelines | Indicators |
|---|---|------------------|---|
| Facilitate the development of an Alberta Falls Prevention Strategy. | <ul style="list-style-type: none"> ▪ Alberta Health Services ▪ Alberta Seniors' Falls Prevention Network ▪ Stakeholders supporting seniors and seniors' health | March 2011 | <ul style="list-style-type: none"> ▪ A coordinated strategy for the prevention of Falls. ▪ Number of hits to strategy and number of times downloaded. |

PRIORITY AREA 2

Reduce the incidence and severity of poisonings, focus to be determined based on evidence.

Outcome Measures:

- Albertans have an increased awareness of and understanding about poisoning prevention and take actions to prevent poisonings
- Professionals and key stakeholder groups have an increased awareness of and understanding about poisoning prevention and implement actions to prevent poisonings
- The rate of emergency department visits due to poisonings in target group is decreased
- The rate of hospitalizations due to poisonings in target group is decreased
- The rate of deaths due to poisonings in target group is decreased

| Actions | Potential Partners | Timelines | Indicators |
|--|--|------------------------------|---|
| Identify gaps and opportunities in programs related to poisoning through an audit of programs and analysis of relevant data. | <ul style="list-style-type: none"> ▪ Alberta Health & Wellness Surveillance Branch ▪ Poison and Drug Information Service | March 2011 | <ul style="list-style-type: none"> ▪ A report outlining the state of poisonings and prevention activities in Alberta. |
| Facilitate the development of a framework of common messaging for poisoning prevention. | <ul style="list-style-type: none"> ▪ Poison and Drug Information Service ▪ Injury prevention stakeholders | March 2011 March 2013 | <ul style="list-style-type: none"> ▪ Evidence-based common messages established by multidisciplinary working group. ▪ Communication plan developed to facilitate adoption of key messages by injury prevention stakeholders. ▪ Common messages presented by injury prevention stakeholders throughout Alberta. |
| Facilitate the production of resource materials related to the prevention of poisoning such as: | <ul style="list-style-type: none"> ▪ Alberta Health & Wellness Surveillance Branch ▪ Poison and Drug Information Service | March 2013 | <ul style="list-style-type: none"> ▪ Number of resources distributed to stakeholders. |

| Actions | Potential Partners | Timelines | Indicators |
|---|---|----------------|--|
| <ul style="list-style-type: none"> ➤ Take Action Sheet ➤ Fact Sheet ➤ Injury Examiner ➤ Practitioner Tool Kit | | March 2014 | <ul style="list-style-type: none"> ▪ Number of resources downloaded. ▪ Evaluation of resources. |
| Promote National Poison Prevention Week | <ul style="list-style-type: none"> ▪ Poison and Drug Information Service | Annually March | <ul style="list-style-type: none"> ▪ Measures of media activities. ▪ Pre/post telephone survey. <ul style="list-style-type: none"> ○ Reported changes in knowledge and behaviour around poisoning. ▪ Hits to website. |
| Improve Albertans' knowledge about poisoning and prevention by conducting an awareness campaign focused on preventative measures. | <ul style="list-style-type: none"> ▪ Poison and Drug Information Service ▪ Alberta Pharmacists Association ▪ Children and Youth Services ▪ Community and professional organizations | March 2013 | <ul style="list-style-type: none"> ▪ Measures of media activities. ▪ Pre/post telephone survey. ▪ Hits to website. |
| Development of a network of poison prevention practitioners | <ul style="list-style-type: none"> ▪ Poison and Drug Information Service ▪ Community and professional organizations | September 2011 | <ul style="list-style-type: none"> ▪ Number of times information/ materials are distributed through networks. ▪ Number of participants in the network. ▪ Diversity of membership by discipline and setting and geographical coverage of the province. ▪ Evaluation of the network. |

PRIORITY AREA 3

Reduce the incidence and severity of injuries to vulnerable populations such as children and youth, Aboriginal peoples and farming communities.

