

425 Nova Scotians die each year as a result of injury...

Nova Scotia's Renewed Injury Prevention Strategy

Taking It to the Next Level





Department of Health Promotion and Protection
Injury Free Nova Scotia
Design: Laura Graham Design

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ISBN: 978-1-55457-323-3

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April 2010

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Consider This

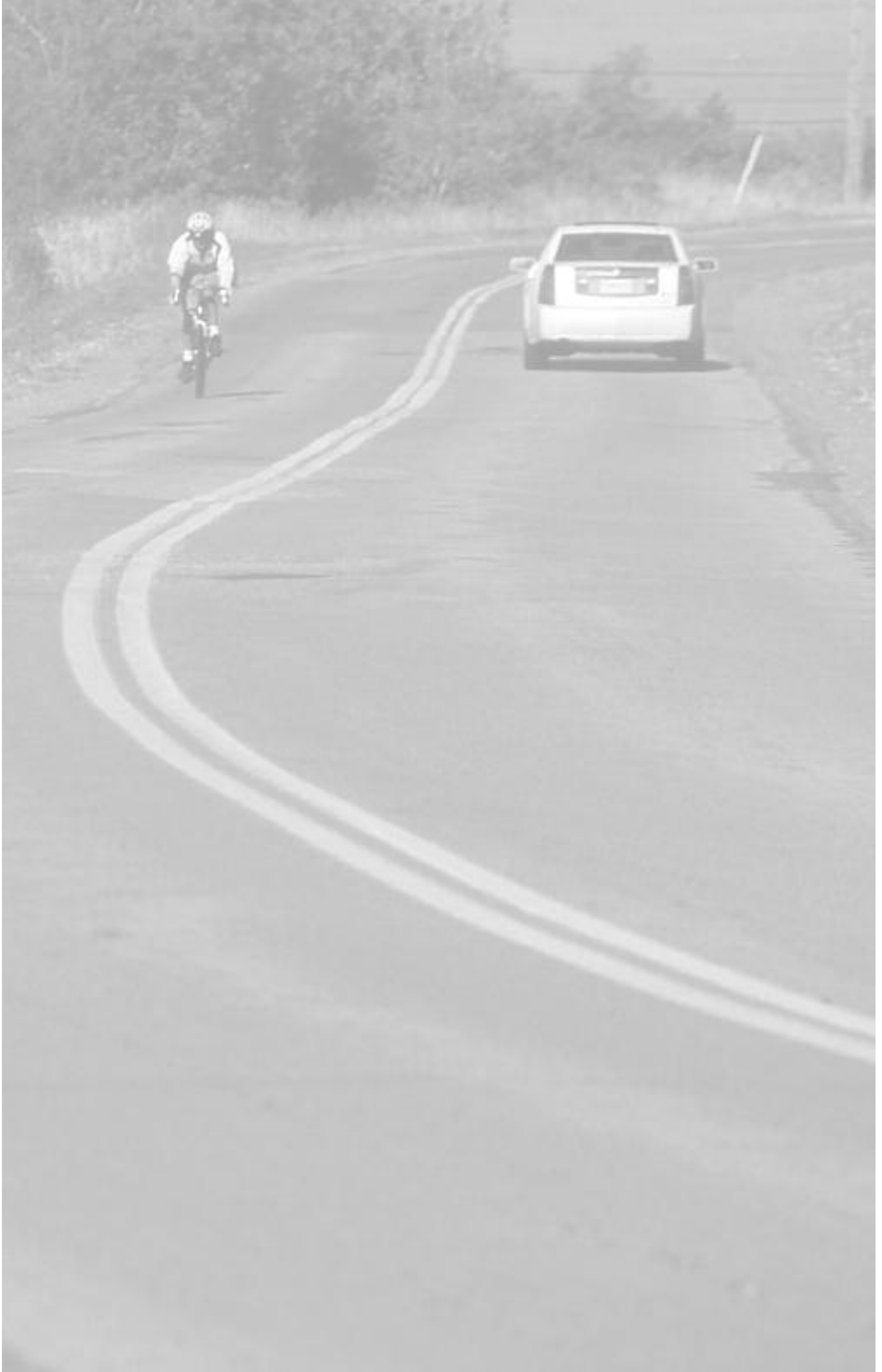
As you read the renewed strategy, please consider these two quotes. These ideas provide insight into the notion of taking it to the next level—the title of this strategy.

“Individual behaviours are still overemphasized in the public’s understanding of injury. And much of injury prevention is still focused on making injury-creating environments more survivable, rather than on changing the nature of these environments through broader social change.”

– Tom Christoffel and Susan Scavo Gallagher
Injury Prevention and Public Health: Practical Knowledge, Skills, and Strategies (2006)

“Effectively addressing the range of health and social problems of the twenty-first century requires a fundamental paradigm shift that generates equity for the most vulnerable members of society and maximizes limited resources: moving from medical treatment after the fact to prevention in the first place and from targeting individuals to a comprehensive community focus.”

– Larry Cohen and Sana Chehimi
Prevention Is Primary: Strategies for Community Well-being (2007)

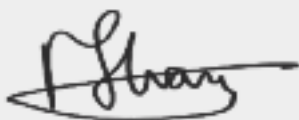


Acknowledgements

Many individuals and organizations have made significant contributions to the renewal of the Nova Scotia Injury Prevention Strategy. This renewed strategy builds heavily on the successes we've achieved together in addressing this major public health problem over the past decade. Much of this success can be attributed to the spirit of collaboration among public health advocates and injury prevention practitioners in our province. This collaborative spirit supported the development of the renewed strategy and continues to set the stage as we prepare to work together in the coming years. To all who participated in one form or another in renewing the strategy, we are truly grateful.

While it is impossible to single out everyone who contributed, we would like to acknowledge two people who played significant roles: Catherine Kennedy, for her background research, analysis of the stakeholder surveys, and contribution to the strategy writing, and Jim Neale of Peak Performance Consulting Services, for his contributions to the design and facilitation of the consultation process.

We would also like to acknowledge the members of the Strategy Renewal Advisory Committee for their expertise and guidance. This dedicated group of individuals, representing the many sectors involved in injury prevention, assisted in the design of the consultation process, lent their facilitation talents to the Renewal Symposium, provided input into the design of the renewed strategy, and helped organize expert focus groups. We are extremely grateful for the above-and-beyond efforts of this group.



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- Jennifer Girard, EHS Nova Scotia Trauma Program
- Holly Gillis and Morgane Stocker, Capital Health, Public Health Services
- Sandra Newton, IWK Child Safety Link
- Julie Stover, Transportation and Infrastructure Renewal

Lastly, the Department of Health Promotion and Protection and Injury Free Nova Scotia are grateful for the opportunity to co-lead the development of the renewed strategy. Our shared effort demonstrates the solid commitment of government and community to work together to make Nova Scotia a healthier and safer place to grow, live, work, play, and age.



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Minister's Message

Despite all of the advances made in improving the lives of Nova Scotians, injury remains the leading cause of death and disability during the first 45 years of life and costs Nova Scotians \$518 million each year. Injury especially impacts our youth, causing more deaths than all diseases and other threats to health combined for those aged one to 19. It's also a leading cause of hospitalization and injury places great stress on our emergency departments and other health-care resources.

We have all been affected by injury in one way or another. It may be someone close to us like a family member, friend, or co-worker. Or it may be someone that we know of. In the end, we have all heard about someone, somewhere, who has had an injury.

The concept of injury prevention is broad and can be challenging to understand. Injuries have many causes—car crashes, falls, violence, drownings or recreation, to name just a few. Injuries take many forms—broken bones, soft-tissue damage, spinal cord, brain injuries—and have various degrees of severity. Injuries happen in every setting, from our streets and highways to schools, workplaces, the outdoors, and even in our homes. Injury prevention encompasses all of these things.

Regardless of the cause or type, all injuries have several common elements:

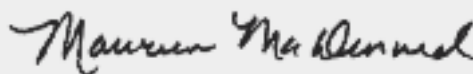
- They impact the lives of Nova Scotians every day but, remain largely invisible.*
- They rarely result from a single cause. Many factors, often beyond the control of individuals, contribute to an injury-causing event.*
- Injuries are not accidents. They are almost always preventable.*

The renewed injury prevention strategy has been developed collaboratively with stakeholders and creates a shared agenda for the next 3-5 years. While HPP leads the strategy, its success is driven by the collective efforts of many government departments, community organizations, and partners.

Taking It to the Next Level is the title of the renewed strategy, reflecting the necessity of building resilient populations and focusing on those factors which lead to poor health and a lack of safety. This approach will reduce injuries and improve all aspects of the health of Nova Scotians. The renewed strategy also recognizes the need for greater integration and collaboration with others working in health promotion and social justice.

I am pleased to endorse the renewed strategy and very encouraged by the ideas it proposes to take injury prevention to the next level. Nova Scotia has been and will continue to be a leader in improving the health of communities.

I look forward to working with my colleagues to consider ways to meaningfully support this strategy. We all share a vision to live in a province where people are healthier and safer. My sincere thanks to all the committed individuals and organizations who have worked so hard to improve the safety and health of Nova Scotians in the past, and best wishes for success in your continuing contributions to this vital effort.



*The Honourable Maureen MacDonald
Minister
Department of Health Promotion and Protection*



Executive Summary

The Nova Scotia Injury Prevention Strategy was launched in 2004 as a plan for maximizing the ability of prevention partners to work together to tackle injury prevention as a public health issue. Building on our accomplishments, and mindful of the growing knowledge base related to the distribution of injury across populations, it is time to update the plan to reflect the current environment and latest evidence. We must continue to work together in a coordinated and strategic way to further advance prevention efforts in Nova Scotia. The renewed Nova Scotia Injury Prevention Strategy will enable us to do this.

Belonging to all Nova Scotians, this renewed strategy provides a collective path forward for the next three to five years.

As a significant public health issue, injury prevention should not stand apart from other initiatives as a separate area of policy and practice. It takes the combined efforts of many sectors, well beyond those just concerned with health, to prevent injuries. Injury shares many of the same root causes as other public health issues and much can be accomplished by working on all of these problems together instead of in isolation.

