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# BC Injury Research and Prevention Unit

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A Report to the BC Ministry of Health  
for the period  
April 2005 to March 2006



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# 1. Introduction

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## BC Injury Research and Prevention Unit

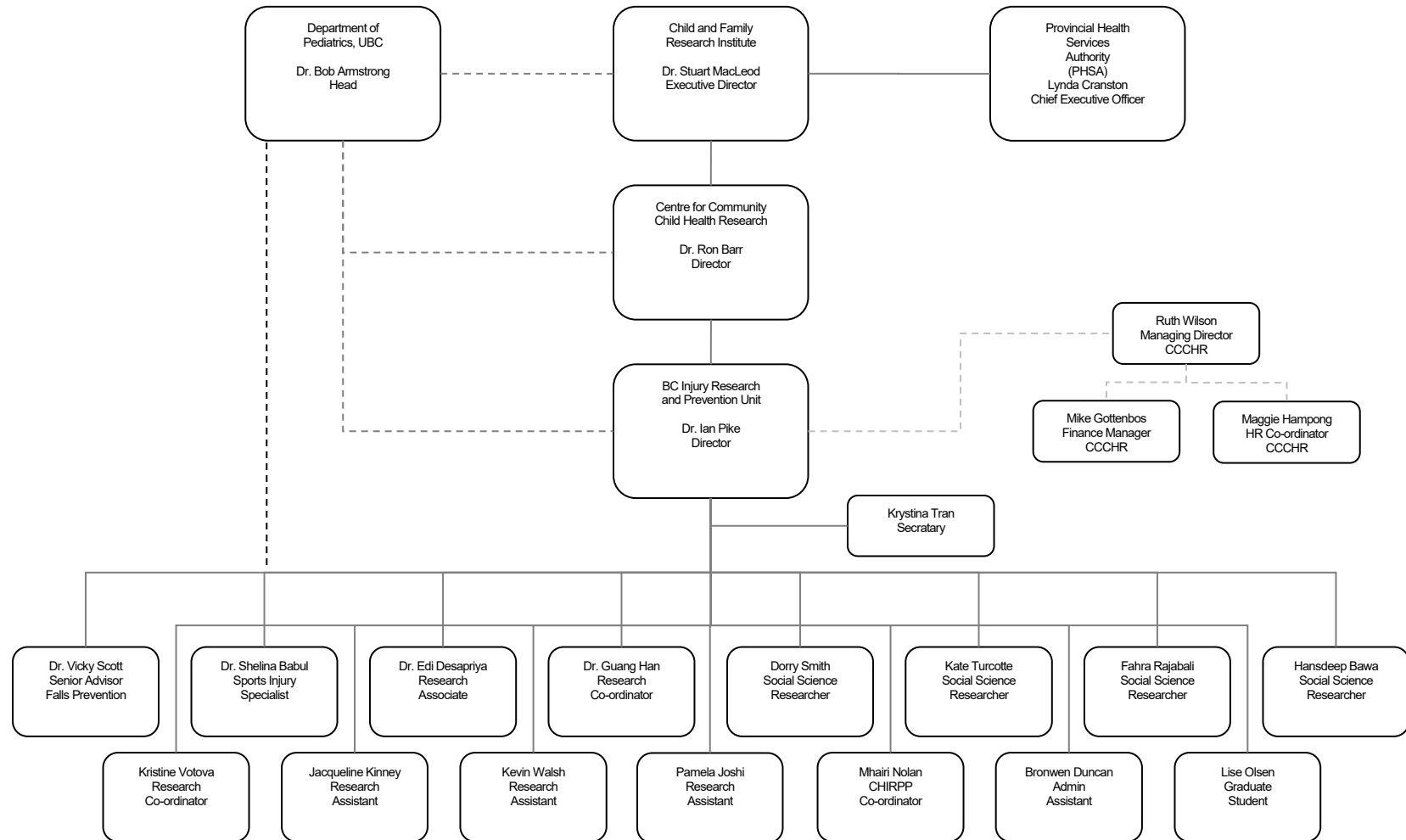
The British Columbia Injury Research and Prevention Unit (BCIRPU) is located at BC Children's Hospital and is a core research program of the Centre for Community Child Health Research, Child and Family Research Institute. BCIRPU also serves as a student training centre, and staff at the Unit may hold faculty appointments at the University of British Columbia.

BCIRPU was established in August, 1997 as part of a province-wide partnership between the Centre for Community Child Health Research, BC Ministry of Health and BC Children's Hospital to address critical gaps in the injury prevention field in BC: the need for quality and comprehensive injury data, the need for quality injury prevention research, and the need to coordinate injury prevention efforts.

Since its formation, BCIRPU has developed a successful program of injury research and surveillance which has contributed to the understanding and prevention of unintentional injury in BC and beyond, and which has attracted significant research grant funding and added to the scientific and professional literature. Through its many partnerships and collaborations, BCIRPU has been a leader in the development of evidence-based prevention strategies, and has gained a solid reputation among the provincial, national and international injury prevention communities.



## Organizational Chart



# BC Injury Research and Prevention Unit Staff

**Ian Pike, PhD**

*Director, BC Injury Research and Prevention Unit (BCIRPU)  
Director, Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP)  
Assistant Professor, Department of Pediatrics, UBC*

**Vicky Scott, PhD**

*Senior Advisor - Falls Prevention  
Adjunct Assistant Professor, Health Care & Epidemiology, UBC  
Adjunct Professor, School of Nursing, UVic  
Research Associate, Centre on Aging, UVic*

**Shelina Babul, PhD**

*Sports Injury Specialist  
Clinical Assistant Professor, Department of Pediatrics, UBC*

**Ediriweera Desapriya, PhD**

*Research Associate  
Motor Vehicle Traffic Safety and Injury Specialist*

**Guanghong Han, PhD**

*Research Co-ordinator  
Data Management, Integration and Analysis specialist*

**Kristine Votova, MA**

*Research Co-ordinator - part-time (Falls Prevention)*

**Dorry Smith, MPH**

*Social Science Researcher  
Safe Communities Co-ordinator*

**Fahra Rajabali, MSc**

*Social Science Researcher*

**Kate Turcotte, MSc**

*Social Science Researcher*

**Hansdeep Bawa, BSc**

*Social Science Researcher – part-time  
(Falls Prevention)*

**Lise Olsen, BSN, MPH, PhD Student**

*Social Science Researcher – part-time*

**Mhairi Nolan, RN**

*CHIRPP Program Coordinator – part-time*

**Jacqueline Kinney, BSc**

*Research Assistant*

**Kevin Walsh, BA**

*Research Assistant – part-time*

**Pamela Joshi , BSc (on leave)**

*Research Assistant – part-time contract*

**Bronwen Duncan**

*Administrative Assistant - part-time  
(Falls Prevention)*

**Krystina Tran**

*Secretary- part-time*

## 2. Overview

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### BC Injury Research and Prevention Unit

Primary and secondary research activities, including surveillance, continued to be priorities for BCIRPU in 2005-2006. Given that BCIRPU has amassed a considerable knowledge base during the past seven years, a continuing strategic direction was a focus on the transfer of this knowledge to injury prevention practitioners and stakeholders. Through the transfer of this knowledge, particularly in the area of falls prevention among seniors, BCIRPU took a significant role in advising injury prevention stakeholders on the development, delivery and evaluation of injury prevention initiatives.

BCIRPU continued to work with three main stakeholder groups to reduce the burden of injury in BC:

- **Those at risk of injury.** This includes the general public, parents and caregivers. Anyone who participates in activities where there is a risk of injury is a potential stakeholder. BCIRPU provides information and education to assist the public to understand risks and how to reduce this risk to prevent injury.
- **Those who care for those at risk of injury.** This includes post-secondary educators, teachers, coaches, nurses, aids, physiotherapists, occupational therapists, activity aids, physicians, pharmacists, ambulance attendants, RCMP, police officials, firefighters, community health workers, managers of institutional and community education and health programs and facilities
- **Those with a mandate for public health and safety.** This group includes those who run community recreation and activity centres, sports facilities, transportation providers, municipal governments responsible for the design and operation of safe public environments and roads, public health units, fire departments, police, Coast Guard, poison control centres, ICBC, WCB and community organizations with a mandate for public health and safety (e.g. Red Cross, St John Ambulance, Safety Councils). This group includes policy makers, program developers, governments and product safety organizations. It also includes the media, who provide critical communications to the public on public health & safety awareness, education, and at times of public health concern and disaster.

### 3. Purpose of this Report

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*Reports that say that something hasn't happened are always interesting to me, because as we know, there are known knowns; there are things we know we know. We also know there are known unknowns; that is to say we know there are some things we do not know. But there are also unknown unknowns - - the ones we don't know we don't know.*

*Donald H. Rumsfeld. US Secretary of Defense (1932 - )*

The purpose of this report is threefold:

1. To provide the BC Ministry of Health with an update on the activities undertaken by the BCIRPU in its mission to reduce the societal and economic burden of injury among all age groups in British Columbia during the 2005-2006 operating period
2. To assist in identifying progress towards achievement of the strategic priorities as outlined in the BCIRPU 2005-2010 Strategic Plan
3. To report to partners who collaborate, cooperate, support and fund injury prevention research and control initiatives advanced by BCIRPU

The report summarizes the direction and performance of the BCIRPU for the period April 1, 2005 – March 31, 2006. The focus on injury research, surveillance, knowledge and evidence production continued as foundational activities of the BCIRPU during the year. Building on this foundation, and in accordance with the BCIRPU 2005-2010 Strategic Plan, the Unit made progress during 2005-2006 to:

- provide greater focus on the translation of knowledge to injury prevention professionals and community stakeholders through the development of community partnerships and the use of the Knowledge Transfer process

Providing support to professionals and practitioners responsible for injury prevention in the Regional Health Authorities and provincial and community groups is a key strategy, and resulted in significant activity throughout the year. BCIRPU was instrumental in providing detailed data reports and recommendations, which provided the basis for collaborative planning and implementation of injury prevention initiatives according to regional priorities. During 2005-2006, BCIRPU worked in all regions to address a variety of unintentional and intentional injury issues throughout the province.

- provide greater focus on the development of knowledge and evidence-based strategies for the prevention of intentional injury

Given the emerging recognition of the massive burden that intentional injury places on society, as well as the understanding that many intentional injuries are amenable to similar prevention strategies, BCIRPU started to develop expertise and knowledge transfer activities in the prevention of intentional injuries, beginning with youth assaults, abuse and suicide.

- provide greater focus on injury research and prevention among the elderly in addition to the prevention of falls

BCIRPU continued to make significant investment in seniors' falls prevention research activities. In addition, BCIRPU carefully monitored other injury issues emerging in the senior's population. The rate of pedestrian injuries and motor vehicle crashes among older adults and seniors are increasing and prompted initial research activities with a view to developing long-term prevention strategies.