Outcome Measures:

- Albertans have an increased awareness of and understanding about injury prevention and take actions to prevent injuries in children, and youth, among Aboriginals and within farming communities
- Professionals and other workers in Alberta Schools have an increased awareness of and understanding about injury prevention and implement actions to prevent injuries in children and youth
- Aboriginal communities have an increased awareness of and understanding about injury prevention and take actions to prevent injuries among their peoples
- The rate of emergency department visits due injuries in children, youth Aboriginals and farm communities is decreased
- The rate of hospitalizations due to injuries in children, youth Aboriginals and farm communities is decreased
- The rate of deaths due to injuries in children, youth Aboriginals and farm communities is decreased

| Actions | Potential Partners | Timelines | Indicators |
|---|---|-----------|--|
| Support the distribution and use of the Safety Guidelines for Physical Activity in Alberta Schools project. | <ul style="list-style-type: none"> ▪ Safety Guidelines Committee: Alberta Education Alberta Health & Wellness Alberta Schools' Athletic Association (ASAA) Alberta Tourism, Parks and Recreation Health & Physical Education Council (HPEC), Ever Active Schools Alberta Teachers Association Sport Medicine Council of Alberta Edmonton Catholic School Edmonton Public Schools ▪ Learning Resource Centre | On-going | <ul style="list-style-type: none"> ▪ Number of copies requested by the LRC. ▪ Number of hits to section on website. ▪ Number of requests for information relating to Guidelines. ▪ Reported changes in practise. |
| Support the distribution and use of the Safety Guidelines for Interschool Athletics project. | <ul style="list-style-type: none"> ▪ Interschool Athletics Safety Guidelines Committee ▪ Learning Resource Centre | On-going | <ul style="list-style-type: none"> ▪ Number of copies requested by the LRC. ▪ Reported changes in practise. |
| Facilitate the implementation of the Aboriginal Injury Prevention Model for Urban and Rural Aboriginal and Métis People | <ul style="list-style-type: none"> ▪ Aboriginal working group | On-going | <ul style="list-style-type: none"> ▪ Complete the development of a Five Year Strategic Plan for Urban and Rural Aboriginal and Métis People. ▪ Implement Years 1 – 3 of the Five Year Strategic Plan for Urban and Rural |

| Actions | Potential Partners | Timelines | Indicators |
|---|---|-----------|---|
| | | | Aboriginal and Métis People. |
| Facilitate the use and distribution of the common messaging for ATV safety. | <ul style="list-style-type: none"> ▪ ATV working Group | On-going | <ul style="list-style-type: none"> ▪ Number and range of organizations promoting key messages. ▪ Reduction in ATV related injuries. |

PRIORITY AREA 4

Reduce the incidence and severity of self-harm and suicide, with a focus on the priorities of Call to Action: The Alberta Suicide Prevention Strategy.

Outcome Measures:

- Albertans have an increased awareness of and understanding about injuries related to self-harm and suicide and take actions to prevent such injuries
- Professionals and other stakeholders have an increased awareness of and understanding about injuries related to self-harm and suicide and implement actions to prevent such injuries
- The rate of emergency department visits due to self-harm injuries is decreased
- The rate of hospitalizations due to self-harm injuries is decreased
- The rate of deaths due to suicide is decreased

| Actions | Potential Partners | Timelines | Indicators |
|--|---|------------|--|
| Support AHS-AMHB to address suicide prevention through the development of background documents on related issues. <ul style="list-style-type: none"> ➤ Intentional overdoses ➤ Poly-pharmacy | <ul style="list-style-type: none"> ▪ Alberta Health Services - AMHB | March 2011 | <ul style="list-style-type: none"> ▪ Number of documents developed by the ACICR. ▪ Changes in knowledge of practitioners. |
| Facilitate the production of resource materials related to the prevention of suicide such as: <ul style="list-style-type: none"> ➤ Take Action Sheet | <ul style="list-style-type: none"> ▪ Alberta Health Services - AMHB ▪ Alberta Health & Wellness mortality, morbidity, & ambulatory care data ▪ Centre for Suicide Prevention | On-going | <ul style="list-style-type: none"> ▪ Number of resources distributed to stakeholders. ▪ Number of resources downloaded from website. |

| Actions | Potential Partners | Timelines | Indicators |
|---|--------------------|-----------|--|
| <ul style="list-style-type: none"> ➤ Fact Sheets ➤ Injury Examiner ➤ Data Report | | | <ul style="list-style-type: none"> ▪ Evaluation of resources. |

PRIORITY AREA 5

Reduce the incidence and severity of road, pedestrian and transport-related injuries, with a focus on the priorities of the Alberta Traffic Safety Plan.