The title of the renewed injury prevention strategy is Taking It to the Next Level. This represents a call to action. It reflects the need to make injury prevention more visible as a critical aspect of healthy communities, which includes ensuring communities are safe. It means focusing on reducing disparity across the entire population, as well as focusing on the sub-populations where the greatest disparities in injury rates are evident. By taking it to the next level, we will increase our impact not just in reducing injuries but also by improving all aspects of the health of Nova Scotians.

While the causes of injury and the solutions for preventing them are fairly well understood, prevention initiatives are complicated by our need to

understand a range of factors—why injury occurs, where, and to whom—and how these factors come into play at various levels. To realize significant reductions in the injury rate we need comprehensive interventions that are carefully woven together and strategically coordinated. Communities, institutions (e.g., schools, workplaces), all levels of government, families, and individuals all have a role to play in injury prevention.

The renewed strategy builds on what has been achieved since the introduction of the original strategy in 2004. Its purpose is to provide stakeholders, both within and outside of the traditional boundaries of injury prevention, with a framework to guide our collective activities, from planning and development through to implementation and evaluation.

The renewed strategy brings the work of the injury prevention community in line with the current environment. It provides us with an opportunity to build on what is already working, begin to address emerging priorities, and adopt new ways of working that will take our efforts to new heights. The renewed strategy provides a strategic and coordinated approach to preventing injuries in the future.

Success in creating a healthier and safer Nova Scotia requires a high level of collaboration among individuals, families, communities, non-governmental organizations, and all levels of government. It must also involve sectors and stakeholders outside the traditional boundaries of injury prevention.

Even those who do not see themselves as having a primary responsibility in injury prevention have a role to play in the renewed strategy. Success depends on the involvement of all stakeholders who have either the mandate or ability to positively influence the issue of injury.

Ultimately, the renewed strategy belongs to all Nova Scotians and accountability for its success is shared among many sectors and stakeholders. The Department of Health Promotion and Protection will continue to provide provincial leadership and facilitate coordination of the strategy. However, everyone has a role to play in making Nova Scotia a healthier and safer place. We will only succeed if all partners step forward and contribute to the implementation of the renewed strategy. It is a shared responsibility.

Strategy Highlights

Vision

Everyone in Nova Scotia working together to create healthy and safe communities.

Purpose

The strategy serves as an integrated and comprehensive guide for our collective efforts to create healthy communities and thereby reduce injuries.

Key Concepts

There are six interrelated concepts—grounded in evidence and best practices, that are integral to our work in preventing injury. These six key concepts are used nationally and internationally to promote health and lead to a reduction in illness and injuries. These key concepts, listed below, must be applied in our injury prevention work in Nova Scotia.

- population health
 - health promotion
 - health disparities
 - determinants of health
- the three E's of injury prevention
- balancing risk

Guiding Principles

Drawing on the vision and key concepts for the strategy, these principles will guide our work to address injury:

- evidence-informed
- collective effort
- responsive
- dynamic
- integrated
- culturally competent

Strategy Priorities

The priorities are based on surveillance, research, and consultation. These priorities have been established to guide injury prevention planning and resource allocation.

Priority Issues

- seniors' falls
- suicide and attempted suicide
- road safety

Priority Populations

- children and youth
- older Nova Scotians (seniors)
- other populations at increased risk of injury

Priority Settings

- schools
- workplaces
- homes
- communities
- roads and streets
- health care settings
- recreation and leisure settings

Strategic Directions

The strategic directions are the pathways for realizing the vision of the renewed strategy. The strategic directions are

- integration
- leadership and capacity building
- surveillance, research, and evaluation
- advocacy

You are invited to join us as we work to create a healthier and safer Nova Scotia for all to grow, live, work, play, and age.



Why Do We Need an Injury Prevention Strategy?

Overview

Injury remains a leading cause of death and disability throughout the world, killing five million people annually. In Canada, injury is the leading cause of death and disability during the first 45 years of life and the fourth leading cause of death overall.¹ In 2004, injuries killed 13,667 Canadians and cost our economy \$19.8 billion.² In Nova Scotia, injury kills 425 people annually and causes the deaths of more young people aged 1–19 years than all other causes of death combined.³ Injury is also a major cause of death and disability in later adulthood and the senior years. In 2004 injury cost Nova Scotians \$518 million.⁴

Injury has a staggering impact on the health and sustainability of our province, whether measured in terms of the human, social or economic impacts. As a province, we are striving to ensure every Nova Scotian is safe, has the opportunity to contribute in a meaningful way and feels valued within their community. Injury prevention plays a key role in the achievement of this goal.

Injury prevention efforts in Nova Scotia date back many decades, from early work in water, rail, and road safety to the more recent development of the Nova Scotia Injury Prevention Strategy in 2004, the first initiative of its kind in Canada. In 2006 the Nova Scotia strategy was recognized by the World Health Organization (WHO) as an example of a successful sub-national injury prevention policy.⁷

Defining injury

An injury is the physical damage that results when the human body is suddenly subjected to energy in amounts that exceed the threshold of physiological tolerance or from the lack of one or more of the vital elements (such as oxygen or heat). The energy could be mechanical, thermal, chemical, electrical, or radiant.

Injuries are usually defined by intention. The main causes of unintentional injuries are falls, motor vehicle crashes, drownings, and burns. Intentional injury includes physical force against oneself, another person, or group or community that results in injury, death, mental harm, or maldevelopment or deprivation.⁵

Although past prevention efforts have resulted in a decrease in injuries, there is clearly much more to be done. The reality is that injury prevention has not kept pace with other public health interventions such as tobacco control or infectious disease prevention programs. Despite its devastating impacts, injury has largely remained an invisible epidemic. As a significant public health issue, injury should not stand apart from other initiatives as a separate area of policy and practice. It takes the combined efforts of many sectors, well beyond those just concerned with health, to prevent injuries. Injury shares many of the same root causes as other public health issues and much can be accomplished by working on all of these problems together instead of in isolation.

The title of Nova Scotia's renewed injury prevention strategy is Taking It to the Next Level. This represents a call to action. It reflects the need to make injury prevention more visible as a critical aspect of healthy communities, which includes ensuring communities are safe. It means focusing on reducing disparity across the entire population, as well as focusing on the sub-populations where the greatest disparities in injury rates are evident. By taking it to the next level, we will increase our impact not just in reducing injuries but also by improving all aspects of the health of Nova Scotians.

While the causes of injury and the solutions for preventing them are fairly well understood, prevention initiatives are complicated by our need to understand a range of factors—why injury occurs, where, and to whom—and how these factors come into play at various levels. To realize significant reductions in the injury rate we need comprehensive interventions that are carefully woven together and strategically coordinated. Communities, institutions (e.g., schools, workplaces), all levels of government, families, and individuals all have a role to play in injury prevention.

The Nova Scotia Injury Prevention Strategy was launched in 2004 as a plan for maximizing the ability of prevention partners to work together to tackle injury prevention as a public health issue. Building on our accomplishments, and mindful of the growing knowledge base related to the distribution of injury across populations, it is time to update the plan to reflect the current environment and latest evidence. We must continue to work together in a coordinated and strategic way to further advance prevention efforts in Nova Scotia. The renewed Nova Scotia Injury Prevention Strategy will enable us to do this, to take our work to the next level.

Belonging to all Nova Scotians, this renewed strategy provides a collective path forward for the next three to five years.

Injury: The Facts

Understanding the problem is the first step in a strategic approach to improve the health of the population. The following subsections describe the human, health system, and economic impacts of injury. By understanding the problem, we can begin to identify priorities and formulate plans for prevention efforts. This first step will also allow us to effectively measure the impact of our work to prevent injuries over time.

Global Snapshot

- Injury kills 5 million people each year, equivalent to nearly one-seventh of the Canadian population.⁸
- Injuries account for 9% of all deaths globally, as many as the total number of deaths from HIV, malaria and tuberculosis combined.⁹
- Injuries account for 12% of the total burden of disease worldwide.¹⁰
- Globally, road traffic injuries, falls, suicide, and interpersonal violence are the leading causes of injury-related deaths.¹¹

Canadian Snapshot

In Canada in 2004,

- There were 13,667 injury-related deaths.
- There were 3.1 million emergency department visits.
- There were more than 210,000 injury-related hospitalizations.
- Just over 67,500 Canadians were disabled by an injury.
- The leading causes of injury-related deaths and hospitalizations were road traffic injuries, suicide and suicide attempts, and falls.

Putting it in perspective

The injury-related deaths of 425 Nova Scotians each year is almost double the number of people lost in the tragic crash of Swissair Flight 111 off the coast of Nova Scotia in 1998.

Over a 10-year period, this loss of life (4,250 people) equates to losing the entire population of a town roughly the size of Antigonish or Stellarton.

Nova Scotia Snapshot

Based on a review of injury deaths for the period 2001–2007¹³,

- On average, 425 Nova Scotians die each year as a result of injury.
- More than half of all deaths among males under age 40 were the result of injury.
- One-third of all deaths among females under age 40 were the result of injury.
- Across all ages, males accounted for 65% of injury-related deaths.
- Injury is a particular threat to youth, accounting for 67% of deaths among Nova Scotians aged 15–29 years.
- Injury killed more children aged 1–19 years than all other causes of death combined.
- Approximately one youth died from an injury each week in Nova Scotia.
- An average of 108 people each year, mostly seniors, died as a result of a fall, representing nearly 26% of all injury-related deaths. Females accounted for 57% of fall-related deaths.
- On average, 93 people died by suicide each year. Of these, 83% were male.

- On average, 80 people died each year as a result of car crashes. Males accounted for nearly 75% of these deaths.
- On average, 13 people died by homicide each year. More than three-quarters of them were male.

