

# WRHA Injury Prevention Conceptual Framework (December 21, 2015)

**ROLE STATEMENT:** Population and Public Health works with you, your family, community and partners. We work with all to promote health, prevent disease and injury, as well as to create healthy places and relationships. Our goal is to educate, advocate and work with people and communities to reduce health differences and to improve everyone's health.

WRHA Vision: "Healthy People, Vibrant Communities, Care for All"

The WRHA Population & Public Health Injury Prevention Program (IMPACT) aims to reduce the frequency and severity of injury, promote and advocate for injury prevention, and to reduce injury-related health disparities in the Winnipeg community.

## 10 Key PPH Strategic Approaches

Applied Public Health Research

Collaboration & Partnership

Community Development

Health Assessment

Health Communication

Healthy Built & Social Environments

Healthy Public Policy

Outreach

Public Health Clinical Practice

Surveillance



## Key PPH Strategic Priorities (2012 – 2017)

Applied Public Health Research

Health Equity Promotion

Health Communication

Healthy Built & Social Environment

Healthy Public Policy

Public Health Information Systems

Program Monitoring

## Guiding Principles

Accessibility

Cultural Proficiency

Determinants of Health

Engagement

Harm Reduction

Health Equity

Practice Excellence

Quality

# About IMPACT

The IMPACT Team is dedicated to addressing reducing unintentional injuries for all ages in the Winnipeg health region. Every day in Canada, 40 people die, over 600 are hospitalized and many others are disabled due to some type of injury. ***Injury is the leading cause of death for Canadians from 1 – 44 years of age.*** The impact of injury is greatest among the young and the old. Injury causes more childhood deaths than all diseases and conditions combined, however over one-third of all injury deaths and hospitalizations are among adults 65 years of age and older.

In Winnipeg, injury is the fourth leading cause of death for all age groups. Each year, injuries cause an average of 36 Winnipeg residents to die and 51,000 to be hospitalized.(WRHA, Injury Report, 2014). We also know that people living in low socio-economic conditions are more likely to be injured than people in higher income areas.

At IMPACT, we are committed to reducing the human suffering and health care costs due to injury. Injuries are not “accidents”, they are predictable and therefore they are preventable.

At IMPACT, we:

- Advocate for injury prevention policies, programs and research
- Strive to reduce injuries in all Winnipeg residents, but with emphasis on disadvantaged populations
- Build injury awareness and develop partnerships within Winnipeg to address injuries
- Help individuals, families and the community increase capacity to effectively reduce risk of injury
- Conduct research and program evaluation on injury causes and injury prevention programs
- Support Winnipeg Regional Health Authority staff by providing resources and advice on injury issues.

# Guiding Principles:

## A) Criteria for selecting priority injury issues and new projects

### Program scope

- Are the planning assumptions met?
  1. unintentional injuries occurring in the community setting (home, school, road, public spaces)
  2. all ages
  3. WRHA residents/Winnipeg community

### Burden

- Epidemiologic basis (burden, severity, worsening trends)
- If not addressed will have a negative impact on the population health indicators in the region (death, PYLL, LOS, hospitalization, healthcare utilization)
- Potential for cost savings
- Or new/emerging issue that is significant and needs attention now

### Mandate

- Health sector should play lead/major role (or the role proposed)
- Good fit with the teams/program/regional strategic plan
- Issue is not fully addressed by another group or agency

### Evidence Informed

- There are effective interventions/strategies for this issue
- The strategy/project incorporates the most effective interventions and approaches
- When innovative interventions are deemed necessary there must be a strong theoretical basis and a rigorous evaluation planned

### Evidence Gap

- Opportunity gap between what is known to be effective and what is already implemented
- May include evidence uptake disparity gap (intervention uptake poor in high risk population)

### Expected Significance/Intended Outcomes

- The proposed strategy is expected to have significant impact on one or more of: awareness, capacity, behaviour change, safer environments, policy change, reduced injury frequency/severity, reduced disparity
- To what extent does the program/project specify one or more measurable outcomes it intends to achieve through its approaches?
- To what extent do these outcomes relate to the identified problem and contributing factors?