- provide greater focus on public awareness and policy development by preparing injury reports targeted to the media and local, municipal and provincial policy-makers

Changing perceptions in the minds of the public and our elected leaders about the ability to prevent injury is a key factor to success. BCIRPU sought to enhance its efforts through a key communication to the BC Government Select Standing Committee on Health aimed at raising injury prevention on the public agenda and influencing healthy public policy. Other components of this strategy included targeted communications to injury prevention professionals, practitioners, policy makers and community groups in an effort to reduce risk factors and risky behaviour, and to change the way people perceive injury. Key among these was BCIRPU participation in the review and development of the National Injury Prevention Strategy, launched in November, 2005.

- provide support to the BC Injury Prevention Leadership Network in the achievement of its targets for injury reduction in British Columbia

The BC Injury Prevention Leadership Network is an independent strategic alliance of member organizations who work to address injury prevention priorities by supporting injury prevention activities across British Columbia. The Network provides a forum for organizations to advise and assist one another regarding policies and programs that members' organizations are undertaking. A key activity during 2005-2006 was to identify injury prevention priorities consistent with BC public health core programs, and to coordinate activities addressing significant injury issues facing any/all age groups in British Columbia where evidence supports that progress can be made in injury reduction. BCIRPU provided secretariat services to the Network, and the BCIRPU Director served as the Chairperson.

## 4. BCIRPU Core Functions

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The following core functions of the BCIRPU are to correspond with strategic direction of the Ministry of Health, specifically as detailed in the annual Population Health and Wellness Division Service Plan. Each year, planned deliverables derived from these core functions for the 2005 - 2010 fiscal years are detailed and reported on.

### **1. Support to Injury Prevention Practitioners, Stakeholders, Program Providers, Planners and Policy Makers**

1.1 Provide support to the BC Regional Health Authorities (RHAs) and other BC injury prevention stakeholders to develop regional and community specific injury prevention plans and evidence-based interventions. Support is to include data collection, interpretation, summary analysis and reporting; assistance in developing regional injury prevention priorities and targets to reduce incidence and severity of injuries; the planning and implementation of initiatives to address identified targets; and the development and delivery of on-going monitoring and evaluation to assess impact of injury prevention plans and initiatives.

1.2 Provide support to the MoH, other BC Ministries and the BC Injury Prevention Leadership Network (BCIPLN) in establishing provincial strategic direction for injury prevention and the advancement of injury prevention policy.

1.3 Through the adoption of a population health approach to injury prevention, provide a provincial hub of knowledge and expertise that is accessible to injury prevention practitioners and stakeholders. Upon request, provide injury data, summary analysis of data and brief data reports to the MoH, RHAs and other BC injury prevention stakeholders. Funding assumes approximately 2 days per week of services, on average, plus supervision and quality control. (Note: the BCIRPU is encouraged to contract out additional injury prevention services to the Regional Health Authorities).

1.4 Be proactive in advising the MoH and the BCIPLN of emerging injury trends, identified gaps in the evidence base, best practices and best buys/relative of merit of program alternatives.

1.5 Provide leadership and support to the formation of BC injury prevention coalitions (e.g. BC Falls Prevention Coalition).

1.6 Provide secretariat support to the BCIPLN.



## **2. Surveillance**

2.1 Provide on-going collection, analysis, interpretation and timely dissemination of high quality unintentional and intentional injury statistics and information in BC. Publish comprehensive reports on the trends and patterns across BC that include a description of the scope and burden of the specific injuries in BC, evidence-based best practices for the prevention of the specific injury, and specific recommendations for injury prevention planning.

2.2 Generate biennial surveillance reports focusing on Unintentional Injuries amongst Adults and Seniors in BC and Unintentional Injuries amongst Children and Youth in BC.

2.3 Provide support to RHAs (by providing systematic reviews) to develop strategic plans for injury prevention based on locally identified priority injuries. Provide a review of the evidence of effectiveness for RHA level or community level injury prevention interventions (while not neglecting provincial and national evidence, where appropriate).

2.4 Produce specialized reports, such as the Top 10 Fact Sheets and Best Practice Guidelines, to summarize and highlight key injury issues within particular target regions and communities within BC.

2.5 Provide support to RHAs to develop and implement injury surveillance tools and systems.

2.6 Improve and maintain an ongoing system of injury surveillance across BC by refining the collection of data from external sources and identifying and establishing new sources of data. Facilitate the development and implementation of databases that provide new and original information by securing commitment to cooperate and collaborate through access to, and the provision of, regional, provincial and federal injury data sources.

## **3. Development of Knowledge and Evidence**

3.1 Provide support to RHAs and other BC injury prevention stakeholders to implement best-practice injury prevention program trials and evaluations. Conduct in-depth investigation into programs that demonstrate 'models of excellence' in BC. Publish comprehensive reports at the conclusion of injury prevention program trials, investigations or evaluations.

3.2 Develop innovative and compelling proposals for injury knowledge and evidence development to attract external grant funding. Develop proposals that address gaps in the knowledge and that will contribute to the implementation of evidence-based injury prevention in BC. The program is to focus on quantifying the incidence and nature of injury events; determining risk factors for behaviour and injury prevention (to include social and demographic factors); identifying barriers to targeting risk factors and how to overcome them; evaluating the effectiveness of interventions to reduce injury-related morbidity and mortality; and determines the cost-effectiveness and cost-benefit ratios of particular interventions.

3.3 Drive forward the agenda for knowledge and evidence development into intentional injuries and injuries among Aboriginal peoples in BC.

3.4 Ensure that the Knowledge Transfer Framework is adopted and established as integral to all appropriate current and future knowledge development efforts, and grant funding applications.

3.5 Keep current of the best prevention practices in BC, throughout Canada and in other countries around the world by reviewing literature on injury prevention interventions and by networking with local, regional, national and international injury prevention partners.

#### **4. Education and Knowledge Transfer**

4.1 Provide a transfer of injury prevention knowledge (using the Knowledge Transfer Framework) to RHAs and other injury prevention professionals, practitioners and stakeholders in a way that best serves the user in order to enable cost-effective, evidence-based and targeted injury prevention policies, strategies and interventions to be developed, implemented and evaluated.

4.2 Disseminate BCIRPU reports to the MoH, RHAs, BCIPNL and other BC injury prevention stakeholders. Reports should be developed in a multi-media format (bound, electronic version etc) and an appropriate amount disseminated to the MoH, members of the BCIPNL and each of the six RHAs (specifically, the Chair/CEO, Chief Medical Health Officer and Injury Prevention Contact).

4.3 Deliver the Canadian Injury Prevention and Control Curriculum by RHA areas to increase the number of well-informed injury prevention practitioners with the capacity to drive forward injury prevention in BC. Explore, develop and deliver in collaboration, targeted injury prevention and control curriculums (e.g. Falls Prevention Among Older Adults and Injury among Aboriginal Peoples) throughout BC.

4.4 Plan and lead the delivery of provincial and regional educational/training events such as the Provincial Injury Prevention and Control Conference, and one and two day specific injury prevention workshops.

4.5 Distribute the Top 10 Facts Sheets describing local, provincial and national statistics on specific priority injury areas in BC. Develop education and prevention sheets to complement the fact sheets. Continue ongoing production of a target 4 additional/updated facts sheets per year.

4.6 Create and maintain an extensive BCIRPU website (to include BCIRPU's mission, goals, strategic direction, scope and details of work, personnel, secure webpage's for identified injury prevention coalitions (e.g. BC Falls Prevention Coalition), best-practice guidelines, injury prevention models, gaps in injury prevention knowledge and evidence, links, injury prevention tool repository, calendar of events, network of injury professionals, publications etc).

4.7 Organize a province-wide teleconference series to provide a forum for injury prevention practitioners within BC communities. Purposes include networking, increasing knowledge, sharing ideas and accessing resources.

- 4.8 Provide advanced education and training to future injury prevention professionals.
- 4.9 Continue to collaborate and support falls prevention among older adults initiatives in BC through conducting literature reviews; reviews of draft proposals, business plans and evaluation reports; and participation in regional planning meetings.
- 4.10 Continued participation in planning, implementing and presenting at regional, national and international conferences.

## **5. Public Information**

- 5.1 Create and implement a communications plan aimed at raising injury prevention on the public agenda. To be targeted to high-risk groups and the general population in an effort to reduce risk factors and risky behaviour, and an effort to change the way people perceive injury.
- 5.2 Develop injury-related resources and media releases that meet standards of high quality, clear, credible, accurate and relevant information.
- 5.3 Be proactive in engaging with the media to encourage editors to use appropriate and accurate language for the reporting of injury events and in order to develop and maintain a public profile for injury prevention in BC. Also, be in regular communication with the media in order to promote the release of new injury prevention reports and resources.
- 5.4 Disseminate injury-related public information resources as appropriate to specific communities throughout BC.
- 5.5 Provide a user-friendly interface on the BCIRPU website, to allow the public to access injury prevention resources and information.

## **FUNDING**

### **6. Matching Contribution**

- 6.1 The MoH will provide annual funding to the BCIRPU. The Contractor agrees to provide a minimum of 50% the annual funding annually in matching funds to increase the BCIRPU's capacity to achieve strategic goals. During the period 2005-2010, the Contractor also agrees to target finding additional matching funds to achieve a minimum level of 100% matching of the annual funding provided by the MoH.
- 6.2 The MoH funding is to be matched by the Contractor to the BCIRPU through a minimum of \$75,000 per annum provided in operating revenue; an in-kind contribution to include adequate accommodation (i.e. light, heat, electricity, phones, computers, cleaning and routine maintenance); and to continue to use the funding as leverage with external agencies to increase the likelihood of attracting additional financial resources for the development of injury prevention knowledge

and evidence by submitting at least two grant applications to funding agencies per year.

## **MONITORING/ACCOUNTABILITY**

### **7. Reporting**

7.1 Provide an annual report on the activities of the BCIRPU to be made available to the MoH, the BCIPLN and other injury prevention stakeholders. Specific information pertaining to the deliverables resulting from MoH funding should be made available to the MoH.

7.2 Provide a statement of expenses and outline how the MoH funds were used and matched. The statement period should be the previous April 1 to March 31 fiscal year and should be received by the MoH no later than 6 weeks after the end of each fiscal year.

7.3 To actively engage with the MoH in quarterly progress meetings and an annual review meeting to discuss BCIRPU core functions and next fiscal and future deliverables.