Based on a review of injury-related hospitalizations for the period 2001–2007¹⁴,

- There were nearly 43,000 injury-related hospitalizations in Nova Scotia, an average of 17 hospitalizations per day and 6,130 per year.
- Injury consumed more than 600,000 hospital days, an average of nearly 86,000 per year. This means that on any given day, 236 of the province's hospital beds were occupied by injured Nova Scotians.
- Injury accounted for 7% of the total number of hospitalizations. These hospitalizations were evenly split among males and females.
- Falls resulted in an average of 3,317 hospitalizations each year. Females accounted for just over 61% of the total. Fall-related injuries made up 54% of the injury-related hospitalizations.
- Motor vehicle crashes contributed to an average of 636 injury-related hospitalizations each year. Males accounted for 68% of these hospitalizations. Motor vehicle crashes represent just over 10% of the total number of injury-related hospitalizations.
- Self-harm, including suicide attempts, accounted for about 9% of injury-related hospitalizations. An average of 548 self-harm-related hospitalizations occurred each year, with females accounting for 56% of the total.
- Assaults represented 4% of all injury-related hospitalizations (an average of 234 hospitalizations per year). Males accounted for nearly 85% of these hospitalizations.

According to the 2009 report on The Economic Burden of Injury in Canada¹⁵,

- In 2004 injury caused nearly 90,000 emergency department visits in Nova Scotia.
- In 2004 almost 1,700 Nova Scotians were partially disabled by an injury and another 134 were completely disabled.

When compared to other provinces in Canada, Nova Scotia ranks third lowest in overall injury-related hospitalizations and fourth lowest for injury-related deaths. While this comparison suggests Nova Scotia is performing better than many other provinces, it does not change that fact that injury continues to have a devastating impact on the lives of Nova Scotians and on the sustainability of Nova Scotia's economy and society.¹⁶

Human Impacts

Injury takes an immeasurable toll on individuals, families, friends, workplaces, schools, and communities. When someone is killed or disabled by an injury, the effects are devastating and long lasting. For people with a serious injury, the consequences can be permanent and include chronic pain, loss of independence, disability or disfigurement, depression, and economic hardship. Even less-serious injuries have impacts, such as time away from work, school or caregiving responsibilities.

The consequences of injury also go well beyond physical harm. Injury also affects mental, emotional and spiritual health, and the degree to which people remain connected to their families and friends. The impact of illness and disability on relationships is also pronounced. There is considerable research on the role of social support in positive health outcomes, but relatively little on how chronic conditions resulting from illness and injury can create relationship challenges that few people expect or know how to address.¹⁹

Social impacts of brain injuries

Research in the U.S. has established links between traumatic brain injury (TBI) and incarceration. Many prisoners experience problems that not only complicate their management and treatment in prison, but also pose challenges when they are released.¹⁷

Canadian research that surveyed men and women in homeless shelters and meal programs revealed that 53% of them had some level of TBI, and 12% had moderate or severe brain injuries. For 70% of the people surveyed, their first TBI occurred before they were homeless.¹⁸

The impact of a fall

A senior who suffers a broken hip will require paramedics to stabilize and transport him or her to an emergency department. X-rays or other diagnostic tests will be necessary. Depending on the overall state of the senior's health, care in the emergency department may be complex and resource-intensive. If surgery is necessary, this individual will take priority and other scheduled surgeries may be cancelled. After hip surgery, a senior will require a stay in hospital typically three times longer than the average stay for seniors who are hospitalized for a non-injury matter. Rehabilitation will also be necessary. While some seniors return home after hip surgery, many will take up residence in long-term care facilities. Sadly, 20% of seniors who fracture a hip will die within one year.²⁰

Impact on Nova Scotia's Health-care System

As indicated above, the impact of injury is far reaching. While often overlooked in conversations and media reports about increasing demand on the health-care system, injury accounts for a significant portion of this burden. Thousands of people are admitted to hospital each year in Nova Scotia as a result of serious injuries, and tens of thousands visit an emergency department or family doctor for treatment of less severe injuries.

Injury tends to require a disproportionate allocation of health resources and places immediate and unplanned demands on the system. No part of the health-care system is untouched by injury; even wait times for some services are affected. Community-based care, family physicians, emergency medical services, the acute care system and rehabilitation services are all involved in responding to the short- and long-term impacts of injury.

How do these costs translate?

In Canada, injuries cost

\$37,000 per minute

\$2.2 million per hour

\$54 million per day

In Nova Scotia, injuries cost

\$985 per minute

\$59,000 per hour

\$1.4 million per day

Economic and Social Impact of Injury

In Canada, injuries exact an enormous economic toll. In 2004²¹,

- Injuries cost Canadians \$19.6 billion annually, an average of \$4,800 per injury.
- Injuries were the third highest hospital care expenditure.
- Injuries are the fourth most expensive category of disease, after cardiovascular, musculoskeletal, and cancer.

The situation is no different in Nova Scotia. In 2004²²,

- Injury cost Nova Scotians \$518 million, a cost of \$952 for every citizen.
- The direct cost of injury (costs to the health-care system) was \$322 million and the indirect cost (lost productivity due to inability to work) was \$196 million.
- Falls cost Nova Scotians \$175 million.
- Transportation-related injuries (e.g., motor vehicle, pedestrian, cycling, ATV) cost Nova Scotians just over \$97 million.
- Suicide and self-harm cost \$55 million.
- Violence-related injuries cost \$22 million.

When Nova Scotia's population is aging and there is ongoing concern for the province's economic sustainability, injury must be viewed as a human capital issue. Every person who dies or is severely injured represents a lost worker, a lost volunteer, a lost taxpayer, and a lost contributor to Nova Scotian families and communities. This is especially true when one considers that injury has its greatest impact on people in the prime of their lives. Preventing injuries is an essential aspect of a healthy and sustainable province.

A Brief History of Injury Prevention in Nova Scotia

Community organizations and government agencies have long been working to prevent injuries in Nova Scotia. These efforts include safety-oriented legislation, programs, and policies to support injury prevention. While it is impossible to list every example of these efforts, highlights of past efforts include:

The 1970s

- The 100-series highways were created.
- Ice safety and water safety promotion began.
- Police became more actively involved in school-based safety activities and making roads safer.

The 1980s

- The Nova Scotia Safety Council (now known as Safety Services Nova Scotia) was a strong advocate for seatbelt legislation and started the Buckle Up Baby program.
- The Brain Injury Association of Nova Scotia and Spinal Cord Injury Prevention Program gained prominence through awareness and advocacy initiatives.
- Public health nurses became a new frontline injury prevention resource, working with new parents and providing advice on injury prevention for infants and young children.

The 1990s

- Bicycle helmet legislation was introduced.
- The Nova Scotia Child Safety and Injury Prevention Program, now called IWK Child Safety Link, and Emergency Health Services were created.
- The Canadian Hospitals Injury Reporting and Prevention Program was established to collect injury data from pediatric emergency departments across Canada, including the IWK Health Centre.
- The Nova Scotia Trauma Program was created in the late 1990s to ensure the complete continuum of injury—from prevention through to treatment and rehabilitation—was adequately addressed.
- The Comprehensive Report on Injuries to Children and Youth in Nova Scotia (1999) for the first time quantified the human impact of injury-related deaths and hospitalizations among Nova Scotia's children and youth.



The 2000s

- The Atlantic Network for Injury Prevention, now called the Atlantic Collaborative on Injury Prevention, was established. It enabled further collaboration among injury prevention organizations and governments in Atlantic Canada.
- The Report on Injuries to Adults in Nova Scotia (2002) was developed.
- The Economic Burden of Unintentional Injury in Atlantic Canada showed for the first time the economic toll of unintentional injury in the Atlantic provinces.
- The first Nova Scotia Injury Prevention Strategy was developed under the leadership of the Office of Health Promotion, now the Department of Health Promotion and Protection, and the Nova Scotia Trauma Program. This involved the input and collaboration of hundreds of injury prevention stakeholders.
- The Workers' Compensation Board launched its workplace injury social marketing campaign.
- Nova Scotia hosted the 2005 Canadian Injury Prevention Conference, signaling to national partners and others that Nova Scotia was a new leader in injury prevention.
- The Prevent Alcohol and Risk-Related Trauma in Youth program was created to address the potential for injury among one of the most vulnerable populations. In Nova Scotia, P.A.R.T.Y. operates through a partnership between the provincial departments of Health Promotion and Protection and Education, and Dalhousie University.
- Injury Free Nova Scotia was created in 2006.
- In 2006, CMHA developed and implemented the Communities Addressing Suicide Together (CAST) initiative. That same year the Nova Scotia Strategic Framework to Address Suicide was launched.
- In 2007 improvements were made to car seat and helmet legislation, and Nova Scotia took steps to strengthen efforts to stop impaired driving.
- In 2008 work began on a comprehensive road safety strategy for Nova Scotia.

The Turning Point

The development of the first Nova Scotia Injury Prevention Strategy in 2004 was a critical turning point for injury prevention in the province. New initiatives, programs, partnerships, and infrastructure have resulted. As prevention efforts evolved, new opportunities for collaboration were identified and created.

In 2007, in anticipation of the five-year anniversary of the Nova Scotia Injury Prevention Strategy, the Department of Health Promotion and Protection and Injury Free Nova Scotia began to engage stakeholders in a process to renew the strategy.

A Collective Effort

Following the launch of Nova Scotia's first injury prevention strategy in 2004, there has been significant progress in building the province's capacity to address injury and the priorities outlined in the strategy. This progress would not have been possible without the ongoing involvement and collaboration of many government and community organizations.

Between 2004 and 2009, the Department of Health Promotion and Protection invested more than \$4.5 million in the strategy. This investment helped create

- new injury prevention initiatives across government and at the community level
- more organizations and partnerships dedicated to addressing injuries
- a series of sub-strategies and actions in the areas of seniors' falls prevention, suicide, and road safety
- improved injury prevention infrastructure, leadership, and advocacy
- new policies and legislation

Many stakeholders have worked together to advance injury prevention in Nova Scotia. Collectively these organizations have advocated and educated other stakeholders and the public, contributing to the development and implementation of policies and legislation. Overall, they have sowed the seeds for a safer province in which to grow, live, work, play, and age.