Outcome Measures:

- Albertans have an increased awareness of and understanding about road, pedestrian and transport-related injuries and take actions to prevent such injuries
- Professionals and other stakeholders have an increased awareness of and understanding about road, pedestrian and transport-related injuries and implement actions to prevent such injuries
- The rate of emergency department visits due to road, pedestrian and transport-related injuries is decreased
- The rate of hospitalizations due to road, pedestrian and transport-related injuries is decreased
- The rate of deaths due to road, pedestrian and transport-related injuries is decreased

| Actions | Potential Partners | Timelines | Indicators |
|---|--|-----------|--|
| Support the Office of Traffic Safety by participating on: <ul style="list-style-type: none"> ➤ Advisory Committee ➤ Research Committee And providing technical support to the Regional traffic Safety Coordinators | <ul style="list-style-type: none"> ▪ Alberta Traffic Safety Plan stakeholders | On-going | <ul style="list-style-type: none"> ▪ Number of initiatives, programs and projects supported by the ACICR. |
| Facilitate the production of resource materials related to the prevention of injuries related to motor vehicle collisions such as: <ul style="list-style-type: none"> ➤ Take Action Sheet ➤ Fact Sheet ➤ Injury Examiner | <ul style="list-style-type: none"> ▪ Alberta Transportation ▪ Alberta Health & Wellness mortality, morbidity, & ambulatory care data | On-going | <ul style="list-style-type: none"> ▪ Number of resources distributed to stakeholders. ▪ Number of resources downloaded from website. ▪ Evaluation of resources. |

| Actions | Potential Partners | Timelines | Indicators |
|---|--|-----------|--|
| ➤ Data Report | | | |
| Participate in and support the Alberta Occupant Restraint Program. | <ul style="list-style-type: none"> ▪ Alberta Transportation ▪ Royal Canadian Mounted Police | On-going | <ul style="list-style-type: none"> ▪ Number of initiatives supported and maintained ▪ Alberta Occupant Restraint wearing rates |
| Support applied research by providing consultation on research design or evaluation on motor vehicle related injury issues in Alberta by such as: <ul style="list-style-type: none"> ➤ Child Passenger Restraints ➤ Occupant Restraint ➤ Drinking and Driving ➤ GDL | <ul style="list-style-type: none"> ▪ Alberta Health Services ▪ Community Volunteers ▪ Graduate Students | As needed | <ul style="list-style-type: none"> ▪ Increased knowledge of stakeholders. |

In order to support the over arching goal to contribute to a reduction in injuries in the Province of Alberta by providing leadership, education, promoting healthy public policy, developing and coordinating initiatives and translating knowledge, the Centre also undertakes the following actions:

| Activities | Potential Partners | Timelines | Indicators |
|--|---|-----------|---|
| Facilitate and support injury prevention stakeholders in Alberta through: <ul style="list-style-type: none"> ▪ maintaining a current collection of relevant injury prevention and control ▪ hosting six educational teleconferences annually and expand participation ▪ publishing 12 issues and expand the readership of <i>Injury Control Alberta</i> ▪ maintaining and enhancing the ACICR website by ensuring that the website is current and user friendly ▪ maintaining web-based file of the Injury Photo Bank | | On-going | <ul style="list-style-type: none"> ▪ Number of stakeholders accessing the ACICR resource room including via website). ▪ Number of new resources added to the ACICR resource room. ▪ Number of hits to our website. ▪ Reported increase in stakeholder knowledge. ▪ Reported changes in practise. |
| Participate and support the activities of the Canadian Collaborating Centres for Injury Prevention as a forum for sharing practises across Canada. <i>(Key activities of CCCIP are activities such as CIPC, national conference, and national public policy support)</i> | <ul style="list-style-type: none"> ▪ Canadian Collaborating Centres for Injury Prevention Members | On-going | <ul style="list-style-type: none"> ▪ Key activities of CCCIP evaluated separately. |
| Facilitate & support the Alberta Injury Prevention Network. | <ul style="list-style-type: none"> ▪ Alberta Health Services ▪ Alberta Safe Communities ▪ Regional Traffic Safety Coordinators | On-going | <ul style="list-style-type: none"> ▪ Network satisfaction. ▪ Reported changes in awareness, knowledge and practise. |
| Facilitate & support the delivery of injury-related workshops based on expressed need such as the: <ul style="list-style-type: none"> ▪ Canadian Injury Prevention Curriculum (CIPC) | | As needed | <ul style="list-style-type: none"> ▪ Workshop satisfaction. ▪ Reported changes in knowledge and practise. |