7.4 Provide copies to the MoH of submitted funding proposals.

7.5 Forward all BCIRPU staff meeting minutes to MoH.

## 5. 2005-2006 Deliverables Report

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### 1. Support to Injury Prevention Practitioners, Stakeholders, Program Providers, Planners and Policy Makers

1.1 Presentation on the development of a Provincial Injury Prevention Framework delivered to MoH – to include a discussion/evidence paper outlining the injury prevention position and strategic direction required at a provincial and regional level for a coordinated approach to injury prevention in BC.

Report:

- Discussion Paper outline and Table of Contents circulated and discussed by BC Injury Prevention Leadership Network (BCIPLN)
- Questionnaire circulated and completed by BCIPLN members
- Discussion Paper Draft circulated to all members of the BCIPLN, BC Aboriginal Injury Prevention Steering Committee (BCAIPSC), and attendees at the March, 2006 BC Injury Prevention Conference
- Deadline for feedback from committee members – April 19
- Revisions implemented for update of BCIPLN at May 16 meeting
- Final Discussion Paper produced and circulated by June 30, 2006

1.2 Implement a Communication Strategy to target key injury professionals, practitioners and other stakeholders to promote the use of BCIRPU injury data, information reports and services. To plan and facilitate injury prevention planning sessions following requests from the RHAs. (NOTE: The BCIRPU will provide staff time, analysis, interpretation and reports. External financial assistance will be required for BCIRPU staff travel, accommodation, meals and incidentals; and for training venues, resources and materials).

Report:

- Meetings with Ministry and RHA contacts to promote the use of BCIRPU data reports and services
- Key focus areas: i) Senior's Falls and Injury Prevention; ii) Regional Injury Baseline Reports, Environmental Scans and Prevention Planning; iii) Canadian Injury Prevention and Control Curriculum

1.3 Presentation regarding the activities and function of the BCIRPU to the Health Officers Council.

Report:

- Presentation made at May 2, 2006 Ministry of Health Policy Rounds – “There are No Accidents: The Way Forward for Injury Prevention in BC”

1.4 Assist in developing new Adult Care Regulations of the Community Care and Assisted Living Act requiring licensed long-term care facilities to develop a Falls Among Older Adults Prevention Plan. Once developed, assist in the planning for uptake and evaluation.

Report:

- Meeting held with Ministry of Health licensing staff to draft wording for regulations and plan for implementation
- Next steps include providing a summary of existing initiatives in B.C. targeting seniors in licensed facilities and drafting guidelines for falls prevention relevant to residential care settings in B.C. that would support wording of the new regulations

1.5 Meetings to work with a sub-committee of the Patient Safety Committee to identify necessary guidelines and policies for identifying and reducing falls among in-hospital patients.

Report:

- Patient Safety Committee contacted regarding a meeting
- Letter of Intent submitted to Canadian Patient Safety Institute; potential for research grant to support this project

1.6 Leadership role in the formation of the BC Falls Prevention Coalition (BCFPC) that will provide guidance and support for future falls prevention planning and implementation. Establish BCFPC teleconference schedule. Secretariat provided for the BCFPC.

Report:

- Secretariat role defined and implemented
  - New coalition members identified and confirmed
  - Terms of reference for BCFPC drafted and accepted by coalition members
  - Teleconference meetings held May 3, Sept. 28, 2005 and Jan. 25, 2006 to share plans and activities across regions and professional groups and assist in setting priorities
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- Proposal submitted to PHAC and BC MoH for funding to support the following activities:
    - Assist in documenting the evolution of falls prevention in BC over the past 15 years
    - Conduct a survey of all BCRPC members and in-depth telephone interviews with key informants on current infrastructures, funding sources, guideline use and priorities for future falls prevention in BC
    - Compile an inventory and critique of existing practice guidelines for falls prevention
    - Produce a draft final report and executive summary concerning the above initiatives and submit to PHAC and BC MoH, Office for Women, Children and Seniors for review and comments
  - Successful in application for funding from PHAC and MoH for funding to complete the above activities. Survey completed and analysis underway. Meeting rooms secured and event planning completed.
  - Proposal submitted to the Michael Smith Foundation for a Team Building grant to form a sub-set of the BC Falls Prevention Coalition to:
    - Conduct a face-to-face meeting with the QHR and AHR members of the BC Falls Prevention Coalition (BCFPC) to identify research priorities
    - Compile an inventory of research completed, research in progress and capacity for new research in BC
    - Establish research partnerships in order to carry out priority research initiatives
    - Identify potential funding sources for new research proposals
    - Conduct a second meeting of QHR's to prepare at least one grant application in 2007

1.7 Support through the BCFPC to RHAs in setting targets for falls among older adults related injury reduction and processes for accountability.

Report:

- Review of draft documents from RHAs with advice given on reasonable targets, appropriate data sources and relevant evidence to support targets
- Regular support provided through email and telephone to support regional planning and strategy development for falls prevention
- Attended RHA falls prevention strategic planning meetings:
  - VCHA
    - January 31, 2006: Face-to-face meeting in Vancouver for the VCHA Falls Prevention Executive Committee
    - Emails and telephone meetings with VCHA Falls Prevention Manager and newly appointed Falls Prevention Coordinators
    - Emails and telephone meetings
  - VIHA
    - February 22, 2006: Face-to-face planning meeting in Victoria
    - January – February 2006 review of draft strategic plan and implementation plan
    - Emails and telephone meetings

IHA

- January 10, 2006: Teleconference meeting on use and interpretation of existing data for target setting and program evaluation
- March 13, 2006: Face-to-face meeting in Kelowna with Falls Prevention Manager and team working on new strategic plan
- Emails and telephone meetings

FHA

- January 31, 2006: Invited speakers at face-to-face meeting in Surrey as part of the FHA forum on falls prevention planning
- Emails and telephone meetings

NHA

- Emails and telephone meetings with Falls Prevention Manager and Director of Seniors Services for NHA
- March 3, 2006: Face-to-face meeting with Falls Prevention coordinators for LTC projects

1.8 Secretariat provided for the BCIPLN. Service provided includes note taking, circulation of copies of minutes, presentation, tabled information and copies of BCIPLN papers; booking of meeting rooms, refreshments and required resources; and scheduling of up to 4 meeting dates.



Report:

- See Appendix A for BCIPLN membership list
- Meetings held: June 29, October 4, 2005 and February 7<sup>th</sup>, 2006
- The key item of business for 2005-06 was the development and review of the BC Provincial Injury Prevention Strategy Discussion Paper
- The following professional development presentations were made to the members of the network:
  - March 2, 2005 – “RCMP Traffic Services” – Insp. Norm Gaumont, RCMP
  - June 29 2005: “The Burden of Injury in BC” – Dr. Ian Pike, BCIRPU
  - October 4 2005: “RespectED: Child and Youth Violence and Abuse Prevention” – Ms. Desiree Sattler, Canadian Red Cross
  - February 7 2006: “Interior Health Injury Prevention” – Ms. Teresa Dobmeier, IHA

## 2. Surveillance

### ***Reports:***

2.1 Systematic Review of Prevention of Violence, Abuse and Neglect (evidence paper for Core Functions for Public Health). This report will provide a comprehensive description of the burden of Violence, Abuse and Neglect in BC and a description of evidence-based best/promising practices that will support a RHA addressing this area.

Report:

- “Primary Prevention of Physical Abuse Across the Life Course: A Systematic Review” completed and submitted
- Project Team: Ian Pike, Primary Investigator, Pamela Joshi, Project Coordinator, Luljeta Pallaveshi, Research Consultant, Jacqueline Kinney, Research Assistant
- Advisory Committee: Larry Cohen, Executive Director, The Prevention Institute, Oakland, CA, Dr. Trevor Hancock, Public Health Consultant, BC Ministry of Health, Matt Herman, Injury Prevention Manager, BC Ministry of Health, Lorna Storbakken, BC Ministry of Health

2.2 Injury Trends Among Adults and Seniors in BC – This report will provide a comprehensive description of the burden of unintentional injury and mortality among adults and seniors in BC; describe evidence-based best practices for the prevention of injury, and make specific recommendations to RHAs and other injury prevention stakeholders.

Report:

- “Injury Trends Among Adults and Seniors in BC” completed and final edits being made. Final document completed by May 31, 2006
- Document includes: Executive Summary and Recommendations and Chapters on Injury Mortality, Hospital Separations & Leading Causes (Falls, Adverse Effects, MVC, Suicide & Suicide Attempts, Unintentional Poisoning)
- Project Team: Fahra Rajabali, Project Co-ordinator, , Dorry Smith, Researcher, Guanghong Han, Researcher, Kate Turcotte, Researcher Jacqueline Kinney, Research Assistant
- Advisory/Review Team: Dr. Steven Dukeshire, Department of Community Health and Epidemiology, Dalhousie University, Dr. Lynne Warda, Department of Pediatrics and Child Health, University of Manitoba, Matt Herman, BC Ministry of Health, Dr. Ian Pike, BCIRPU

### 2.3 Falls and Fall-related Injuries Among Residents in participating sites for “Stepping In” Falls Prevention Study in Long-term Care Facilities.

Report:

- Final version of “Stepping In: Long-Term Care Collaborative Falls Prevention Project” completed and posted to BCIRPU website
- Project Team: Vicky J. Scott, RN, PhD, Co-Principal Investigator, BCIRPU, Elaine M. Gallagher, RN, PhD, Co-Principal Investigator, University of Victoria School of Nursing, Mariana Brussoni, PhD, Co-investigator, BCIRPU, Jean-Francois Kozak, PhD, Co-investigator, Institute on Health of the Elderly, University of Ottawa, Shanthi Johnson, PhD, Co-investigator, School of Nutrition & Dietetics at Acadia University, Nova Scotia, Kristine Votova, BCIRPU, Guanghong Han, BCIRPU

### 2.4 Falls and Falls-related injuries Among Clients of two Home Support Service delivery areas in Central Okanagan, BC.

Report:

- Falls prevention training, data collection training and support for multi-factorial intervention provided for Home and Community Care clinicians and community health workers provided for intervention site. Data collection training provided for control site staff
- Data collection completed, including:
  - InterRAI MDS-HC pre/post data for clients at intervention and control sites
  - Fall risk assessment for prior falls, prior injuries, mobility, balance and fear of falling, pre/post data for clients at intervention and control sites
  - Fall surveillance reports for control and intervention sites
  - Fall risk identification and actions to reduce risk collected for intervention site
  - Three focus group interviews conducted with intervention site community care clinicians, community health workers and home support clients
- Data analysis in progress – anticipated first draft of findings due March, 2006
- First draft of findings presented to S. Okanagan Home Support management team March 14, 2006, with full report to follow by April, 2006
- Revisions made to SAIL training manual for Community Care Clinicians
- Revised SAIL training provided to 30 Community Care Clinicians from study control group March 14, 2006 in Kelowna

2.5 Motor Vehicle Collision Related Injury in BC - This report will provide a comprehensive description of the burden of MVC related injury and mortality in BC; describe evidence-based best practices for the prevention of MVC; and make specific recommendations to RHAs and other injury prevention stakeholders.