Our successes would not have been possible without the collaborative efforts of many individuals and organizations over the years, working together to make our province a healthier and safer place. As we take our efforts to the next level under this renewed injury prevention strategy, collective thinking and action will remain critical to our success.

Renewed Purpose

The renewed Nova Scotia Injury Prevention Strategy builds on what has been achieved since the introduction of the original strategy in 2004. The purpose of the renewed strategy is to provide stakeholders, both within and outside of the traditional boundaries of injury prevention, with a framework to guide our collective activities, from planning and development through to implementation and evaluation.

This renewed strategy brings the work of the injury prevention community in line with the current environment. It provides us with an opportunity to build on what is already working, begin to address emerging priorities, and adopt new ways of working that will take our efforts to new heights. The renewed strategy provides a strategic and coordinated approach to preventing injuries in the future.



Process for Developing the Renewed Strategy

In spring 2007, the Department of Health Promotion and Protection (HPP) and Injury Free Nova Scotia (IFNS) agreed to work together and co-lead the process to renew the injury prevention strategy. A Strategy Renewal Advisory Committee was established in May 2007. The committee was co-chaired by HPP and IFNS and comprised representatives from public health, community-based organizations, and other safety-related organizations and sectors. The advisory committee provided strategic advice and guidance, and played an active role in designing the consultative process used to renew the strategy.

The renewal process took place over a 10-month period, beginning with the distribution of a strategy renewal survey to more than 30 organizations and groups in summer 2007. The purpose of the survey was to gather input and feedback from stakeholders regarding their work in injury prevention and how it related to the original strategy, and to identify strengths and areas for improvement. One hundred individuals from nine diverse groups, including injury prevention coalitions, public health teams, and advisory committees, completed the survey. While the response rate was somewhat low, respondents represented a wide variety of disciplines and sectors from a broad range of stakeholders across the province.

In November 2007, HPP and IFNS co-hosted a two-day Strategy Renewal Symposium attended by 150 stakeholders from varied backgrounds and organizations. The objectives of the symposium were to

- gather input to update the injury prevention strategy, ensuring its responsiveness to emerging trends and stakeholder interests
- strengthen the desire and commitment of stakeholders to work collaboratively and support implementation of the strategy
- build capacity among the individuals and agencies involved in injury prevention by increasing understanding about injury prevention issues across a variety of perspectives and by strengthening networks and linkages

Survey information was shared during the symposium, and stakeholders concurred on the importance of engaging the prevention community in the renewal of the strategy. Findings of the survey and symposium were critical to the work of drafting a renewed strategy. The draft strategy was then shared with a small representative group of experts and leaders for review and feedback, resulting in the creation of the renewed Nova Scotia Injury Prevention Strategy.

Collaboration was a hallmark of the original Nova Scotia Injury Prevention Strategy and continues to be a critical component of the renewed strategy, which is founded on the notion of collective ownership of injury prevention initiatives. Injury prevention is complex, and a collaborative approach is required to effectively address all of the factors that contribute to injury.



Shared Responsibility for Success

Success in creating a healthier and safer Nova Scotia requires a high level of collaboration among individuals, families, communities, non-governmental organizations, and all levels of government. It must also involve sectors and stakeholders outside the traditional boundaries of injury prevention.

What does the evidence say?

- Chronic disease and disability increase the risk of fall-related injuries among seniors and may diminish one's ability to drive safely.²³
- Cigarette smoking is an important risk factor for house fires and can contribute to the development of osteoporosis, a risk factor for falls.²⁴
- Stress contributes to the development of both chronic disease and the risk of injuries.²⁵
- Binge drinking increases the risk of injuries and violence. Similarly, these behaviours are associated with chronic health problems such as liver cirrhosis, cardiovascular disease, and depression.²⁶
- Globally, about 20% of injury cases reporting to emergency departments are associated with alcohol involvement.²⁷

Below are examples of opportunities that exist for engaging and collaborating with those who may not see themselves as injury prevention stakeholders, yet who have a role to play in injury prevention:

- People and organizations working in the field of **chronic disease prevention** have opportunities to also assist injury prevention. Policies designed to improve the environments and behaviours that influence poor health and chronic disease can also reduce the risk of injury.
- People who work to improve **mental health** or support those with mental illness contribute in many ways to a reduction in injury risk. Improving mental health and strengthening individual and community resilience plays a critical role in reducing suicide, violence, and the likelihood that individuals will engage in risky behaviours.
- Efforts to **alleviate health disparities** not only lower the risk of poor health; they also can improve safety and reduce the risk of injury.
- Creating environments that encourage and support **physical activity** also has the potential to make activities safer for all.
- Policies that support safe, alternative, and sustainable **transportation** can reduce exposure to road traffic injury risks.
- Harmful use of alcohol and/or drugs is a major contributor to injury. Strategies designed to reduce **substance abuse** will also generate reductions in injury rates.

Even those who do not see themselves as having a primary responsibility in injury prevention have a role to play in this renewed strategy, which invites everyone to participate and provides an integrated framework as a common point of reference. Success depends on the involvement of all stakeholders who have either the mandate or ability to positively influence injury prevention.

Ultimately, the renewed strategy belongs to all Nova Scotians and accountability for its success is shared among many sectors and stakeholders. The Department of Health Promotion and Protection will continue to provide provincial leadership and facilitate coordination of the strategy. However, everyone has a role to play in making Nova Scotia a healthier and safer place. We will only succeed if all partners step forward and contribute to the implementation of the renewed strategy. It is a shared responsibility.



Links to Other Strategies and Initiatives

Over the past several years, many government departments have written and implemented strategies aimed at improving the health and well-being of Nova Scotians. This section briefly describes a few of these strategies and the important role they will play in reducing injuries.

Nova Scotia Alcohol Strategy

The use of alcohol is one of the most significant risk factors for injury and is frequently associated with car crashes, falls, suicide, and violence. Fetal Alcohol Spectrum Disorder, which may result from the consumption of alcohol during pregnancy, can also lead to impulsive behaviour and a high degree of risk-taking. In 2007 the Department of Health Promotion and Protection released *Changing the Culture of Alcohol Use in Nova Scotia: An Alcohol Strategy to Prevent and Reduce the Burden of Alcohol-Related Harm in Nova Scotia*. Just as there are many links between alcohol and injury, the alcohol and injury prevention strategies should be aligned to increase the reach and effectiveness of both.

Strategy for Children and Youth

Our Kids Are Worth It!, the provincial Strategy for Children and Youth, was developed in 2007 following recommendations from the Nunn Commission investigating the tragic death of a woman who was hit by a stolen car driven by a youth. Led by the Department of Community Services with the support of an interdepartmental steering committee, the strategy provides an excellent opportunity to address many of the underlying causes of youth violence and high-risk behaviours that often result in injury.

Strategy for Positive Aging

Every month 700 Nova Scotians celebrate their 65th birthday. Presently there are more than 130,000 seniors living in the province, and this number is projected to reach 260,000 by 2025. With an aging population, new injury trends are evident. Seniors are at risk for many types of injuries, including those involving falls, violence and abuse, suicide, car crashes, and pedestrian mishaps. The *Strategy for Positive Aging in Nova Scotia* identifies nine goals and 190 societal actions aimed at achieving these goals, many of which will contribute to a reduction of injuries among older Nova Scotians.

Crime Prevention Strategy

Released in 2007, *Time to Fight Crime Together: Our Strategy to Prevent and Reduce Crime* serves as a guide for those working to reduce and prevent crime in Nova Scotia. The document, which identifies youth populations and violent crime as priorities, highlights the need to address the root causes of crime as one of the pillars of the crime prevention strategy. As the root causes of crime mirror the determinants of health and the root causes of injury and disease, there is much overlap between the guiding principles of the crime prevention strategy and the Nova Scotia Injury Prevention Strategy. Collaboration and integration present many opportunities to address the common goals of improving health and reducing crime.



What Are We Trying to Achieve?

The purpose of the 2004 injury prevention strategy was “to maximize the ability of all injury prevention stakeholders to reduce the physical, emotional, and economic impact of injury in Nova Scotia.” The renewed strategy embeds this goal within a broad vision for health, safety, and prosperity in the province. The strategy is intended to support all of Nova Scotia’s stakeholders over the next 3–5 years as they continue to contribute to a healthier and safer Nova Scotia through injury prevention.

Key Measures of Success

Nova Scotia has come a long way since the original strategy was launched in 2004; however, there is still a long way to go. Ultimately we are working toward a province where no one suffers from more than the most minor of injuries. As we work with a renewed strategy, a range of indicators can be used to show whether we are making a difference. The indicators listed below are a starting point for the evaluation of the success of the strategy.

Short-term Measures

In the short term we will see

- increased collaboration and linkages among and across sectors
- stronger leadership and capacity at provincial and local levels
- greater use of evidence in policies and programs
- increased co-operation and collaboration among injury prevention stakeholders and integration of efforts with other initiatives to address the root causes of injuries

Intermediate Measures

In the intermediate term we will see

- greater integration of efforts across sectors, settings, populations, and issues
- increased use of healthy public policy to reduce injuries at the provincial, local, and organizational levels
- stronger systems for monitoring disparities in injury
- stronger systems for monitoring the root causes of injury

Long-term Measures

In the long term we will see

- fewer and less severe injuries
- less injury-related disability
- less overall risk of injury among Nova Scotians
- reduction in the social and economic impacts of injury

Improving the health and safety of all Nova Scotians will take time. Using indicators of success to track our progress toward this ultimate goal will help us identify challenges, develop solutions, and celebrate our successes along the way.