# Guiding principles (continued)

## Identified need

- There is an identified need based on end-user, target population, partners, provider input (as well as theoretical need i.e. data + evidence)
- Potential for uptake
- There is good potential for uptake of the proposed strategy elements staff input is to be included before and during implementation

## Target Population

- What level of the Pyramid of Professional Influence are we targeting (i.e. as high up as possible, focus on systems/professionals)

## Population health approach

- Comprehensive population health approach is evident/used

## Partnership

- Opportunity for partnership
- Are others already working on this issue
- Who else has a stake in this issue
- Who else should be involved (internal/external to WRHA)

## Readiness

- Community/target group is receptive to change
- Strategy matches target group/community/organizational stage of readiness

## Health Equity

- Do disparities exist for this issue (injury burden and/or access to or implementation of effective interventions)
- Disparities are addressed as part of the strategy
- HEATT tool

## Evaluation

- The strategy/project will be evaluated
- Evaluation strategies are appropriate and meaningful for measuring the intended outcomes of the selected program/practice
- Measurable outcomes are SMART – specified, measurable, achievable, realistic, and time-based
- Indicators are in place/currently measured, or planned
- Evaluation plans will include consideration of program impact on under serviced populations

# Guiding Principles (continued)

Dissemination (may not be able to answer until after project)

- Who should progress/results reports be communicated to (internal, external)
- How should the project/strategy results be disseminated (internal, external)

Sustainability (may not be able to answer until after project)

- Should the initiative be continued (based on evaluation/evidence)
- Is the intervention sustainable (internal/external) and with what resources
- What can be done to ensure the initiative is sustainable
- Can/should/could there be provincial uptake

## **B) Criteria for the selection of injury issues: Operational and Capacity Considerations**

Funding

- Are there sufficient funds within the current budget
- If not, have alternate funding sources been identified. Does this opportunity leverage other funds

Staff

- Can current staff address the issue
- Do they have the skills and/or experience and time
- Is it worth training staff or contracting out
- Can we hire/second other staff

Resources

- Do we need extra space or more or specialized office equipment
- Detailed budget review re: other resources required

Partnership

- Can partners contribute resources, staff, expertise, dissemination, etc.
- Is one of the partner more suited to be the lead on the project /initiative

Timing

- What is the best time of year to start this (e.g. seasons, work load, fiscal year, funding cycles, program fit etc.)
- Is there interest to address this issue now (public, WRHA, political)
- Is there adequate time for planning before implementation (and for the project)

## Injury Surveillance and Data

### **Goal #1: Develop an injury surveillance framework**

1. Explore current use of and access to injury indicators and data sources.
2. Identify surveillance indicators.
3. Develop technical surveillance reports and data summaries to support injury priority planning.

### **Goal #2: Collect and analyze data to define and monitor priority injury prevention areas**

1. Priorities are determined according to burden, equity, evidence and opportunity and are reviewed annually.
2. Identify effective strategies to address health disparities through evidence reviews for each injury priority area by consulting WRHA's Health For All.
3. Develop technical surveillance reports and data summaries to support injury priority planning.
4. Develop public friendly key messages based on current injury data.
5. Annual surveillance of bike helmet use and booster seat use in the Winnipeg Health Region.
6. Monitor safe sleeping practices.
7. Analyze WRHA Safety Teleform data.
8. Explore opportunities to examine injury data by community area and neighbourhood level to address health equity (e.g., mapping).
9. Undertake annual Children's Hospitals Injury Research and Prevention Program (CHIRPP) projects (e.g., injuries in children under 5, recreation and play injuries, concussion).

# Leadership and Collaboration

## Goal #1: Provide leadership within the Winnipeg health region on injury issues

1. Collaborate with municipal government, regional partners, communities and clients on regional strategies and programs addressing our priority areas.
2. Ensure that priority injury prevention issues are reflected in public health clinical practice through the development of service delivery standards, care maps, staff resources, staff training and client resources.
3. Create new policy statements or support existing policy statements on injury issues (e.g., residential speed, cycling safety).
4. Advocate and support the development of a regional falls prevention strategy in collaboration with all sectors and the WRHA falls prevention leadership committee.
5. Lead the implementation of a sustainable falls prevention strategy for the WRHA Community and Ambulatory Care programs and sites.

## Goal #2: Provide leadership on injury issues at the provincial level

1. Collaborate with Manitoba Government Departments and agencies (e.g., Manitoba Health/Healthy Living, HCMO, MPI) on provincial strategies and programs addressing our priority areas (i.e., falls prevention strategy and resources, child injury issues, safe active transportation).
2. Leadership in health equity promotion, policies, and strategies (e.g., car seat loan program, tax incentives, newborn allowance, free and low cost safety equipment programs).
3. Lead on the development of injury prevention training with various partners.
4. Advocate for timely and quality injury surveillance data.

## Goal #3: Develop and maintain working relationships with WRHA internal partners

1. Collaborate with internal partners to address key priority injury prevention strategies (i.e., community areas, programs, and sites)
2. Maintain a network of community area Injury Prevention Champions to inform and promote injury prevention at a community level.