Report:

- Report not completed due to a delay in obtaining the MV collision data from ICBC
- ICBC data provides specific details on risk factors and conditions of collisions
- Literature review conducted and evidence-based summary finalized
- Terms used in motor vehicle collisions currently being detailed and defined (based on the ICD coding system)
- Deadline for completion, June 30, 2006

2.6 Two to three Special Data Reports on specific injuries to be identified in consultation with and agreed to by the MoH and/or the RHAs. These may range from data highlights to specialized reports on specific injury data.

Report:

- FNIHB report completed, circulated and posted to BCIRPU website
  - Released at the 2006 BC Injury Prevention Conference, March 1-3, 2006. 500 printed copies were ordered by FNIHB, and available for distribution at the conference, along with the accompanying 13 Fact Sheets. Printed and electronic (PDF) copies are available from FNIHB and BCIRPU
- NHA-baseline injury report and strategic plan report completed and submitted
- Evolution of Falls Prevention in BC report completed and submitted
- VIHA daycare injuries report currently in final stages of completion
- Report on findings of “Stepping In” LTC Falls Prevention study disseminated

### **3. Development of Knowledge and Evidence**

#### **3.1 Proceed with the recruitment of an Academic Scientist for the BCIRPU.**

Report:

- A verbal agreement has been reached and negotiations are currently being finalized with Dr. Mariana Brussoni, who will take up the post on April 1, 2007, pending the successful conclusion of these discussions

#### **3.2 BC Ambulance Service Ladysmith Falls Prevention Project. Formalize the partnership to develop the project plan. (NOTE: BCIRPU staff contribution dependent upon securing additional external funding.)**

Report:

- No funding was secured during the 2005-06 operating period
- Funding search continuing

#### **3.3 Develop draft Canadian Curriculum for Falls Prevention and identify a BC test site. (NOTE: Dependent upon successful funding from the Public Health Agency of Canada.)**

Report:

- Proposal accepted and funded for full amount of \$299,000 over 3 years

- First meeting of CFPC Executive committee held in Halifax November 2005
- Draft Table of Contents developed and approved, existing curricula presented and feedback provided on missing sources
- Successful in application for upward amendment of \$60,000 to proposal to support the addition of a Francophone site and additional test site for a facilitator training session
- Advisory Committee members confirmed and new members added on recommendation from Executive Committee. First meeting scheduled for January 2006
- Literature search underway for existing curriculum to support content and format of new curricula and to provide links to targeted curricula that would form 'spin off' training opportunities for targeted sites or subpopulations
- Critical review underway of existing curriculum and falls prevention literature to support CFPC content and format
- CFPC Advisory meeting held via teleconference February 2, 2006. Participants requested to identify sections of curriculum that they would like to review – survey underway to solicit feedback on preferences that match with skills and experience
- February 21, 2006: Face-to-face meeting with PHAC representatives for project support in Vancouver

### ***Ongoing studies:***

3.4 Systematic Review of Fall Risk Assessment Tools: Overview of current literature on fall risk assessment tools, with practice-based recommendations for setting specific use, i.e. acute care, long-term care, home support and community settings.

Report:

- Review completed and submitted for publication – currently under review with journal of Age and Aging

3.5 Strategies and Actions for Independent Living (SAIL) – Falls and Injury Prevention Among Clients of Home Support Services: RCT on the effectiveness of a falls prevention training program and multifactorial intervention to reduce falls and injuries among home support clients. Establish and lead a committee to work on developing a plan for facilitator training. Select training test sites.

Report:

- Qualitative research paper and two quantitative papers on SAIL 2 being prepared for submission to journals

3.6 Testing of an automated reporting system for falls and fall-related injuries in LTC facilities: Pilot testing in Vancouver Coastal Health Authority and Interior Health Authority regions.

Report:

- VCHA successfully implementing automated reporting system in one test site
- IHA successfully implementing automated reporting system in 10 LTC sites
- Discussions held with IT support staff from IHA on support for system or integration of system into different format. Issues still unresolved and discussions continuing
- Successful expansion of use of reporting system to test acute care setting in Kamloops and to home care setting in Kelowna but experimenting with a non-automated data entry system while awaiting decision of IT support from IHA
- Project completed – regional partners now operating independently

***Funding Proposal Development:***

3.7 Develop and submit a proposal for A Systematic Review of Injury Resulting from Motor Vehicle Collisions in Older Adults in BC.

Report:

- 4 external reviewers identified and confirmed for the systematic review
- Proposal completed and submitted to 2 funding agencies
  - Automobile Association of America
  - Transport Canada
- In addition, the proposal will also be submitted to the following agencies
  - CanDrive
  - Canadian Association for Road Safety Professionals

3.8 Develop and submit a proposal for A Systematic Review of Injury Among Aboriginal Peoples in BC.

Report:

- This proposal did not receive dedicated time in January 2006 as anticipated due to other grant writing obligations
- The proposal document will no longer be required, and instead, the Review will be completed and circulated as part of the 2006-07 deliverables

### ***Collaboration Agreements:***

3.9 ActionSchoolsBC! – Based upon initial discussions with Dr. Heather McKay, Principal Investigator, ActionSchoolsBC!, BCIRPU will finalize an agreement to collaborate on injury research, evaluation and prevention efforts.

Report:

- A verbal agreement was reached in July 2005, between BCIRPU and ActionSchoolsBC! to have a writeup of the multimedia sport CD in the ActionSchoolsBC! resource booklet
- In addition, the sport CD will be distributed to all participating schools in the province in 2006-07

## **4. Education and Knowledge Transfer**

4.1 Delivery of the Canadian Injury Prevention and Control Curriculum throughout BC – to include at least one course being offered to each of the RHA regional areas, and at least one instructor-trainer course will be offered in BC. (NOTE: The BCIRPU will provide staff time for planning, preparation and facilitation of the courses. External financial assistance will be required for BCIRPU staff travel, accommodation, meals and incidentals; and for training venues, resources and course materials).

Report:

- Courses were completed in the following health regions:

**Fraser Health Authority:**

Location: Abbotsford, BC

Dates: February 6 & 7, 2006

Co-Sponsored by: Fraser Valley Brain Injury Association

# of registrants: 8

Facilitators: Dorry Smith and Shelina Babul

**Interior Health Authority:**

Location: Nelson, BC

Dates: February 15 - 17, 2006

Co-Sponsored by: Injury Prevention, Population Health, Interior Health Authority

# of registrants: 8

Facilitators: Dorry Smith, Ian Pike and Teresa Dobmeier\*

Location: Cranbrook, BC

Dates: March 22 - 24, 2006

Co-Sponsored by: Injury Prevention Manager, Population Health, Interior Health Authority

# of registrants: 8

Facilitators: Dorry Smith, Jacquie Kinney and Teresa Dobmeier\*



**Vancouver Coastal Health Authority:**

Location: Vancouver, BC

Dates: March 13 & 14, 2006

Co-Sponsored by: Primary Health Care Network, Vancouver Coastal Health Authority

# of registrants: 14

Facilitators: Dorry Smith and Ian Pike

- Several courses could not be scheduled in the 2005-06 operating period, and are scheduled during 2006-07:

**Interior Health Authority:**

Location: Kamloops, BC

Dates: May 3 - 5, 2006

Co-Sponsored by: Injury Prevention Manager, Population Health, Interior Health Authority

# of registrants: 23

Facilitators: Jacquie Kinney, Ian Pike and Teresa Dobmeier

Location: Kelowna, BC

Dates: June 12-14, 2006

Co-Sponsored by: Injury Prevention Manager, Population Health, Interior Health Authority

# of registrants: Registration on-going

Facilitators: Dorry Smith, Ian Pike and Teresa Dobmeier

**Northern Health Authority:**

Location: TBD

Dates: October, 2006

Co-Sponsored by: Public Health, Northern Health Authority

# of registrants: Registration on-going

Facilitators: TBD

Status: Date to be determined

**Vancouver Island Health Authority**

Location: Victoria, BC

Dates: September, 2006

Co-Sponsored by: Vancouver Island Health Authority

# of registrants: Registration on-going

Facilitators: Dorry Smith, Ian Pike and Shelina Babul/Jacquie Kinney

- Curriculum also offered at the University of British Columbia as a graduate level course (HPEC 580) offered in the Department of Health Care & Epidemiology, Fall semester 2005
  - HPEC 580 will be a continuing course offered every year with the possibility of expanding to the spring/summer semester

#### 4.2 Co-ordinate the planning and delivery of the BC Injury Prevention and Control Conference.

Report:

- A successful conference was held March 1-3, 2006 at the Pacific Palisades Hotel, Vancouver
- Approximately 200 registrants attended the conference
- Five streams were outlined for the conference:
  - Falls Prevention
  - Intentional Injury Prevention
  - Road Safety
  - Sports, Recreation & Leisure
  - Aboriginal Injury Prevention
- Keynote Speakers included the Honourable Mike Harcourt and Dr. Phil Groff
- Plenary Speakers included Ms. Judi Fairholm, Dr. Barry Lavalley, Dr. Stephen Lord, Dr. Heather McKay & Dr. Richard Stanwick
- The conference was opened by Chief Ian Campbell, and prayers offered by Elder Rose Point
- Sponsors included: BC Ministry of Health, BCAA Traffic Safety Foundation, BC Ministry of Tourism, Sport and the Arts, Public Health Agency of Canada, Be Smart Be Safe: Insurance Bureau of Canada, WorkSafe BC, The Alliance for Better Bone Health, Canadian Red Cross, BC Institute Against Family Violence
- Dr. Shaun Peck was honoured with an achievement award for his contributions to injury prevention in BC and Canada
- An electronic evaluation survey was sent to all registrants, 90 were completed
- A debriefing meeting was held April 4, 2006 for feedback, evaluation review and future planning
- Next BC Injury Prevention Conference to be held Spring 2008

#### 4.3 Establish a task group to plan, explore potential external funding and deliver a pre or post BC Injury Prevention and Control Conference workshop on falls prevention among older adults. (NOTE: The delivery of workshop is dependent upon securing external funding.)

Report:

- Successfully identified a funding source for a pre-conference event sponsored and hosted by VCHA
- Workshop speaker: Dr. Stephen Lord, who was also the Falls Stream plenary speaker at the BC Injury Prevention Conference

4.4 Co-ordinate and delivery of the Teleconference Series – to include six presentations by injury professionals speaking on injury-related topics.