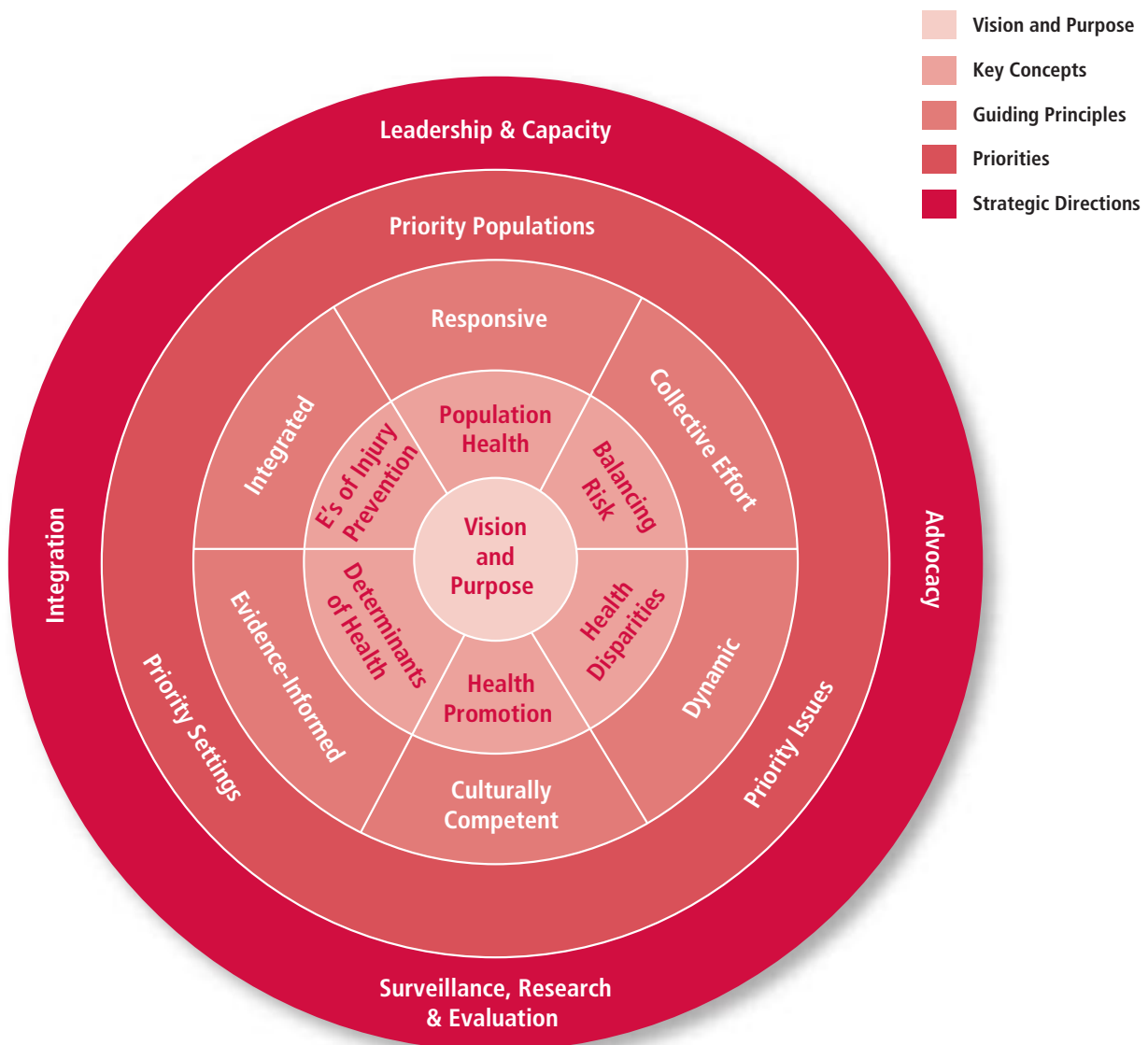


Renewed Nova Scotia Injury Prevention Strategy

Framework

The framework below illustrates the critical elements of the renewed Nova Scotia Injury Prevention Strategy. It is intended to assist all stakeholders in aligning injury prevention initiatives and activities with the strategy.

Beginning at the inner circle, the framework outlines the vision and purpose of the strategy. The second circle contains key concepts from the fields of health promotion, public health, and injury prevention that are the foundations of the strategy. The key concepts also lead to particular “ways of working” that are captured in the guiding principles (the third circle), and the identification of priority settings, issues, and populations (the fourth circle). The outer circle contains the strategic directions for the strategy, which include specific actions that are outlined in the sections that follow.



Vision and Purpose

Vision

Everyone in Nova Scotia working together to create healthy and safe communities.

Healthy communities are safe, sustainable, prosperous places to grow, live, work, play, and age. To achieve the strategic directions of this strategy, injury prevention must be part of a broader, comprehensive effort to build and improve the social, economic, and physical environments, and resources within communities. Through this, we will enable all people to develop to their maximum potential and participate actively in social, economic, cultural, and political life. We must collectively build our capacity across government and communities to develop and enhance the relationships, networks, policies, infrastructure, systems, and practices that collectively improve the quality of life for all Nova Scotians, now and in the future.

Purpose

The strategy serves as an integrated and comprehensive guide for our collective efforts to create healthy communities and thereby reduce injuries.

Scott's Story

On a cool and clear evening last spring, just before midnight, 17-year-old Scott was tearing around on the back roads in the family's old car when he lost control and crashed into a tree. Scott's legs were shattered and his spine badly damaged.

At first glance we want to blame Scott's crash on his reckless behaviour and perhaps inexperience. But, dig a little deeper, and there's a whole lot more to this story. Why did the crash really happen?

Scott's late-night joy rides were a way to cope with anger and isolation.

Scott was feeling troubled. He was living with his mother after she split from his dad. He rarely saw his father now, and worried about them drifting apart. The whole family thing was stressing him out.

Money was a big issue. His mother was always working. She was holding down two jobs just to pay the bills. It seemed like she was never home. Scott was trying to find work so he could help out, maybe even make some cash for his own pocket. Times were tough, though, and in this town, with little happening and Scott's inexperience, there was no work for him.

School was a problem too. He hated it. It frustrated him and he didn't seem to be learning anything useful. His parents and teachers were always at him to do better, but Scott was seriously considering dropping out even though he was scared of how his mom would react. Would she kick him out if he wasn't in school?

Scott was becoming an angry kid and that was wrecking his friendships, leaving him feeling more and more alone. He had a girlfriend for a while, but that fell apart a few months back. She told Scott he needed to pull things together—to stop being so mad at the world. Some of Scott's friends were popping pills to get high, and even though he did it a few times, he didn't want to anymore. He liked to stay clean so he could at least help out at home with his kid sisters.



Home was pretty much the only hangout for him. His family lived on the edge of town, seemed like the middle of nowhere. Even if he got to town, there wasn't a place for kids to hang out. His buddies would gather up at the school at night and on weekends, sometimes climbing on the roof to escape the cops. There just wasn't much to do. The old community centre closed two years ago because the town couldn't afford to keep it going—not enough people living there any more. Scott and his sisters used to be into hockey. They were pretty good, but these days the family couldn't afford it.

Scott's injuries have turned his world further upside-down. Now he's got a whole new set of challenges. How will he get to his doctors and rehab appointments in the city? Who will help with his exercises? None of his friends come around any more. Scott is even more depressed. The relationship with his mom and dad and sisters is changing, and he doesn't know where things will go.

Like Scott, his friends and family are just beginning to feel how huge the impacts of the crash are going to be and how it will affect Scott's future. Scott will never be the same again. His plans for work are blown away. Finishing school seems to Scott like an impossible task. And, with these injuries, Scott's health will suffer for the rest of his life.

Key Concepts

The involvement of so many sectors and organizations in injury prevention can lead to confusion around language, roles, and approaches. The intent of this section is to highlight some common approaches—those that are grounded in evidence and best practices, and that are integral to our work. This section explains six key interrelated concepts that are used nationally and internationally to promote health and lead to a reduction in illness and injuries. These six key concepts must be applied in our injury prevention work in Nova Scotia.

Population Health

“Population health builds on a long tradition of public health and health promotion.”²⁹ Drawing on the strategies of health promotion (explained below), population health is a widely used framework for understanding patterns of health, illness, and injury on a population-wide scale. A population health perspective on injury prevention leads to questions such as: What kinds of injuries are occurring? Are certain population groups more likely to be injured? Are there conditions in the social and physical environment that lead to the likelihood of injury? Taking a population health approach to injury prevention means

- focusing on the entire population as well as sub-groups within the population
- using health promotion strategies to engage in actions at multiple levels and in multiple settings
- addressing the social determinants of health and their interactions
- paying particular attention to populations where the greatest health disparities exist
- collaborating across the boundaries of various sectors
- engaging with communities
- making evidence-informed decisions and being accountable for the results

Population health builds on the five strategies outlined in the Ottawa Charter for Health Promotion³⁰ to impact the social determinants of health, reduce health disparities, and improve the overall health of the population.

Health Promotion

Population health approaches in Canada and internationally draw heavily from the field of health promotion, particularly the Ottawa Charter for Health Promotion. The Charter advances five essential strategies for promoting health and preventing injury and illness:

- Building healthy public policy—Putting health on the agenda of policy makers in all sectors and at all levels.
- Creating supportive environments—Recognizing the influences of social and physical environments and the need for healthy and safe choices to be available for everyone.
- Strengthening community action—Empowering communities to take control and ownership of their own endeavors and destinies.
- Developing personal skills—Increasing the ability of people to exercise more control over their own destinies and the environments that influence their health.
- Reorienting health and other services—Responding to the need to focus on prevention rather than treatment. While the focus has typically been on reorienting health services, other sectors such as the justice system can also play a powerful role in meaningfully impacting the root causes of injury and poor health.

A new way of thinking

In the past, many injury prevention efforts have been focused at the level of individual behaviour, relying on raising awareness and educating people so that they can make better decisions about their safety. However, we are learning that health promotion strategies aimed at improving behaviours have limited impact, and can actually contribute to widening the gap between the most and least healthy members of a society.

While many policies designed to reduce injury (e.g., seatbelts, occupational health) have been successful in reducing rates of injury, new legislation and policies have often failed to recognize that not everyone has the resources to comply, even when they want to. Thus many people assume injuries are the result of carelessness and a failure to heed safety warnings, rather than the result of factors in the social and physical environment that are conducive to injury. Building healthy public policy to create supportive and equitable social and physical environments is a focus of this renewed strategy.