| | | | |
|--|---|---|--|
| Support the implementation of the Provincial Trauma Proposal through the hosting of the Trauma Epidemiologist and Provincial Trauma Registry | Provincial Trauma Committee Trauma Centres | On-going Hiring – June 2010 Report – March 2011 | <ul style="list-style-type: none"> ▪ Recruitment of a provincial Trauma Epidemiologist. ▪ Publish and distribution of a Provincial Trauma report. ▪ Changes in trauma care. |
| Coordinate the Alberta Injury Control Alliance to provide a united voice for injury prevention | AICA Members | On-going | <ul style="list-style-type: none"> ▪ Number of participants in the Alliance. ▪ Diversity of membership by discipline and setting, and geographical coverage of the province. |
| Administer the Community Injury Control Grant Fund Program. | Grant Program Committee Grant Program Applicants | On-going | <ul style="list-style-type: none"> ▪ Number of new initiatives implemented by stakeholders in partnership with the ACICR. |
| Improve Albertans' knowledge about the injury issue by responding to inquiries and through effective communication and marketing of the injury issue with media partners. | Alberta Injury Prevention Stakeholders Media | On-going | <ul style="list-style-type: none"> ▪ Number of Albertans with an increased knowledge about the injury issue. ▪ Number of media impressions made annually. |
| Support provincial and national public policy efforts related to the injury issue by developing evidence based position statements on key injury issues and actively promoting policy solutions that have been proven effective. | Alberta Injury Prevention Stakeholders Canadian Collaborating Centres for Injury Prevention National Injury Prevention Stakeholders | On-going | <ul style="list-style-type: none"> ▪ Number of concentrated efforts undertaken or supported. ▪ Changes in public policy. |

ACICR Budget Request 2010-2011

| Operating Cost Projections | FTE | 2010-2011 | 2011-2012 | 2012-2013 |
|--|-------|--------------------|--------------------|--------------------|
| Salaries & Benefits | | | | |
| Administration (Associate Director, Office Manager, Secretary, Financial Officer, Technical Support) | 3.64 | \$320,214 | \$333,023 | \$343,014 |
| Program Support (Projects Coordinator x 5.5., Policy Analyst .5) | 6.0 | 438,193 | 455,721 | 469,393 |
| Education Support (Education Coordinator, Knowledge Translation Coordinator,) | 2.0 | 156,821 | 163,093 | 167,986 |
| Research, Surveillance & Evaluation (Injury Data Analyst, Research Associate) | 2.0 | 188,202 | 195,730 | 201,602 |
| Director (Stipend) | | 7,000 | 7,000 | 7,000 |
| Sub-total | 13.64 | \$1,110,430 | \$1,154,567 | \$1,188,995 |
| Operating Costs | | | | |
| Telecommunications (phone rental, long distance, courier, postage) | | \$23,070 | \$18,933 | \$19,505 |
| Supplies and materials | | 22,000 | 12,000 | 12,000 |
| Equipment Rental & Maintenance | | 10,000 | 10,000 | 10,000 |
| Computer Equipment & Software | | 8,000 | 8,000 | 8,000 |
| Furniture (purchase & maintenance) | | 1,000 | 1,000 | 1,000 |
| Communications (design, printing, photocopying, website monitoring) | | 23,000 | 10,000 | 10,000 |
| Service Contracts (Resource Room, Website, off site office) | | 21,000 | 8,000 | 8,000 |
| Resources (books, journal subscriptions, organizational memberships) | | 3,000 | 3,000 | 3,000 |
| Sub-total | | \$111,070 | \$70,933 | \$71,505 |
| Program Funding | | | | |
| Grant Program | * | \$250,000 | \$250,000 | \$225,000 |
| AORP Program | | 50,000 | 50,000 | 50,000 |
| Senior Falls Program | | 50,000 | 50,000 | 40,000 |
| Sub-total | | \$350,000 | \$350,000 | 315,000 |
| Travel & Subsistence | | | | |
| Staff (project meetings, admin, hosting) | | \$14,000 | \$10,000 | \$10,000 |
| Staff Professional Development | | 0 | 0 | 0 |
| Sub-total | | \$14,000 | \$10,000 | \$10,000 |
| TOTAL OPERATIONAL COSTS | | | | |
| | | \$1,585,500 | \$1,585,500 | \$1,585,500 |