Report:

- Due to timing and previous programs, the six presentations span two operational periods
- 3 successful sessions completed to date, with an average of 30 participants per session:
  - November 17, 2005: Dr. Phil Groff, SMARTRISK, “The National Injury Prevention Strategy”
  - January 19, 2006: David Dunne, BCAA Traffic Safety Foundation, “BCAA Traffic Safety Foundation’s Mature Drivers Program”
  - March 16, 2006: Dr. Shelina Babul < BCIRPU and Richard Kinar, Advocate and Lobbyist, “Head Injuries and Helmet Laws”
- 3 upcoming sessions to take place:
  - May 18, 2006: Lise Olsen, BCIRPU and Gladys Brundrett, South Burnaby Neighborhood House, “Academic and Community-Based Funding in Injury Prevention “
  - July 20, 2006: Robin Skinner, Injury and Child Maltreatment Section, Public Health Agency of Canada, “Injuries associated with playground equipment (PGE) in Canada”
- September 21, 2006: Donna Taylor and Adrienne Montani, First Call BC, “First Call BC: BC Child & Youth Advocacy Coalition”

4.5 Planning and delivery of Mini-Med School – an introductory injury prevention and control session for members of the public (including senior high school students) attending the 2005 University of BC Mini-Med School.

Report:

- Presentation to approximately 200 high school and community participants
- “Injury Prevention Jeopardy” voted one of the best presentations in the series
- BCIRPU hosted a Mini Med School summer student scholar, July-August 2005
  - Successful candidate was a Grade 11 student, Isabelle Chen, who made a strong contribution to the development of the Aboriginal Injury Prevention Fact Sheets

4.6 Produce 4 additional/updated Facts Sheets with complimentary education and prevention sheets – to describe local, provincial and national statistics on specific priority injury areas in BC.

Report:

- 4 fact sheets completed:
  - Road Safety
  - Football
  - Baseball
  - Intentional Self-harm

4.7 Dissemination of the BCIRPU Top 10 Facts Sheets – target audience to include populations at high injury risk, medical and public health community and injury stakeholders in BC.

Report:

- Completion of 13 Aboriginal Injury Prevention Factsheets
- 10 aimed at individuals and families
  - Injury among Children & Youth
  - Injury among Adults & Seniors
  - Motor Vehicle Crashes
  - Falls
  - Poisoning
  - Drowning
  - Fire & Burns
  - Alcohol & Unintentional Injuries
  - Violence
  - Suicides
- 3 focusing on community leaders and practitioners
  - Aboriginal Injury Prevention in BC
  - Injury Surveillance in the Community
  - Injury Prevention in the Community
- Dissemination of factsheets through FNIHB

4.8 Redesign and update the BCIRPU Website – to include a media page, speaker's bureau, directory of BC injury prevention program providers, and a password-protected area for members of the BCIPLN and the BCFPC that will include meeting agendas, minutes and support materials.

Report:

- Project delayed due to complexities related to the hosting and support of the current BCIRPU web site, and the building of new servers at PHSA where the new BCIRPU web site will be located
- New web site currently being populated. Includes:
  - new visual identity, new logo and color scheme
  - Improved functionality:
    - Members only page with login and password protection for specific committees (i.e. BCFPC, BCSRIFAC, BCIPLN)
    - New keyword search feature
    - Electronic Directory
    - Media Page
    - Interactivity
- Expected launch date by May 31, 2006

4.9 Development and delivery of a Sport Injury Prevention Toolkit – to be in the format of a multi-media CD-ROM sport injury prevention toolkit.

Report:

- Sport Injury Prevention Toolkit completed and distributed at the BC Injury Prevention Conference
- Searchable function by organization or sporting activity
- 24 participating organizations, provincial and national
- Activities divided into general information, sport & recreational activities (19 identified activities, playground safety, guideline and resource documents & leadership resources
- Positive feedback and numerous requests Provincially and Nationally
- Distribution to schools across the province through ActionSchoolsBC!
- Live on the BCIRPU website with an updates section

4.10 In partnership with the First Nations and Inuit Health Branch, Health Canada, and other Aboriginal health and community leaders in BC, promote the use of an existing Aboriginal Injury Prevention and Control Curriculum and assist with facilitating Train-the-Trainer training.

Report:

- Delayed to the 2006-07 operating period

4.11 Establish a steering committee to explore the feasibility for the development, implementation and evaluation of protocols and a training program on falls prevention among older adults for nurses operating the BC NurseLine. (NOTE: Implementation would depend upon in-kind contribution of time from BC NurseLine staff. BCIRPU role would be a supportive one and staff time for delivery of training pilot, with future training to be provided by NurseLine staff. Actual development of training would require additional funding to be identified through the BC NurseLine.)

Report:

- Meeting with BC Nurseline representative, Pauline James, May 2005
- Identified that falls are included in 2 of the 4 Health Guide items but not on web site or on Nurseline
  - Pauline will investigate putting Health Guide falls information on web site. Elaine will book meeting with Kevin re: Nurseline falls module and training

4.12 In partnership with the BC Pharmacy Association develop a tool kit detailing the role of the pharmacist in preventing falls among older adults.

Report:

- Meetings with BC Pharmacy Representatives currently underway
- Final steps dependent on new findings

4.13 Presentations and education sessions: continue to respond to requests from RHA partners and provincial organizations for workshops and staff training sessions on the design, implementation and evaluation of injury prevention.

Report:

- NHA contracted BCIRPU to prepare a baseline report on injuries in the region, as well as facilitate a strategic planning workshop with key stakeholders in the region.
- Final Report and recommendations submitted to the NHA on November 24, 2005.

- VIHA contracted BCIRPU to prepare a baseline report on injuries in the region
  - A facilitated planning workshop will occur in May 2006 to present summary results and to determine priority areas in injury prevention.
  - In the fall 2006, a CIPCC course will be provided to practitioners using VIHA-specific data and examples. A final report will be provided.
- Assisted all RHAs with data analysis plans and target setting through regular email and telephone communications, as well as through the following invitational sessions:
  - Participation in VCHA Falls Prevention Executive Committee bi-monthly meetings
  - Presentation on regional falls data and evidence-based prevention, along with a facilitated discussion session conducted with managers and clinicians at regional falls prevention strategy session by invitation for VIHA
  - Presentation on regional falls data and evidence-based prevention, along with a facilitated discussion session conducted with managers and clinicians at regional falls prevention strategy session by invitation for IHA
  - Training sessions provided on request for staff in all RHAs
  - Respond to ongoing requests for data and literature from clinicians, managers and policy makers throughout B.C. and from other regions of Canada
  - Member of planning committee for Canadian Public Health Associate Conference to be held in Vancouver May 28-31, 2006
  - Co-lead for Falls Prevention Planning Stream for BC Injury Prevention Conference, March 1-3, 2006. Including: program planning, reviewing abstracts, selection and arrangements for invited plenary speaker, support for pre-conference workshop, etc.
  - Keynote speaker: Ethel John's Nursing Research Day, St. Paul's Hospital, Vancouver, February 3, 2006
  - Invited speaker: Premier Advisory Council on Aging, Vancouver, February 16, 2006
  - Invited speaker: VIHA Occupational Therapists Conference, Nanaimo, February 17, 2006
  - BC Injury Prevention conference: 1 paper and 1 poster presented, and facilitator and co-presentation of a workshop, March 1-3
  - Invited speaker at Home and Community Care Conference, Vancouver, March 27, 2006

## 5. Public Information

5.1 Initiate the development of and implement a communications plan to engage the media in the development and delivery of targeted public injury

prevention communications – to include a joint plan for dissemination of injury issues via radio, TV and print. Meet with Senior Editors to establish an Agreement to replace the word “accident” with appropriate language when reporting motor vehicle collisions.

Report:

- Shaw TV interview on SAIL 2 as a model
- Airing of “Stepping out” Falls video by the Knowledge Network
- Numerous interviews with media, including CKNW, BCTV, Times Colonist, Sacramento Bee, Global National & Vancouver Sun
- Meetings held with Director of Communications, BC Children’s Hospital to develop media approach and strategy
  - Media relations presentation scheduled for BCIPLN meeting, May 2006

5.2 Dissemination of the recently released *Environmental Scan of Falls Prevention Initiatives in British Columbia*.

Report:

- Presentations of the findings of the environmental scan provided to each RHA
- Copies disseminated to each RHA Falls Prevention Manager and key stakeholders
- Notices of the web link to the documents placed on partner web sites in each RHA and selected professional groups

5.3 Continued dissemination of the Provincial Health Officer report and accompanying video/DVD on the *Prevention of Falls and Injuries Among the Elderly*.

Report:

- Province-wide dissemination plan completed
- Presentations provided on a regular bases to each RHA and to selected professional groups
- Copies disseminated upon request
- Video continues to be shown on Knowledge Network TV channel
- Provided Knowledge Network with a summary of the impact of the partnership with them on falls prevention in BC for their newsletter



#### 5.4 Media releases of research findings and major reports.

Report:

- Large media event coordinated by University of Victoria and BCIRPU to announce the funding for the Canadian Falls Prevention Curriculum project
  - Wide-spread coverage in print, radio and television in Canada and across the world (e.g., News release in French newspaper out of Paris and in media sources in the USA)
- Shaw TV interviews with Vicky Scott and Lynnda Swan (SAIL Project Coordinator), and Home Support Staff and client, March 2006 in Vancouver for SAIL project coverage on a program featuring successful projects funded by the Vancouver Foundation – airing date TBA

#### 5.5 Production of an updated electronic directory of BC Injury Prevention Program Providers – to include both unintentional and intentional injury program providers.

Report:

- Directory being finalized and uploaded to the new BCIRPU website
- Directory now searchable by keyword and will be updated annually using on-line update feature

#### 5.6 Develop the table of contents and a rationalization for external funding for information booklets for seniors on "How to Prevent a Fall"; "Making your Home Safe in Case You Fall"; and "What To Do If You Fall".

Report:

- In progress

## FUNDING

### 6. Matching Contribution

6.1 The MoH will provide annual funding to the BCIRPU. The Contractor agrees to provide a minimum of 50% the annual funding annually in matching funds to increase the BCIRPU's capacity to achieve strategic goals. During the period 2005-2010, the Contractor also agrees to target finding additional matching funds to achieve a minimum level of 100% matching of the annual funding provided by the MoH.

6.2 The MoH funding is to be matched by the Contractor to the BCIRPU through a minimum of \$75,000 per annum provided in operating revenue; an in-kind contribution to include adequate accommodation (i.e. light, heat, electricity, phones, computers, cleaning and routine maintenance); and to continue to use the funding as leverage with external agencies to increase the likelihood of attracting additional financial resources for the development of injury prevention knowledge and evidence by submitting at least two grant applications to funding agencies per year.