Social Determinants of Health

Health and injury are influenced by a range of factors often referred to as social determinants of health. Age and gender were identified previously in this document as determinants of injury in Nova Scotia. Income, education, employment, housing, food security, addictions, and social inclusion are among other influential social determinants. Social determinants are not experienced one at a time; it is their combined influence that determines the health of individuals and communities.

In early 2009 the World Health Organization released a policy briefing, *Addressing the Socioeconomic Safety Divide*, which concluded that people with low socioeconomic status and those who live in poor neighbourhoods are more likely to die as a result of both intentional and unintentional injury than people who live in wealthy neighbourhoods.³² This applies to many of the leading causes of injury, including motor vehicle crashes, suicide, violence, poisoning, and burns. The results of the systematic review point to the importance of understanding and acting on the broad socioeconomic conditions in which injury occurs. Recent studies in Nova Scotia also demonstrate the link between income and rates of suicide and attempted suicide, falls among seniors, and injuries suffered by children and youth.^{33,34,35}

The renewal of Nova Scotia's injury prevention strategy provides an opportunity to embrace what has been known for a very long time—that the choices people (individuals, communities, and populations) make are shaped by the choices they have.³⁶ For instance, education and employment affect income and social status. These in turn help people gain control over their lives and contribute to individual and community health. The physical environments where we grow, live, work, play, and age also affect our health. Even the degree to which we feel included and are involved with friends, family, and our communities affects how healthy we will be.

“Depending on the nature of environments, different groups will have different experiences of material conditions, psychosocial support, and behavioural options, which make them more or less vulnerable to poor health.”³⁷ For example, people with lower levels of income may not be able to buy newer model cars with first-class safety ratings, or equip their cars with snow tires in winter. People who are not included in the life of their communities may experience higher levels of isolation and depression, leading to riskier behaviours and even suicide.

We also know that some groups of people in Nova Scotia have lower health status than others. The characteristics of groups that experience health disparities include people with lower levels of education and income, those living in rural areas or poorer neighbourhoods, and those who are part of groups that experience discrimination. These are not characteristics of individuals but of the economic and social environments in which they grow, live, work, play, and age.

People who live in less advantaged environments often bear a greater burden of the effects of injury. One of the aims of the renewed injury prevention strategy is to recognize and address these disparities, and reduce the harm done by injury to all Nova Scotians.

Evidence of the effects of socioeconomic status on injury

- Death rates among children of unemployed parents in the UK were 38 times higher than among children of affluent parents.
- There is a strong correlation between injury-related deaths and the material deprivation of individuals and neighbourhoods.
- In the UK, children of unemployed parents have a 20% higher death rate as pedestrians and cyclists than children of parents from the highest employment status.
- House fire death rates for children of unemployed parents in the UK are 38 times higher compared to the highest occupational status.
- In the US, studies found the risk of injury was up to 19 times higher among children whose mothers had education of less than high school level.³¹



Health Disparities

Major health disparities exist across Canada and are most evident in sub-groups such as low-income populations, female-led households with children, and aboriginal communities. Health disparities are differences in health status across a population. They are highly influenced by economic and social factors such as poverty, gender, and race/ethnicity. Health disparities can be understood as indicators of social and economic inequity.

Health disparities have been identified in numerous reports as a major public health issue. The 2008 report from Canada's Chief Public Health Officer suggests that blue-collar workers experience more than four times the rate of injury as white-collar workers, and men are more than twice as likely as women to experience work-related injuries.³⁸ In Nova Scotia we know women are far more likely than men to be hospitalized for a suicide attempt, while men are more likely than women to die by suicide.³⁹ Among older Nova Scotians, women are more likely than men to be hospitalized for a fall, and older men are more likely to die as a result of a fall.⁴⁰ We also know the links between income and injury that have been described in previous sections. From a population health perspective, this data demonstrates that injury is linked to factors such as occupation, income, and gender. Therefore, injury prevention efforts need to consider and respond to specific populations and the root causes.

The Three E's of Injury Prevention

The strategic directions of the strategy have also been developed with consideration given to a commonly used framework known as the "three E's" of injury prevention: education, enforcement, and engineering.

Education

Attitudes, knowledge, skills, and beliefs all influence the behaviours of people. Traditionally, many injury prevention efforts have tried to educate people, make them aware of the dangers associated with certain behaviours, and teach safe alternatives. While education and awareness can play an important role in influencing attitudes, knowledge, skills, and beliefs, we must recognize that other factors such as the social and physical environments also influence behaviour. As a stand-alone approach to preventing injuries, education and awareness-raising are not very effective; however, they are often critical elements of broader strategies designed to reduce injuries.

When considering the concept of education, it is also important to think about who the target of the education and awareness effort should be. The public or sub-populations should not be our only target. Rather, it may be quite strategic to direct our education and awareness efforts at other groups that can play a critical role in resolving an injury problem. These other important audiences include health professionals, law enforcers, educators, the media, policy makers, and the business community.

The notion of education is captured by the health promotion strategies of strengthening community action and developing personal skills. Through education, individuals and communities can increase their participation in improving health and safety.

Enforcement

Enforcement refers to the creation and enforcement of laws, regulations, procedures, and policies designed to reduce injuries. The notion of enforcement occurs at many levels: government, institutions, organizations, and even families. Enforcement seeks to effect changes in behaviour and shift the norms and culture of society toward greater prevention of injury. Enforcement as a tool for injury prevention is embedded with the ideas of creating supportive environments, reorienting services, and developing healthy public policies.

Examples of enforcement

Government—Occupational health and safety laws and enforcement measures

Institutions—Rules that prohibit throwing snowballs at school

Organizations—Procedures for handling a dangerous product in the workplace

Families—Rules for teenagers about using the family car

Engineering

Engineering seeks to alter the social and physical environments as well as the characteristics of products (e.g., vehicles, safety equipment) to decrease the risk of injury. The concept of engineering is reflected in health promotion through healthy public policies, creating supportive environments, and reorienting services.

Achieving healthy communities requires us to employ a range of strategies that draw on education, enforcement, and engineering. These integrated approaches remind us to focus attention on these factors within the economic, social, and physical environments of individuals, families, and communities. The three E's do not stand alone. They are part of a comprehensive framework for promoting health and therefore preventing injuries.

Balancing Risk

Most injury prevention advocates would agree that we cannot—and should not—protect Nova Scotians from all the dangers they are exposed to in everyday living. This would be neither practical nor wise. Instead, this strategy recognizes that risk is a part of everyday life. Taking healthy risks helps to build positive decision-making skills and strengthens self-esteem through a sense of accomplishment when a risk is overcome.

Allowing people, particularly youth, to engage in positive risk-taking helps develop resilient adults with the skills to cope with challenging situations. Through this strategy we must promote positive risk-taking and work with partners to provide positive substitutes for negative risks such as harmful use of drugs, binge drinking, or dangerous thrill-seeking. Helping Nova Scotians recognize where risks for injuries occur and providing them with good policies and supportive environments that mitigate these risks will prevent injury.

We need to create supportive environments and policies that keep people safe but still encourage them to engage in positive risk-taking. Providing the means (e.g., safety equipment or training) and safe settings (e.g., roads, skate parks, playgrounds) for people to participate in positive risk is encouraged through this strategy.

Finding the right balance

Too much risk and we endanger a child. Too little risk and we fail to provide a child with healthy opportunities for growth and psychological development.⁴¹

Guiding Principles

Drawing on the vision and key concepts for the strategy, the following underlying principles have been developed to guide our work.

- **evidence-informed**—surveillance, research, and community voices inform the work of the strategy
- **collective effort**—foster opportunities to work together and integrate our efforts to create healthy communities
- **responsive**—able to respond to the needs of all populations based on priorities established through evidence
- **dynamic**—continuously monitor, evaluate, and improve
- **integrated**—working together across sectors to address the factors and root causes that increase the risk of both intentional and unintentional injuries
- **culturally competent**—recognize and respond to the unique needs of diverse populations

Cultural competence

Cultural competence is a set of consistent behaviours, attitudes, and policies that come together in a system, organization, agency, or among professionals that enables all to work together in cross-cultural and diverse situations.

Cultural competence requires consideration of power and privilege, visible and invisible differences, equitable access, racism, and oppression.

Ignoring geographic, religious, social, cultural, linguistic, or other differences within the population creates barriers to accessing information, understanding risk, creating safe environments, and making safe choices—ultimately diminishing our ability to reduce injuries.⁴²



Strategy Priorities

The priorities in the framework are based on surveillance, research, and consultation. These priorities have been established to guide injury prevention planning and resource allocation.

Priority Issues

Injuries that have the greatest human, social, and economic impact in Nova Scotia are considered the highest priority for action in all of the strategic directions. These priority issues are

- seniors' falls
- suicide and attempted suicide
- road safety

Priority Populations

Priority populations are groups that are known, through evidence, to be at greatest risk of injury. The priority populations are

- children and youth
- older Nova Scotians (seniors)
- other populations at increased risk of injury

Priority Settings

Using a settings-based approach is considered best practice in health promotion. A focus on settings provides strategic opportunities to integrate prevention efforts in contexts where people grow, live, work, play, and age. The idea is not only that prevention efforts should take place within settings, but also that settings themselves are important influences on whether injury occurs. Priority settings are

- schools
- workplaces
- homes
- communities
- roads and streets
- health care settings
- recreation and leisure settings

A word about workplace injuries

Workplace injuries are a serious concern in Nova Scotia. While not specifically addressed in this strategy, we recognize the important efforts of WCB and its partners to reduce workplace injuries. Much of the work identified in the renewed injury prevention strategy will positively impact the safety and health of workers in Nova Scotia.

Reducing human suffering and the cost associated with workplace injury is what drives the WCB. With clear input from stakeholders, the WCB has set aggressive goals—by 2016, a 22% reduction in the number of people hurt on the job and a 26% reduction in lost time due to injury. This will mean by 2016 5000 fewer Nova Scotians injured on the job every year and 1300 fewer people losing time from work due to injury.