5. MONITORING AND EVALUATION

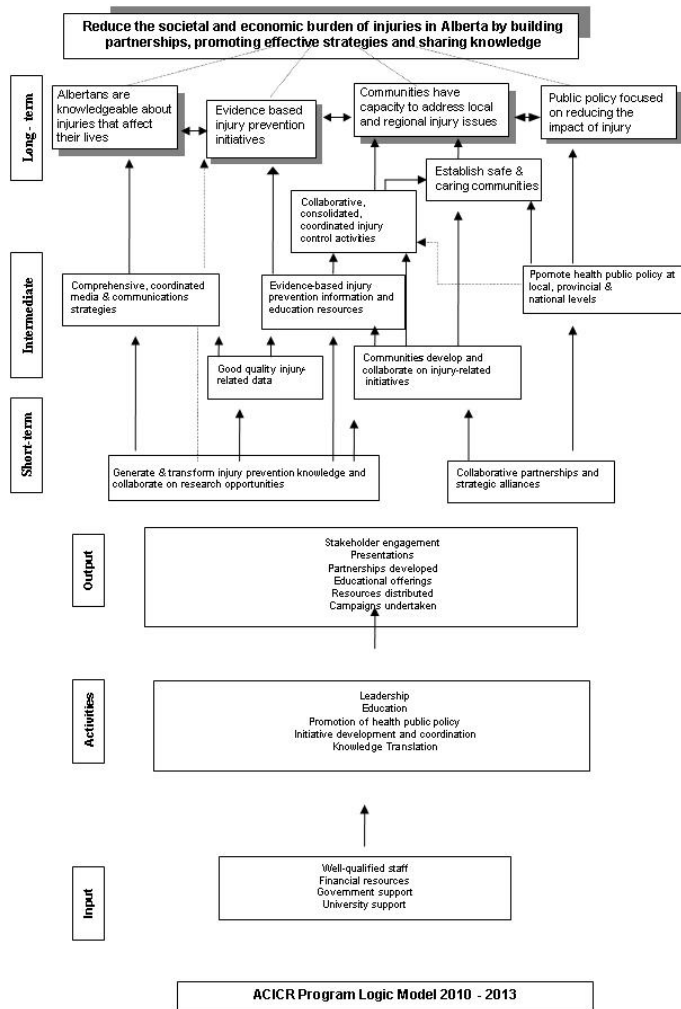
It is important that all initiatives implemented under the ACICR's *Injury Prevention Action Plan 2010-2013* are monitored and evaluated to determine their effectiveness in reducing the incidence of injury across the Province.

The success of the Plan will be measured by:

1. The degree to which the overall aims have been achieved; and
2. The degree to which the initiatives in each of the five priority areas achieve their stated outcomes.

Continual improvement of the ACICR's response to injury over the Plan's three-year implementation period will be a critical part of its evaluation.

5.1 LOGIC MODEL



5.3 MONITORING & REPORTING OF ISSUES AND OUTCOMES

An annual report on each priority action within the Action plan will be prepared and submitted to the stakeholders and the Government of Alberta through the Ministry of Health and Wellness. Stakeholder feedback and changes in injury rates will determine the effectiveness of the *Injury Prevention Action Plan 2010-2013*, and will assist with the development of the next three-year Plan.

APPENDIX 1. INJURY DATA

Overall Injury

- Injuries are the leading cause of death of Albertans between 1 and 44 years of age.
- In 2006 motor vehicle deaths were the leading cause of injury deaths accounting for 26 per cent of injury deaths. This was followed by suicide deaths accounting for 25 per cent and poisonings accounting for 19 per cent.
- In 2006 falls were the leading cause of injury emergency department visits with over 18,700 visits (56% of injury emergency department visits).
- Young males between 15 and 24 years of age are at the highest risk for injury-related death, hospital admission and emergency department visits.