#### Report:

- The Ministry of Health Provided \$616,500 in core funding during the 2005-06 operating period
- The Institution provided cash and in-kind support totaling \$801,850, representing 130% of the value of the MoH contribution
  - BCIRPU attracted outside grants and contracts totaling \$381,632 (62% of the value of the MoH contribution)
  - BCCH provided a cash grant of \$75,000 for operating (12% of the value of the MoH contribution)
  - CCCHR provided in-kind contribution for accommodation valued at \$315,000 (51% of the value of the MoH contribution)
  - CFRI provided a cash grant of \$30,218 for the BCIRPU Director Investigatorship (5% of the value of the MoH contribution)
- In total, the cash component of the Institution contribution totaled \$486,850, representing 79% of the value of the MoH contribution

## MONITORING/ACCOUNTABILITY

### 7. Reporting

7.1 Provide an annual report on the activities of the BCIRPU to be made available to the MoH, the BCIPNL and other injury prevention stakeholders. Specific information pertaining to the deliverables resulting from MoH funding should be made available to the MoH.

7.2 Provide a statement of expenses and outline how the MoH funds were used and matched. The statement period should be the previous April 1 to March 31 fiscal year and should be received by the MoH no later than 6 weeks after the end of each fiscal year.

**Statement of Revenues and Expenses: 2005-2006 <sup>1</sup>**

**Revenues:**

MoHS Transfer (Injury and Falls Prevention)			\$ 616,500
BCIRPU matching funds (outside grants and contracts)		\$ 381,632	
Institution matching funds (BCCHF) <sup>2a</sup>	\$ 75,000		
Institution matching funds (CFRI – Director) <sup>2b</sup>	\$ 30,218		
Institution matching funds (in-kind - premises) <sup>2c</sup>	\$ 315,000		
<hr/>			
Total	\$ 420,218	\$ 381,632	\$ 616,500
<b><u>Total Revenues:</u></b>	<b><u>\$ 1,418,350</u></b>		

**Expenses:**

BCIRPU Staff Salaries and Benefits (Injury and Falls Prevention)			\$ 527,607
Operating (Injury and Falls Prevention)			\$ 142,060
Purchases Services (Admin & Finance)			\$ 55,855
Staff & Operating (outside grants and contracts)		\$ 272,610	
Institution matching funds (in-kind – premises)	\$ 315,000		
<hr/>			
Total	\$ 315,000	\$ 272,610	\$ 725,522
<b><u>Total Expenses:</u></b>	<b><u>\$ 1,313,132</u></b>		

**Balance at 2005-2006 year-end (projected):**

Injury and Falls Salaries and Operating			(\$ 13,804)
BCIRPU matching funds (outside grants and contracts) <sup>3</sup>		\$ 109,022	
Severance obligations <sup>4</sup>	(\$ 8,440 to \$52,557)		
<hr/>			
Total	(\$ 8,440 to \$52,557)	\$ 109,022	(\$ 13,804)
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Total Balance (restricted):	\$ 95,218		
Total Balance (severance):	(\$ 8,440 to \$52,557)		

**Notes to Statement of Revenues and Expenses:**

1. Final adjustments to revenues and expenses will be required to ensure that all costs are allocated to the correct cost centre. At an approximate 0.5% level of materiality (\$7,000), the final statements are expected not to be material, with total revenues and expenses remaining as presented.
2. Institution matching funds for the 2005-2006 fiscal period include:
  - a) \$75,000 from the BCCHF for annual operating expenses in 2005-2006
  - b) \$30,218 restricted funds from CFRI for BCIRPU Director Investigatorship
  - c) \$315,000 estimated value of the premises and utilities occupied by BCIRPU (750 sq ft @ \$35.00 per sq ft gross)
3. BCIRPU matching funds (outside grants and contracts) are restricted funds required for salary and operating costs related to research projects and contracts obtained and started in 2005-2006, but to be completed in future years.
4. Due to collective agreements and the obligations to BCIRPU staff with long service, severance obligations range between \$ 8,440 and \$52,557, depending upon the particular staff member, and higher if it is required to sever more than one staff member. There is no contingency to address the accumulated severance obligations, and would result in severe operating limitations and hardship in the event that payments were required.

## 6. Grants, Publications, Awards

### Grants and Awards

**Pike, I** & Singhal, A., et al. *BC Inflicted Childhood Neurotrauma Surveillance Project*. Support provided by a BC Child and Family Research Institute Establishment Grant (Dr. R. Barr)

**Pike, I.**, MacPherson, A., **Babul, S.**, **Desapriya**, et al. *Towards Enhanced Quality of Life through Injury Prevention, Acute Response and Rehabilitation: Initiative to Establish Canadian Injury Indicators: Children & Youth*. Canadian Institutes for Health Research

Hameed, M., **Pike, I.**, et al. *Towards Enhanced Quality of Life through Injury Prevention, Acute Response and Rehabilitation: Societal Determinants of trauma Risk and Outcome*. Canadian Institutes for Health Research

Hameed, M., **Pike, I.**, et al. *Geographic and Societal Determinants of Trauma Risk and Outcome*. Michael Smith Foundation for Health Research Team Grant

**Pike, I.**, Barr, R., **Turcotte, K.**, et al. *BC Child & Youth Intentional Injury Surveillance*. Michael Smith Foundation for Health Research

**Pike, I** & **Joshi, P.** *Social and cultural determinants of injury among New Canadians in British Columbia*. CIHR Development Grant Program

Raina, P., **Pike, I.**, **Olsen, L.** *Understanding Mothers Efforts to Safeguard Children in the Home Environment*. CIHR Institutional Capacity Enhancement

**Pike, I.** & **Smith, D.** *VIHA Injury Prevention Action Planning and Injury Prevention and Control Curriculum*. Vancouver Island Health Authority

**Pike, I.** & **Babul, S.** *VIHA Safe Playspace Project*. Vancouver Island Health Authority

**Scott, V.**, **Pike, I.**, **Turcotte, K.**, **Rajabali, F.** *BC Injury Prevention Conference*. Public Health Agency of Canada

**Pike, I.**, **Babul, S.**, **Turcotte, K.**, **Rajabali, F.** *BC Injury Prevention Conference*. BC Ministry of Health

**Pike, I.**, **Babul, S.**, **Turcotte, K.**, **Rajabali, F.** *BC Injury Prevention Conference*. Health Canada – First Nations Inuit Health Branch

**Pike, I.**, **Turcotte, K.**, **Kinney, J.** *First Nations Injury Prevention Data Report and Fact Sheets*. Health Canada – First Nations Inuit Health Branch

**Pike, I.**, **Babul, S.**, **Turcotte, K.**, **Rajabali, F.** *BC Injury Prevention Conference*. BCAA Traffic Safety Foundation

**Babul, S.**, **Pike, I.**, **Turcotte, K.**, **Rajabali, F.** *BC Injury Prevention Conference*. BC Ministry of Tourism, Sport and the Arts

**Babul, S.**, **Pike, I.** *Sports Injury Prevention Multimedia CD*. BC Ministry of Tourism, Sport and the Arts.

**Pike, I. & Turcotte, K.** *Richmond Falls Prevention Program Evaluation.* Vancouver Coastal Health Authority

**Pike, I. & Smith, D.** *Baseline Injury Report and Strategic Plan.* Northern Health Authority

**Pike, I. & Nolan, M.** *BC Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP).* Public Health Agency of Canada

**Babul, S., Pike, I.** *BC Sports & Recreation Injury Free Advisory Committee (BCSRIFAC)– Co-Chair.* BC Ministry of Tourism, Sport and the Arts.

**Babul, S., Pike, I.** *Mission Possible.* Insurance Corporation of British Columbia.

**Scott, V., Pike, I., Belton, K., Weeks, L., & Smith, D.** *Canadian Falls Prevention Curriculum.* Public Health Agency of Canada.

**Scott, V.,** Gallagher, E., Votova, K. *Strategies and Actions for Independent Living (SAIL): The effectiveness of a multifaceted prevention program for the reduction of falls and injury among home support clients.* Vancouver Foundation.

# Publications

## A) Journals

**Scott, V.,** Gallagher, E., & **Votova, K.** (2005). "Strategies and Actions for Independent Living (SAIL): Falls Prevention Training for Community Health Workers," (Accepted for publication in the Journal Of Gerontological Nursing).

**Desapriya, EBR., Pike, I. & Babul, S.** (in press: 2006). Public Attitudes, Epidemiology and Consequences of Drinking and Driving in British Columbia. *Journal of International Association of Traffic and Safety Sciences*.

Chipman, ML., Lebovic, G., **Desapriya, EBR.,** Gane, J. (2006) Lateral damage and point of impact in intersection crashes: implications for injury. *Insurance and Risk Management*, 73 (4) 429-442.

**Desapriya, EBR., Pike, I., Joshi, P.** (2005). Prices and affordability in child restraint seats in Japan. *Injury Prevention* 11 (2): 125; (2005).

**Desapriya, EBR.** Climate change and health (2005). *CMAJ*.16; 173(4):339-40.

**Desapriya, EBR., Pike, I.** (2005) Sports utility vehicles and older pedestrians-Achieving compatibility in motor vehicle crashes. *BMJ* 331(7522):966-967.

**Desapriya, EBR., Pike, I. & Kinney, J.** (2005). The risk of injury and vehicle damage severity in vehicle mismatched side impact crashes in British Columbia. *Journal of International Association of Traffic and Safety Sciences*, 29(2):60-66.

**Desapriya, EBR., Pike, I. & Raina, P.** (2006). Severity of alcohol-related motor vehicle crashes in British Columbia: a case-control study. *International Journal of Injury Control and Safety Promotion* 13(2):89-94.

**Desapriya, EBR.,** Chipman, M, **Joshi, P. & Pike, I.** (2005). The risk of injury and vehicle damage in vehicle mismatched crashes. *International Journal of Injury Control and Safety Promotion* 12(3):191-192.

## B) Chapters in Books

Rubenstein, L., Stevens, J., & **Scott, V.** (2005). Preventing Falls Among Older Adults. Chapter in CDC Handbook: "The Incidence and Economic Burden of Injuries in the United States". Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, Centre for Disease Control, Atlanta, Georgia.

## C) Technical Reports:

Herman, M., Gallagher, E., and **Scott, V.** (2006) The Evolution of Senior's Falls Prevention and British Columbia, British Columbia Ministry of Health, Population Health and Wellness Division, Victoria, BC.

**Turcotte, K., Kinney, J., Joshi, P. & Pike, I.** (2006). Motor Vehicle Crashes Among Young Drivers: Systematic Review & Recommendations for BC, BC Injury Research and Prevention Unit.

**Turcotte, K., Han, G., Kinney, J., Rajabali, F., Pike, I. & Meenakshi Dawar** (2006). Injuries Among First Nations People within British Columbia, BC Injury Research and Prevention Unit.

**Nolan, M., Turcotte K. & Pike, I.** (2005). CHIRPP Self Harm Among Children & Youth, BC Injury Research and Prevention Unit.