## Communication

### **Goal #1: Develop evidence-based injury prevention resources**

1. For each priority area, identify key messages for staff and public resources.
2. Assess resource gaps/ needs according to topic and audience (e.g. languages other than English/ French, low reading level, poor vision, specific groups (e.g., cultural).
3. Explore opportunities to work in collaboration with internal and external partners (e.g. MPI, HCMO) to ensure that messaging is consistent and to reduce duplication.
4. Identify existing or develop new resources on injury prevention priority areas consistent with current evidence.
5. Focus test new resources with target audiences (e.g. public, WRHA staff, other health professionals , other Manitoba RHAs, community agencies and post-secondary students.)
6. Ensure that all WRHA endorsed resources are consistent with key messages for each topic area. (e.g., Safe Sleep, Swaddling, Vitamin D recommendations).

### **Goal #2: Disseminate evidence-based injury prevention information**

1. Develop a communication plan for each new initiative and resource.
2. Respond to and initiate media opportunities to promote injury prevention messaging.
3. Pursue opportunities and respond to requests to present or publish injury prevention information for academic and public audiences (e.g., Chapter on Implementation for the Canadian Collaborating Centres on Injury Prevention).



## Strengthening Capacity

### **Goal #1: Build capacity to address injury prevention issues within the Winnipeg Health Region**

1. Develop training and education plans for each injury priority area for WRHA Staff.
2. Explore opportunities to develop and provide training, resources, and education to community partners.
3. Work with partners to develop and provide training to members of the public who are taking on a leadership role in community based injury prevention programs (e.g., community presentations, exercise leaders, cycling champions, car seat technicians, etc).
4. Maintain a network of Community Area Injury Prevention Champions to inform and promote injury prevention at a community level.

# Policy and Advocacy

## Goal #1: Monitor and address key injury prevention related policy issues

1. Monitor and respond to opportunities to participate in injury prevention policies and legislation at the municipal, provincial and national level.
2. Take opportunities to address injury prevention issues through policy within the WRHA (i.e., CPG, care maps, and service delivery standards).
3. Support and evaluate new injury prevention policies and legislation (i.e., bike helmet and booster seat legislation).
4. Lead the development of strategies and resources to assist regional programs and staff in meeting the Accreditation Canada Home Safety and Falls Prevention Required Organizational Practices.

## Goal #2: Integrate health equity strategies in injury prevention programs and policies

1. Engage disadvantaged populations in the development of injury prevention policies and programs.
2. Advocate for programs and policies that address disparities in injury prevention (car seat loan program, bike helmet distribution, crib layette allowance for social assistance).
3. Advocate for programs and policies to ensure safety equipment is affordable and available to low income families.

# Health Equity

## **Goal #1: Develop understanding of effects of health equity on injury**

1. Consider WRHS's Health for All recommendations in injury prevention strategic planning.
2. Where possible, look at injury data by community area to identify gaps.
3. Gather information from families and/or health care providers to identify potential causes of equity gaps.
4. Develop strategies to address the gaps.

## **Goal #2: Consider health equity in program planning**

1. Look to research and professional and community input when planning programs and resources.
2. Focus test potential resources with target audiences.
3. Develop an equity action plan for each of the priority areas to address equity gaps and capitalize on opportunities to optimize equity promotion.
4. Advocate for programs and policies to ensure safety equipment is affordable and available to low income families.

## **Goal #3: Engage disadvantaged populations in the development of injury prevention policy and programs**

1. Ensure that the voice of the client is integrated in policies, services and programs by consulting with structurally disadvantaged Winnipeg residents about injury prevention priorities.
2. Consult with community partners and clients for services such as car seat loan program , mobile falls prevention clinics.
3. Work with community partners and clients to expand capacity of cycling education on programs in low income areas.

## Applied Injury Prevention Research

### **Goal #1: Conduct research and program evaluation to support and improve injury prevention strategies**

1. Engage in research to support our priority areas (e.g. ambulatory care falls risk assessment tool, environmental hazard prevention checklists).
2. Develop appropriate and meaningful program evaluations for all major projects (e.g. Bike Together Winnipeg and car seat loan programs) and use findings to improve program effectiveness and reach.
3. Complete CIHR grant to evaluate impacts of bicycle helmet and booster seat legislation and apply findings to active transportation and child occupant protection planning.

### **Goal #2: Support and integrate Injury Prevention research relevant to priority areas**

1. Systematically review relevant and current research on each priority area to inform strategic planning.
2. Ensure research reviews include disadvantaged populations, neighbourhoods, and communities. (e.g. low income, newcomers)
3. Identify evidence gaps and key research topics for each of our priority areas.
4. Participate in collaborative research opportunities that arise through our partners.
5. Develop a list of priority research projects for university students.

### **Goal #3: Track and communicate injury program activities**

1. Monitor program indicators for injury research and program activities.
2. Create summary of current and past research activities.
3. Share findings with internal and external partners.