The work of the WCB provides a solid example of a comprehensive approach to injury prevention. This includes helping to create a workplace safety culture in Nova Scotia. Their approach includes raising awareness of workplace safety among Nova Scotians and promoting safe work practices on the job. WCB has implemented policies that offer rate incentives to reward employers who take positive steps to improve their workplaces, while encouraging employers who do not, to take immediate action.

Health care as a setting for injury prevention

The policies and practices in a variety of settings have a direct impact on injury prevention (e.g., seniors' falls prevention, addictions and mental health, fitness to drive).

Health care settings include primary care, emergency and acute care, and continuing care environments.

Strategic Directions

The strategic directions are the pathways for realizing the vision of the Nova Scotia Injury Prevention Strategy. The directions and related actions are based on what was heard during the renewal consultations, current trends, and best practices. They also are linked to government's directions and priorities for the public health system.

The actions listed under each of the strategic directions represent the types of activities that will need to be undertaken by all stakeholders over the next 3–5 years to support the strategy's implementation. The list is not intended to be exhaustive or prescriptive. Rather, it is meant to assist all stakeholders in identifying actions for injury prevention in future years.

Many of the actions listed below will cross over a number of strategic directions.

1. Integration

In order to achieve the vision of this strategy, stakeholders from all sectors of society will need to work together in a strategic and concerted effort to change the social, political, economic, and physical factors that determine community well-being. Effectively working together across sectors, backgrounds, and settings will create synergy that has meaningful and lasting impact. It means being catalysts, facilitators, and supporters of efforts to join our work together. It means including current and emerging strategies and initiatives, whether they are within or outside of traditional health domains. Specific efforts will be required to ensure that individuals, organizations, and communities not only understand their individual and collective roles, but also have opportunities to collaborate.

Actions to Support Integration

- 1.1 Engage and work with a range of multisectoral partners within and across the systems that impact health and safety.
- 1.2 Identify and advance opportunities for integration among related strategies and initiatives.
 - 1.2.1 Identify the linkages and shared outcomes (e.g., a mutual goal that cannot be achieved alone) between strategies or initiatives.
 - 1.2.2 Develop and sustain an infrastructure to support working across silos (e.g., a formally structured group of partners broader than traditional sectors, communication mechanisms, policies to guide how to work together).
 - 1.2.3 Clearly identify and state mutual benefits and opportunities.
 - 1.2.4 Share resources to maximize existing and garner new ones.
 - 1.2.5 Share planning and prioritizing to avoid duplication.
 - 1.2.6 Share expertise and data.
 - 1.2.7 Share accountability.
 - 1.2.8 Standardize processes.
- 1.3 Build commitment across all levels of management and leadership. Identify and support individuals who will champion the joining together of work.
- 1.4 Coordinate and consolidate injury prevention and other health promotion efforts across the human lifespan within settings where people grow, live, work, play, and age.
- 1.5 Advance injury prevention by building on the work of community, district, provincial, Atlantic, national, and international prevention efforts.

- 1.6 Maximize integration by ensuring that coordinating mechanisms and/or infrastructure exist to implement the strategic directions.
- 1.7 Work with the Nova Scotia Trauma Program and the Nova Scotia Trauma Advisory Council to ensure that injury prevention, treatment, and rehabilitation are part of an integrated continuum of programs, services, and policies.

2. Leadership and Capacity Building

To succeed, the renewed Nova Scotia Injury Prevention Strategy requires strong leadership. All levels of government, the public health system, and stakeholders within and outside the injury prevention domain must be committed to the strategy and accountable for its outcomes. Shared provincial and local leadership is required to provide strategic advice, coordination, and support for injury prevention. It is essential that injury prevention is acknowledged as a critical public health, safety and social sustainability issue. Sustained leadership and the capacity to coordinate and support all aspects of the strategy are necessary. To respectfully and with integrity transform systems to support the health of all communities, bold leadership and shared responsibility must be cultivated at all levels.

Actions to Support Leadership and Capacity Building

- 2.1 Create and maintain leadership structures at all levels and across sectors to facilitate and coordinate implementation of the strategy.
- 2.2 Allocate the appropriate human resources for the work required to implement the strategy.
- 2.3 Allocate resources to develop and provide relevant training and professional development to enhance the knowledge, competencies, and skills of practitioners, volunteers, and other stakeholders.
- 2.4 Involve communities in decision-making related to the development, implementation, and evaluation of interventions.
- 2.5 Enhance the capacity of communities to understand and apply a health equity perspective to local injury prevention initiatives.
- 2.6 Increase the capacity of decision makers to take action on the many factors that impact health and well-being within a community.

3. Surveillance, Research, and Evaluation

To reduce injuries, we need to know how many and what type of injuries are occurring, and to whom. Surveillance helps to provide a statistical portrait of injury. Other research can help us understand why injuries happen, the contexts in which injuries occur, and the circumstances that lead to injury (e.g., over-consumption of alcohol, lack of safety equipment). Evaluation is a means by which we can assess the results of our prevention initiatives to inform ongoing efforts. Public policy decisions and stakeholder actions can be enlightened by the timely sharing of knowledge that is generated through surveillance, research, and evaluation.

Actions to Support Surveillance, Research and Evaluation

- 3.1 Continue to work towards achieving the goals identified in the 2005 Nova Scotia Injury Surveillance Strategy.
- 3.2 Share best and promising practice research, program information, and linkages to other resources through the Health Promotion Clearinghouse and Network.
- 3.3 Develop tools and resources to assist communities and decision makers in applying knowledge gained from surveillance, research, and evaluation.
- 3.4 Develop local capacity to conduct research, surveillance, evaluation, and knowledge translation by partnering with academic institutions and research funding agencies.

- 3.5 Work together to build the public health system's capacity to conduct injury-related surveillance, research, and evaluation.
- 3.6 Work together with other stakeholders across the province and country to:
 - 3.6.1 enable the development of consistent national definitions, standards, coding, and collection of injury-related data, and
 - 3.6.2 share statistics and other information among data collection agencies.
- 3.7 Create and support the implementation of a standardized local, provincial, and national emergency department surveillance system.

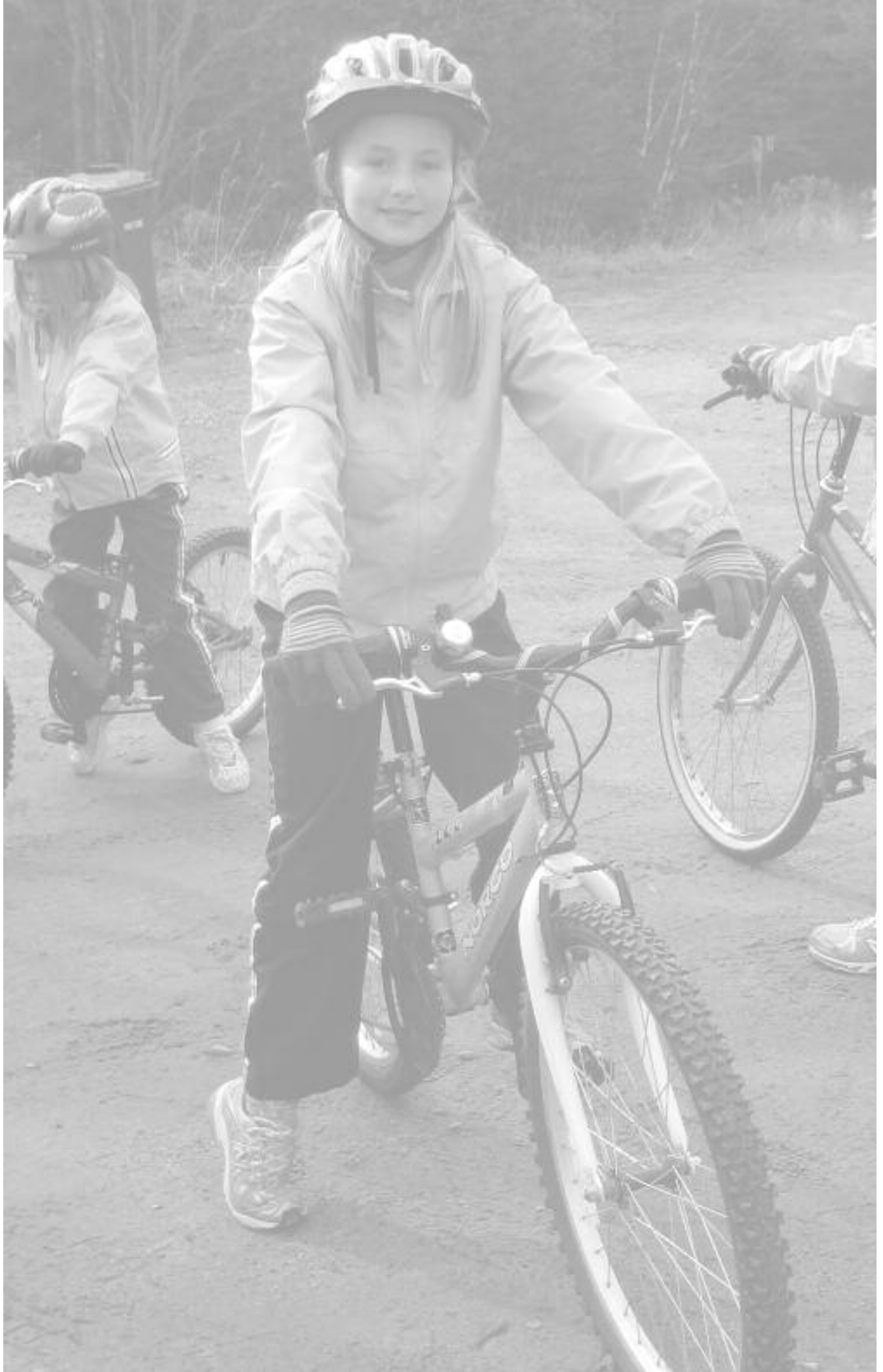
4. Advocacy

Advocacy is a powerful and essential ingredient for creating change in public policy. Advocacy helps to advance the perspectives of less privileged citizens and establish the conditions required to improve the health and safety of the entire population. The World Health Organization defines advocacy as “a combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for an identified health issue.”⁴³

Advocacy can attract the attention of policy makers, media, and the public to an issue of broad concern, contribute to the development of options for solutions, and build consensus about what can be done. In order to be successful, the Nova Scotia Injury Prevention Strategy must be supported by advocacy for healthy public policies and initiatives that promote and protect the health and safety of Nova Scotians.