Economic Burden of Injury in Alberta, 2004

- The total injury costs in Alberta were \$2.94 billion.
- Alberta had the highest economic burden per capita at \$918 (Canada was \$621).
- Alberta had the highest potential years of life lost due to injury at 1,479.2 per 100,000 population (Canada was 993.3 per 100,000 population).
- Unintentional injuries accounted for \$2.26 billion or 77 per cent of Alberta's \$2.94 billion total injury costs.
- Intentional injuries (suicide and violence) accounted for \$522 million or 18 per cent of the total injury costs.

PRIORITY AREA 1

Reduce the incidence and severity of injuries in older people, with a focus on fall injury reduction.

- Fall-related hospital admissions were the leading cause of injury admissions for seniors.
- In 2006 falls were the leading cause of injury hospital admissions with over 6,900 admissions (76% of injury hospital admissions).
- In 2006 falls were the leading cause of injury emergency department visits with over 18,700 visits (56% of injury emergency department visits).
- In 2006/07 fiscal year, Alberta spent \$96 million dollars on seniors' falls. By the year 2030, this number is expected to reach \$228 million.
- The average cost of a senior's fall treated in an emergency department is \$367.00.
- The average cost of a hospital admission as a result of a fall is \$15,500.00.
- The average cost of a hip fracture as a result of a fall is \$15,600.00.
- The average length of stay in hospital as a result of a fall is 20 days

PRIORITY AREA 2

Reduce the incidence and severity of poisonings, focus to be determined based on evidence.

- In 2006 unintentional poisoning-related admissions accounted for approximately 10 per cent of the injury admissions of children under the age of 4.
- Children between 1 and 4 years of age had the highest emergency department visit rate with approximately, 300 visits.
- Approximately 73 per cent of the unintentional poisoning of children involved medications.

PRIORITY AREA 3

Reduce the incidence and severity of injuries to vulnerable populations such as children and youth Aboriginal peoples and farming communities.

Children and Youth

- Injuries are the leading cause of death of children and youth.
- Of all age groups, youth 15 to 19 years had the highest percentage of injury deaths with 80 per cent.
- Two-thirds of the deaths (66 per cent) of youth 10 to 14 years of age were due to injuries.
- Motor vehicle collisions were the leading cause of injury death for children and youth.
- Fall-related admissions were the leading cause of injury admissions for children and youth.
- Motor vehicle-related admissions were the leading cause of injury admissions for youth 15 to 19 years of age. This was followed by attempted suicide/self-inflicted injuries.
- Fall-related emergency department visits were the leading cause of injury visits for all age groups except youth 15 to 19 years of age. Sports-related injuries were the leading cause of injury for this age group.
- In 2006 injuries to children and youth accounted for 157 deaths, 6,119 hospital admissions and 140,822 emergency department visits.

Aboriginal Peoples

- Injuries are “the number one cause of death among Alberta First Nations people. From 1983 to 1999, there were 1,975 injury deaths documented accounting for 39 per cent of all deaths for all causes among Alberta’s First Nations people.”¹ The three leading causes of injury deaths were: motor vehicle collisions, suicides and homicides. Most injury deaths (82 per cent among males, 79 per cent among females) occurred among people aged 44 or less. First Nations males aged 15 to 44 years had an injury mortality rate twice that of First Nations females.¹
- In 2000, the hospital admissions service ratio of First Nations residents compared to matched non-First Nations residents was 2.11. For every hospital

¹ Health Canada. (2001). *Unintentional and Intentional Injury Profile for Aboriginal People in Canada, 1990-1999*. Ottawa: Minister of Public Works and Government Services Canada.

admission of a non-First Nations resident, there were over twice as many admissions of First Nations residents.

- First Nations residents had 1.67 times more emergency department visits as a result of motor vehicle collision-related injuries compared to matched non-First Nations residents.
- Violence/injury purposely inflicted was the injury category with the highest First Nations to matched non-First Nations emergency department visit service ratio. First Nations residents had 6.75 times more emergency department visits as a result of violence/injury-purposely-inflicted injuries compared to matched non-First Nations residents.
- The injury category with the second highest First Nations to matched non-First Nations emergency department visit service ratio was attempted suicide/self-inflicted injuries. First Nations residents had 6.74 times more emergency department visits as a result of attempted suicide/self-inflicted injuries compared to matched non-First Nations residents.
- The visit service ratio of First Nations residents compared to matched non-First Nations residents for unintentional poisonings was 3.45.