**Rajabali, F., Han, G., Artes, S., Smith, D., Brussoni, M. & Joshi, P.** (2005). Unintentional Injuries in British Columbia: Trends and Patterns Among Children & Youth 1987-2000. BC Injury Research and Prevention Unit.

**Smith, D. & Pike, I.** (2005). Baseline Report on Injuries in the Northern Health Authority. BC Injury Research and Prevention Unit.

**Scott, V.,** Gallagher, E., **Smith, D., Votova, K. & Brussoni, M.** (2005) An Environmental Scan of Seniors and Veterans Falls Prevention Initiatives in British Columbia. BC Injury Research and Prevention Unit.

**Scott, V.,** Pearce, M., & Pengelly, C. (2005). Hospitalizations Due to Falls in Canadians Aged 65 and Over. Report for the Canadian Public Health Agency.

**Scott, V.,** Pearce, M., & Pengelly, C. (2005). Hospitalizations Due to Falls in Canadians Aged 65 and Over Living in Residential Care Facilities. Report for the Canadian Public Health Agency.

**Scott, V.,** Pearce, M., & Pengelly, C. (2005). Injury Resulting From Falls in Canadians 65 years and Older Canadian Community Health Survey Cycle 2.1. Report for the Canadian Public Health Agency.

**Scott, V.,** Pearce, M., & Pengelly, C. (2005). Deaths Due to Falls in Canadians Aged 65 and Over. Report for the Canadian Public Health Agency.

#### **D) Conference/Symposium Proceedings**

**Desapriya, EBR., Pike, I. & Babul S., et al.** *Misuse of Child Restraint Seats in Manitoba-Results of 2004 Survey Paper.* Paper accepted at the 8<sup>th</sup> World Conference On Injury Prevention and Safety Promotion ICC, Durban-South Africa. April, 02-05, 2006.

**Desapriya, EBR., & Pike, I.** *Comparison of Motor Vehicle (MV) Non-related Child Restraint Seat (CRS) Injuries with Motor Vehicle-related Child Restraint Seat Injuries in British Columbia -1997-2002.* Paper accepted at the 8<sup>th</sup> World Conference On Injury Prevention and Safety Promotion ICC, Durban-South Africa. April, 02-05, 2006. **(Nominated for best poster award)**

**Scott, V.,** Baaske, L., **Smith, D. & Vanderbeck, M.** *The Evolution of Seniors' Falls Prevention in BC.* Proceedings of the 2006 BC Injury Prevention Conference. Vancouver, British Columbia, March 1-3, 2006.

Harji, S., **Babul, S. & Pike, I.** *Making an Impact on Motor Vehicle Crashes caused by Cellular Phone Use While Driving.* Proceedings of the 2006 BC Injury Prevention Conference. Vancouver, British Columbia, March 1-3, 2006.

Subzwari, S., **Desapriya, E., Babul, S., & Pike, I.** *Visual Problems and the Risk of Motor Vehicle Crashes Among Older Drivers.* Proceedings of the 2006 BC Injury Prevention Conference. Vancouver, British Columbia, March 1-3, 2006.

**Turcotte, K., Kinney, J., Han, G., Pike, I., Dawar, M., & Thevarge, D.** *Report on Injury among BC First Nations and Aboriginals.* Proceedings of the 2006 BC Injury Prevention Conference. Vancouver, British Columbia, March 1-3, 2006.



- Turcotte, K., Kinney, J., Han, G., Pike, I., Dawar, M., & Thevarge, D.** *BC First Nations & Aboriginal Injury Prevention Fact Sheets*. Proceedings of the 2006 BC Injury Prevention Conference. Vancouver, British Columbia, March 1-3, 2006.
- Rajabali, F., Pike, I., Kinney, J., Joshi, P. & Ockenden, G.** *Planning for Suicide and Abuse Prevention Among Gay, Lesbian, Bisexual And Transgender Youth*. Proceedings of the 2006 BC Injury Prevention Conference. Vancouver, British Columbia, March 1-3, 2006.
- Pike, I. & Babul, S.** *Injury Jeopardy: A Novel Approach to Educating Youth*. Proceedings of the 2005 Canadian Injury Prevention & Safety Promotion Conference. Halifax, NS. November 6-8, 2005.
- Babul, S., Olsen, L., McIntee, P., et al.** *Chilliwack BabySafe Program: A Randomized Controlled Trial*. Proceedings of the 2005 Canadian Injury Prevention & Safety Promotion Conference. Halifax, NS. November 6-8, 2005.
- Desapriya, E. & Pike, I.** *Epidemiology and Consequences of Drinking and Driving*. Proceedings of the 2005 Canadian Injury Prevention & Safety Promotion Conference. Halifax, NS. November 6-8, 2005.
- Rajabali, F., Han, G., Turcotte, K. & Pike, I.** *Unintentional Injuries in British Columbia (BC): Trends And Patterns Among Children And Youth*. Proceedings of the 2005 Canadian Injury Prevention & Safety Promotion Conference. Halifax, NS. November 6-8, 2005.
- Rajabali, F., Notan, M., Olsen L., Han, G., & Pike, I.** *A Pilot Study on Intentional Assault Injuries in Children Ages 10 to 17 Years, in Canada*. Proceedings of the 2005 Canadian Injury Prevention & Safety Promotion Conference. Halifax, NS. November 6-8, 2005.
- Turcotte, K., Joshi, P., Kinney, J. & Pike, I.** *Motor Vehicle Crashes Among Young Drivers in BC: Systematic Review & Recommendations*. Proceedings of the 2005 Canadian Injury Prevention & Safety Promotion Conference. Halifax, NS. November 6-8, 2005.
- Nolan, M., Turcotte, K. & Pike, I.** *Self Harm Cases Presenting to BC Children's Hospital, 1997-2002*. Proceedings of the 2005 Canadian Injury Prevention & Safety Promotion Conference. Halifax, NS. November 6-8, 2005.
- Han, G., Pike, I., Nolan, M. & Brussoni, M.** *Injury Recurrence in the Pediatric Emergency Department*. Proceedings of the 2005 Canadian Injury Prevention & Safety Promotion Conference. Halifax, NS. November 6-8, 2005.
- Scott, V., Baaske, L., Smith, D., Gallagher, E., Votova, K., Graham, T. Pike, I. & Vanderbeck, M.** *The Evolution of Seniors' Falls Prevention in British Columbia (BC)*. Proceedings of the 2005 Canadian Injury Prevention & Safety Promotion Conference. Halifax, NS. November 6-8, 2005.
- Pike, I., Joshi, P., Ockenden, G., Kinney, J. & Beck, R.** *Strategic Planning to Prevent Youth Suicide And Abuse*. Proceedings of the 2005 Canadian Injury Prevention & Safety Promotion Conference. Halifax, NS. November 6-8, 2005.
- Rajabali, F., Pike, I., Kinney, J., Joshi, P. & Ockenden, G.** *Planning for Suicide and Abuse Prevention Among Gay, Lesbian, Bisexual And Transgender Youth*. Proceedings of the 2005 Canadian Injury Prevention & Safety Promotion Conference. Halifax, NS. November 6-8, 2005.
- Beck, R., Pike, I., Ockenden, G., Joshi, P. & Kinney, J.** *The Role of an Expert Panel in Strategic Planning for Youth Suicide and Abuse Prevention*. Proceedings of the 2005 Canadian Injury Prevention & Safety Promotion Conference. Halifax, NS. November 6-8, 2005.
- Cripton, P., Babul, S.** *Injury Biomechanics as a Means to Prevent Injuries in Canada*. Proceedings of the 2005 Canadian Injury Prevention & Safety Promotion Conference. Halifax, NS. November 6-8, 2005.

**Smith, D. & Fancy, C.** Canadian Injury Prevention and Control Curriculum (CIPCC). Presented at: Canadian Injury Prevention & Safety Promotion Conference as a pre-conference workshop. Halifax, NS. November 5, 2005.

**Pike, I. & Smith, D.** Injury Jeopardy. Presented at the Interior Indian Friendship Centre's Injury Prevention Awareness Day. Kamloops, BC. May 31, 2005.

Young, J. & **Smith, D.** Canadian Injury Prevention and Control Curriculum (CIPCC). Presented at: Trauma Association of Canada's Conference as a pre-conference workshop. Vancouver, BC. May 4-5, 2005.

**Nolan, M., Turcotte, K., & Pike, I.** *Suicide Attempts and Gestures Among Children and Youth: in BC - CHIRPP data 1997-2002.* Proceedings of Canadian Association for Suicide Prevention Conference, Ottawa, Ontario, October 16-19, 2005.

**Pike, I., Joshi, P.,** Ockenden, G. & Beck, R. *Strategic Planning to Prevent Youth Suicide and Abuse.* Proceedings of the Canadian Association for Suicide Prevention Conference: OUT OF THE DARKNESS: Shining the Light Toward a National Suicide Prevention Strategy. Ottawa, ON. October 16-19, 2005.

**Desapriya, EBR., Pike, I.,** Raina, P., Chen, PE. & **Kinney, J.** *Severity of Alcohol-Related Motor Vehicle Crashes in British Columbia.* Canadian Multidisciplinary Road Safety Conference Proceedings. Fredericton, NB. June 5-8, 2005.

Chipman, M. L., **Desapriya, E. B.,** Lebovic, G., Gane, J. *Lateral Damage and Point of Impact in Intersection Crashes: Implication for Injury.* Proceedings of Canadian Multidisciplinary Road Safety Conference XV; Fredericton, NB. June 5-8, 2005.

**Han, G., Desapriya EBR, & Pike, I.** Relationship between vehicle damage seating position and injuries and fatalities. Paper presented at the AUTO21 HQP Conference; Oshawa Ontario May 10-12, 2005.