Actions to Support Advocacy

- 4.1 Work with advocacy partners to create the necessary structure(s) that support advocacy for evidence-based healthy public policy at the local, provincial, and national levels.
- 4.2 Develop and communicate consistent messages to the public and decision makers about reducing health disparities by addressing the underlying determinants of health, and the need to adopt innovative approaches that will create healthier and safer communities.
- 4.3 Continue to advocate for the proposed Pan-Canadian Injury Prevention Strategy.
- 4.4 Promote understanding and increase awareness among Nova Scotians about the benefits of creating healthy public policy.



Conclusion

The renewed Nova Scotia Injury Prevention Strategy will allow the province's injury prevention stakeholders to take their efforts to the next level of understanding and action. The guiding principles for the strategy provide opportunities to engage in new ways of working, and the strategic directions and priorities will help focus prevention efforts. The strategy builds on past successes, incorporates new knowledge, and lays the groundwork for strengthened integration and co-operation to reduce injury and the substantial impacts of injury on individuals, families, and communities in Nova Scotia.

Everyone has a role to play in reducing injuries. What will you do?



References

1. Statistics Canada. (2002). Death by cause, Canada. External causes of morbidity and mortality, age group and sex. Ottawa: Government of Canada.
2. SMARTRISK. (2009). The Economic Burden of Injury in Canada. Toronto: SMARTRISK. Retrieved Sept. 14, 2009 from <http://www.smartrisk.ca/downloads/research/publications/burden/EBI-Eng-Final.pdf>
3. Vital statistics data for the periods 2001–02 to 2007–08 analysed by Department of Health IS4 and Department of Health Promotion and Protection PHAS (2009).
4. SMARTRISK. (2009). The Economic Burden of Injury in Canada. Toronto: SMARTRISK.
5. World Health Organization Regional Office for Europe. (2009). Addressing the Socioeconomic Safety Divide: A Policy Briefing. Copenhagen: World Health Organization. Retrieved Sept. 14, 2009 from <http://www.euro.who.int/document/e92197.pdf>
6. NS Department of Community Services. (2008). Weaving the Threads: A Lasting Social Fabric. Our Framework for Social Prosperity. Halifax: Government of Nova Scotia. Retrieved Sept. 14, 2009 from http://gov.ns.ca/coms/department/documents/Weaving_the_Threads.pdf
7. Schopper, D., Lormand, J.D., & Waxweiler, R. (Eds). (2006). Developing Policies to Prevent Injuries and Violence: Guidelines for policy-makers and planners. Geneva: World Health Organization. Retrieved Sept. 14, 2009 from http://www.who.int/violence_injury_prevention/publications/39919_oms_br_2.pdf
8. World Health Organization.(2008). Injuries. Geneva: World Health Organization. Retrieved Oct. 6, 2008 from <http://www.who.int/topics/injuries/about/en/index.html>
9. World Health Organization. (2008). 10 facts on injuries and violence. Geneva: World Health Organization. Retrieved October 6, 2008 from <http://www.who.int/features/factfiles/injuries/en/index.html>
10. World Health Organization. (2002). The injury chart book: A graphical overview of the global burden of injuries. Geneva: World Health Organization. Retrieved Oct. 6, 2008 from <http://whqlibdoc.who.int/publications/924156220X.pdf>
11. World Health Organization. (2002). The injury chart book: A graphical overview of the global burden of injuries. Geneva: World Health Organization. Retrieved Oct. 6, 2008 from <http://whqlibdoc.who.int/publications/924156220X.pdf>
12. SMARTRISK. (2009). The Economic Burden of Injury in Canada. Toronto: SMARTRISK.
13. Vital statistics data for the periods 2001–02 to 2007–08 analysed by Department of Health IS4 and Department of Health Promotion and Protection PHAS (2009).
14. Hospital Discharge Abstract Database for the periods 2001–02 to 2007–08 analysed by Department of Health IS4 and Department of Health Promotion and Protection PHAS (2009).
15. SMARTRISK. (2009). The Economic Burden of Injury in Canada. Toronto: SMARTRISK.
16. Public Health Agency of Canada. Chronic disease infobase. Ottawa: Government of Canada. Retrieved Oct. 7, 2008 from <http://204.187.39.30/Scripts/ncdchr.dll?name=NCDSICHR&cmd=CanHuMap>

17. Centers for Disease Control and Prevention. (2007). Traumatic Brain Injury in Prisons and Jails: An Unrecognized Problem. Atlanta: Centers for Disease Control and Prevention. Retrieved Sept. 14, 2009 from http://cdc.gov/ncipc/tbi/FactSheets/Prisoner_TBI_Prof.pdf
18. Hwang, S.W., Colantonio, S., Chiu, S. et al. (2008). The effect of traumatic brain injury on the health of homeless people. *Canadian Medical Association Journal* 179(8):779–784.
19. Lyons, R., Langille, L., & Duck, S. (2006). Difficult Relationships and Relationship Difficulties: Relationship Adaptation and Chronic Health Problems. In D.C. Kirkpatrick., S. Duck & M.K. Foley (Eds.), *Relating Difficulty*. London: Lawrence Erlbaum Associates.
20. SMARTRISK. (2009). *The Economic Burden of Injury in Canada*. Toronto: SMARTRISK.
21. NS Department of Health Promotion and Protection (2007). *Report on Seniors' Falls in Nova Scotia*. Halifax: Government of Nova Scotia.
22. SMARTRISK. (2009). *The Economic Burden of Injury in Canada*. Toronto: SMARTRISK.
23. Barss, P., Smith, G., Baker, S., & Mohan, D. (1998). Determinants of Injury. In *Injury Prevention: An International Perspective* (pp.74–102). New York: Oxford University Press.
24. Barss, P., Smith, G., Baker, S., & Mohan, D. (1998). Determinants of Injury. In *Injury Prevention: An International Perspective* (pp. 74–102). New York: Oxford University Press.
25. California Newsreel (2008). *Unnatural Causes: Is Inequality Making us Sick?* San Francisco: California Newsreel.
26. Babor, T., Caetano, R., Casswell, S., et al. (2003). *Alcohol: No ordinary commodity*. New York: Oxford University Press.
27. World Health Organization. (2007). *Alcohol and injury in emergency departments: Summary of the report from the WHO collaborative study on alcohol and injuries*. Geneva: World Health Organization.
28. see <http://gov.ns.ca/coms/department/Publications.html>
29. Public Health Agency of Canada. (2001). *What is the Population Health Approach?* Ottawa: Government of Canada. Retrieved Aug. 24, 2009 from <http://www.phac-aspc.gc.ca/ph-sp/approach-approche/appr-eng.php#history>
30. First International Conference on Health Promotion, sponsored by World Health Organization, Health and Welfare Canada, Canadian Public Health Association. (1986) *Ottawa Charter for Health Promotion*. *Canadian Journal of Public Health* 77(6): 426.
31. World Health Organization Regional Office for Europe. (2009). *Addressing the Socioeconomic Safety Divide: A Policy Briefing*. Copenhagen: World Health Organization..
32. World Health Organization Regional Office for Europe. (2009). *Addressing the Socioeconomic Safety Divide: A Policy Briefing*. Copenhagen: World Health Organization.
33. NS Department of Health Promotion and Protection (2009). *Suicide and Attempted Suicide in Nova Scotia, 1995–2004*. Halifax: Government of Nova Scotia. Retrieved Sept. 14, 2009 from http://www.gov.ns.ca/hpp/publications/Suicide_Report.pdf
34. NS Department of Health Promotion and Protection (2007). *Seniors' Falls in Nova Scotia, 2000–2004*. Halifax: Government of Nova Scotia.
35. NS Department of Health Promotion and Protection (2009). *Child and Youth Injuries in Nova Scotia, 1995–2004*. Halifax: Government of Nova Scotia.

36. California Newsreel. (2008). Ten Things to Know about Health. In *Unnatural Causes: Is Inequality Making us Sick?* San Francisco: California Newsreel. Available at <http://www.unnaturalcauses.org>
37. Commission on Social Determinants of Health. (2008). *Closing the Gap in a Generation: Health equity through action on the social determinants of health*. Geneva: World Health Organization.
38. Public Health Agency of Canada. (2008). *The Chief Public Health Officer's Report on the State of Public Health in Canada 2008*. Ottawa: Government of Canada. Retrieved Sept. 14, 2009 from <http://www.phac-aspc.gc.ca/publicat/2008/cpho-aspc/index-eng.php>
39. NS Department of Health Promotion and Protection (2009). *Suicide and Attempted Suicide in Nova Scotia, 1995–2004*. Halifax: Government of Nova Scotia.
40. NS Department of Health Promotion and Protection (2007). *Seniors' Falls in Nova Scotia, 2000–2004*. Halifax: Government of Nova Scotia.
41. Ungar, Michael. (2007). *Too Safe for Their Own Good: How risk and responsibility help teens thrive*. Toronto: McClelland & Stewart.
42. NS Department of Health. (2005). *A Cultural Competence Guide for Primary Health Care Professionals in Nova Scotia*. Halifax: Government of Nova Scotia. Retrieved Sept. 14, 2009 from http://healthteamnovascotia.ca/cultural_competence/Cultural_Competence_guide_for_Primary_Health_Care_Professionals.pdf
43. World Health Organization. (1995) *Report of the Inter-Agency Meeting on Advocacy Strategies for Health and Development: Development Community in Action*. Geneva: World Health Organization.

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