Farming Communities

- In Alberta, from 1990 to 2006 there were 268 deaths as a result of an agricultural work-related injury (includes machine and non-machine-related deaths). This equates to an average of 16 deaths each year.
- The overall death rate for Alberta was 8.7 deaths per 100,000 agricultural population per year, compared to the Canadian rate (1990-2006) the rate of 13.7 deaths per 100,000 agricultural population per year.
- Over the seventeen year period from 1990 to 2006 there were 200 Albertans killed as a result of an injury involving a machine/machinery. This accounted for 75 per cent of all agriculture work-related deaths
- From 1990 to 2006 the number of machine-related deaths remained relatively constant. However, the death rate increased by an annual average of 2.18 per cent. This means over the 17 years there has been a 37 per cent increase in the rate of machine-related deaths per 100,000 agriculture population. (due to a decreasing farm population).
- The leading cause of machine-related deaths in Alberta was due to being run over. This includes operators, and passengers that fall from a machine and are subsequently run over, were alighting a machine then run over or bystander who is run over. This accounted for 26 per cent (52 deaths) of all machine-related deaths. The per cent of Alberta deaths from being run over is higher than the deaths in Canada at 19 per cent.
- Nearly half (44 per cent, 87 deaths) of the machine-related deaths involved a tractor.

PRIORITY AREA 4

Reduce the incidence and severity of self harm and suicide, with a focus on the priorities of Call to Action: The Alberta Suicide Prevention Strategy.

- In 2006 suicides were the second leading cause of injury death with 425 deaths, accounting for 25 per cent of all injury deaths.
- In 2006 self-inflicted injuries accounted for 1,751 hospital admissions and 5,409 emergency department visits.
- Males accounted for 74 per cent of the suicide deaths. However, females accounted for 61 per cent of the hospital admissions and 61 per cent of the emergency department visits for attempted suicide/self-inflicted injuries.
- In 2006 hanging was the leading cause of suicide deaths accounting for 36 per cent.
- In 2006 poisoning by liquid or solid was the leading cause of attempted suicide/self-inflicted injury.
- In 2006, 81 per cent of the attempted suicide/self-inflicted injury hospital admissions were as a result of poisoning by a liquid or solid (includes: prescription medications, illicit drugs, pesticides, and other chemicals)
- In 2006, 66 per cent of the attempted suicide/self-inflicted injury emergency department visits were as a result of poisoning by a liquid/solid. Another 24 per cent of the attempted suicide/self-inflicted injury emergency department visits were as a result of self cutting/piercing.
- In 2004 suicide deaths and self-inflicted injuries cost Alberta \$336 million. Of that, 75 per cent (\$253 million) were indirect costs (losses due to goods and services that are not produced as a result of the injury). The remaining 25 per cent (\$82 million) were direct costs (resources used to treat the person with the injury).

PRIORITY AREA 5

Reduce the incidence and severity of road, pedestrian and transport-related injuries, with a focus on the priorities of the Alberta Traffic Safety Plan.

- In 2006 motor vehicle-related deaths were the leading cause of injury death with 433 deaths, accounting for 26 per cent of all injury deaths.
- Motor vehicle collisions were the leading cause of injury death for those 24 years of age and younger.
- Youth between 15 and 19 years of age had the highest percentage of motor vehicle-related deaths with 42 per cent.
- In 2006 motor vehicle collision injuries accounted for 3,922 hospital admissions and 33,515 emergency department visits.
- Males accounted for 67 per cent of the motor vehicle-related deaths, 69 per cent of the hospital admissions and 60 per cent of the emergency department visits.
- In 2004 transportation-related deaths and injuries cost Alberta \$597 million. Of that, 62 per cent (\$369 million) were indirect costs (losses due to goods and services that are not produced as a result of the injury). The remaining 38 per cent (\$229 million) were direct costs (resources used to treat the person with the injury).