In addition to the above noted publications and proceedings, BCIRPU staff are invited to make numerous presentations, and to participate on many expert panels, committees and communities of practice. Examples include:

- numerous falls and injury prevention meetings and workshops in various RHA's
- key informant for development of a discussion paper for the F/P/T Ministers responsible for seniors by the Government of Manitoba, as the lead representative to the F/P/T Healthy Aging and Wellness Working Group
- reviewer for , *Seniors in British Columbia* report, revised draft #3
- advisory group member for the MSFHR HCC Investigative Team
- planning committee member for CPHA conference, Vancouver, May 2006
- collaborator with PHAC, Division of Aging and Seniors to develop technical reports for the *Report on Seniors' Falls In Canada* using the PHO falls report as a model
- subject Matter Experts for the, *Toddler's First Steps* revision
- participant on the Safe Play Space Health Authority Licensing programs workshop
- BC Safe Communities Co-ordinator
- reviewer for the National Injury Prevention Strategy document
- 2005 Canadian Injury Prevention Conference planning, and scientific review committees
- 2006 World Conference on Injury Prevention and Control scientific review committee
- executive committee for the development of a state-wide falls prevention plan for California

# 7. Future Directions

## 2006-2007 Annual Deliverables

*These are the "Must Do" items – where we focus. Day-to-day Unit and Centre operations, and any other tasks you can complete (e.g. ideas for proposals, proposals) are in addition to these "Must Do's."*

### 2.1 Support to Injury Prevention Practitioners, Stakeholders, Program Providers, Planners and Policy Makers

2.1.1	Continue to target key injury professionals, practitioners and other stakeholders to promote the use of BCIRPU injury data, information reports and services. To plan and facilitate injury prevention planning sessions following requests from the RHAs. (NOTE: The BCIRPU will provide staff time, analysis, interpretation and reports. External financial assistance will be required for BCIRPU staff travel, accommodation, meals and incidentals, and for training venues, resources and materials). Share development methodologies across the RHAs.
2.1.2	Continued leadership of the BCFPC. Delivery of an on-going BCFPC teleconference schedule. Secretariat provided for the BCFPC. Provincial Forum to be held June 15 -16, 2006 to initiate the development of a provincial blueprint for falls prevention among older adults, including supporting the development and testing of falls and injury prevention guidelines and protocols for older adults in acute, residential and community settings. (NB: The delivery of the Provincial Forum is dependent upon external funding which has been secured from PHAC and MoH through a MOU for a total of \$24,500).
2.1.3	Continued support, through BCFPC, to RHAs and other stakeholders in establishing targets for falls related injury among older adults, and processes for accountability.
2.1.4	Secretariat provided for the BCIPLN of up to 4 meeting per year. Service provided includes recruitment and maintenance of membership, scheduling meetings, note taking, circulation of copies of minutes, presentation, tabled information and copies of BCIPLN papers; booking and payment of meeting rooms, refreshments and required resources.
2.1.5	Continue to assist in the development of an Adult Care Regulation of the Community Care and Assisted Living Act requiring licensed long-term care facilities to develop a falls among older adults prevention plan. Once developed, assist with planning of evaluation for uptake and impact.  (NB: This deliverable is subject to Ministry of Health, Health Protection Branch time lines)

### 2.2 Surveillance

2.2.1	Develop and test a revised version of the Home and Community Care <i>Falls Report</i> , for tracking and post-fall assessment of clients of publicly-funded home support services in RHAs participating in the SAIL 3 project. (NB: subject to funding for data entry and analysis by RHAs, with information support from BCIRPU).
2.2.2	Inflicted and Intentional Injury in BC – This report will provide a comprehensive description of the burden of intentional injury and mortality in BC; describe evidence-based best practices for the prevention of inflicted and intentional injury, and make specific recommendations to RHAs and other injury prevention stakeholders. (NB:

	This report builds on the Systematic Review delivered as part of the Core Functions for Public Health review).
2.2.3	2 – 3 Special Data Reports on specific injuries to be identified in consultation with and agreed to by the MoH and/or the RHAs. These may range from data highlights to specialized reports on specific injury data.
2.2.4	To lead the development of an Injury and Falls Prevention Strategy document for BC, in association with members of the BCIPLN.

## 2.3 Development of Knowledge and Evidence (Research)

2.3.1	Establish and support a Committee that will adapt SAIL to individual RHA areas and to develop and test draft Facilitator training.
2.3.2	BC Ambulance Service Ladysmith Falls Prevention Project: Training and implementation initiated. (NB: This project is dependent upon external funding).
2.3.3	Implement test site for the draft Canadian Curriculum for Falls Prevention and initiate evaluation.
2.3.4	Complete SAIL 2 analysis and produce final report and submissions for peer reviewed journals on "Strategies and Actions for Independent Living (SAIL)" – RCT on Falls and Injury Prevention Among Clients of Home Support Services. Integrate findings into next phase of project – SAIL 3.
2.3.5	Implement learning from SAIL through development and testing of revised program in participating RHAs in third phase of the project – SAIL 3. (NB: implementation dependent upon funding for on-site coordinator and release time for participants for training and implementation of interventions). Support from BCIRPU to include leading on-site committees in feedback for revisions to training material, production of final training packages, co-development and delivery of facilitator training and support for on-site implementation.
2.3.6	A Systematic Review of Injury Resulting from Motor Vehicle Collisions in Older Adults in BC - Systematic review preliminary report completed and circulated for input and comments.
2.3.7	A Systematic Review of Injury Among Aboriginal Peoples in BC - Systematic review preliminary report completed and circulated for input and comments.

## 2.4 Education and Knowledge Transfer

2.4.1	Delivery of the Canadian Injury Prevention and Control Curriculum throughout BC – to include at least one course being offered to each of the RHAs (NB: BCIRPU will provide staff time for planning, preparation and facilitation of the courses. External financial assistance will be required for facilitator travel, accommodation, meals and incidentals; and for training venues, resources and course materials).
2.4.2	Co-ordinate and deliver the Teleconference Series – to include six presentations by injury professionals speaking on injury-related topics.
2.4.3	Planning and delivery of HPEC 580 – an injury prevention and control curriculum for graduate students, provided through the Department of Health Care and Epidemiology, UBC
2.4.4	Produce 4 additional/updated Injury Facts Sheets – to describe local, provincial and national statistics on specific priority injury areas in BC. One Fact Sheet to include the Top 10 BC Injuries Fact Sheet. Target audiences include populations at higher injury risk, medical and public health community and injury stakeholders in BC.
2.4.5	On-going maintenance of the BCIRPU Website and web-based Sport & Recreation Injury Prevention Resource – to include a media page, speakers bureau, directory of BC injury prevention program providers, and a password-

	protected area for members of the BCIPLN, BCFPC, BCSRIFAC.
2.4.6	Open discussions with FNIHB, Health Canada, and other Aboriginal health and community leaders in BC, to promote and deliver an existing Aboriginal Injury Prevention and Control Curriculum and assist with facilitating Train-the-Trainer training.
2.4.7	To provide BC representative to the Canadian Standards Association Helmet Standards Committee meetings.
2.4.8	Presentations and educations sessions: continue to respond to requests from RHA partners and provincial organizations for workshops and staff training sessions on the design, implementation and evaluation of injury prevention.
2.4.9	Conduct a one-day needs assessment retreat to develop and deliver a biennial injury prevention program summer institute in partnership with RHAs. In 2006, this deliverable to include the delivery of the CIPCC Facilitator Course for up to 20 participants, representing the RHAs.

## 2.5 Public Information

2.5.1	Continue with the implementation of a communications plan to engage the media in the development and delivery of targeted public injury prevention communications including media announcements regarding the release of research findings and major reports. This to include responding to media requests for injury data and information, and interviews.
2.5.2	Engage the media in a campaign to reduce the use of the word "accident", particularly when reporting motor vehicle collisions – "There are no Accidents!"
2.5.3	Developed falls prevention web site page for general public, targeting those at risk of falling and caregivers of those at risk.
2.5.4	Assist with the design, production and dissemination of the information booklets for seniors on "How to Prevent a Fall"; "Making your Home Safe in Case You Fall"; and "What To Do If You Fall".
2.5.5	Continue to maintain and update the e-directory of BC Injury Prevention Program Providers.

**Our implementation process will include these main items:**

- 1. Strategic Plan Monitoring.** This group will monitor implementation of the strategic plan, monitoring and achievement of Deliverables (Project Team achievements), and the external environment for issues that could affect our plans and require changes to them.
- 2. Project Teams** are composed of a Lead Person and members with a role in a particular deliverable. These teams will lead and monitor the progress of each deliverable and recommend actions needed to ensure adherence to time lines and resources.
- 3. Project Work Plans** will be developed by all Project Leads and reviewed / monitored by the Strategic Plan Monitoring Group.
- 4. Personal Work Plans** will be developed by all BCIRPU Staff and reviewed with the Project Leads and other Project Team members to ensure a logical and efficient flow of work. Reports on Personal Work Plans will be monitored by the Strategic Plan Monitoring Group on a quarterly basis.
- 5. Strategic Review / Update.** Each year we will update our Plan (i.e. Annual Strategic Review and Update) to keep the priorities current.
- 6. Bi-Weekly Staff Meetings.** All BCIRPU Staff will participate to report on the progress of projects, address external environment issues that may affect time lines and resources, address new opportunities, and to report on personal progress and accomplishments.
- 7. Parallel Process.** Wherever appropriate and practical, BCIRPU will seek input and involvement of key stakeholders before a decision affecting them is made. It is important to ensure a critical mass in support of the BCIRPU vision and strategies for injury research and prevention in BC.

### Our implementation process calendar:

Date	Key Actions / Meetings
1. April	<ul style="list-style-type: none"> <li>Operating Period begins: implement Annual Plan</li> <li>Confirm: deliverables / project teams / Project Work Plans (by April 15)</li> <li>Bi-weekly BCIRPU Staff Meetings</li> </ul>
2. May - June	<ul style="list-style-type: none"> <li>Prepare previous year Annual Report with Financials to MoHS (by May 15)</li> <li>Begin Annual Strategic Review / Planning (Plan-to-Plan)</li> <li>Bi-weekly BCIRPU Staff Meetings</li> </ul>
3. July	<ul style="list-style-type: none"> <li>Prepare Quarterly Project Reports to MoHS (by July 15)</li> <li>Quarterly Financial Review (by July 15)</li> <li>Annual Strategic Review / Planning Retreat</li> </ul>
4. August - September	<ul style="list-style-type: none"> <li>Draft Annual / Strategic Plan</li> <li>Parallel Process – Stakeholder Input and Feedback on Plan</li> <li>Bi-weekly BCIRPU Staff Meetings</li> </ul>
5. September	<ul style="list-style-type: none"> <li>Prepare Quarterly Project Reports to MoHS (by October 15)</li> <li>Quarterly Financial Review (by October 15)</li> <li>Bi-weekly BCIRPU Staff Meetings</li> </ul>
6. October - November	<ul style="list-style-type: none"> <li>Draft Annual Plan, Deliverables and Proposed Budget to MoHS</li> <li>Bi-weekly BCIRPU Staff Meetings</li> </ul>
7. December	<ul style="list-style-type: none"> <li>Prepare Quarterly Project Reports to MoHS (by January 15)</li> <li>Quarterly Financial Review (by January 15)</li> <li>Bi-weekly BCIRPU Staff Meetings</li> </ul>
8. January - March	<ul style="list-style-type: none"> <li>Finalize Annual Plan, Deliverables and Proposed Budget with MoHS</li> <li>Finalize Deliverables / Project Teams / Project Work Plans (by March 31)</li> <li>Bi-weekly BCIRPU Staff Meetings</li> </ul>