

Provincial Injury Prevention
Review Part 1

Pathway to Injury Prevention: Review Part 1

May 15, 2023

Provincial Injury Prevention Review Part 1

Copyright © 2023, Alberta Health Services. This material is intended for general information only and is provided on an “as is,” “where is” basis. Although reasonable efforts were made to confirm the accuracy of the information, Alberta Health Services does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information. This material is not a substitute for the advice of a qualified health professional. Alberta Health Services expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.

Table of Contents

Review Summary 4

References..... 10

Appendix 1 - Pathway to Injury Prevention Review Questionnaire..... 11

Appendix 2: Background Information. 13

Review Summary

On January 9, 2023, Provincial Injury Prevention (PIP) asked members of the Suicide Prevention, Domestic Violence Prevention, and Unintentional Injury Prevention Direction Setting Committees, and staff from 16 Alberta Health Services' zone and provincial teams¹ to review the Pathway to Injury Prevention (Pathway). PIP asked these groups to review the December 2022 draft version of the Pathway and answer seven review questions (Appendix 1: Pathway to Injury Prevention Review Questionnaire). In addition to the Pathway document and the questionnaire they received a backgrounder about the Pathway (Appendix 2: Background).

PIP provided 10 business days for the review and received 13 responses by the deadline. In addition to filling out the questionnaire, three people provided additional feedback. One person submitted additional feedback via email and two people saved a copy of the Pathway and provided additional feedback in comments directly in the Pathway.

Four PIP staff (three Health Promotion Facilitators and one Manager) reviewed and themed the feedback, first in pairs and then as a group of four. Once themed, the group identified ways to incorporate the feedback provided. Provided below is the summary of the feedback and how the feedback was addressed:

1. *The Pathway is not for any one partner or team (Alberta Health Services Provincial Injury Prevention team included). Rather it outlines the importance of many partners working collaboratively and within their scope/mandate towards common end goals.* When asked if this was clear to them after reading the Pathway **12 of the 13 respondents agreed it was clear.** One respondent indicated it was not clear and suggested a partner list and more details about

¹ The AHS teams that were invited to provide staff to review included:

- Provincial Departments: Capacity and School Initiatives, Provincial Addiction & Mental Health, Primary & Community Care; Tobacco, Vaping and Cannabis Program; Mental Health Promotion & Illness Prevention; School Health and Wellness Promotion; Diversity and Inclusion; Health Children/Healthy Families Early Years; Indigenous Wellness Core
- Population and Public Health Zone Teams: Edmonton, Calgary, Central, North and South
- Addiction and Mental Health Zone Teams: Calgary, Central, North and South

Of these 16 teams, 15 provided a staff reviewer.

what partnership work is. To provide additional clarity, PIP expanded the “Partnerships” section of the Pathway to include a broad and general list of partners as well examples of successful partnership work. **All 13 respondents indicated that a collaborative approach aligns with how they currently work.**

2. *The importance of a population health approach is detailed in the Pathway.* When asked if this was clear to them after reading the Pathway **12 of the 13 respondents agreed it was clear.** One respondent indicated it was not clear and suggested that examples of successful prevention interventions using a population health approach improve clarity. In response to this feedback, PIP included several examples of the population health approach in action; some examples are included in brief throughout the Pathway and several other examples are provided in more detail in a Pathway appendix. **All 13 respondents indicated that a population health approach aligns with how they currently work.**
3. *The importance of acting on health equity is detailed in the Pathway.* When asked if this was clear to them after reading the Pathway **all 13 respondents agreed it was clear and further that it aligns with the way they currently work.** However, three respondents shared suggestions to improve the section on health equity and three respondents outlined barriers that currently exist to acting on health equity.

Suggestions included:

- 1) Reference stigma and discrimination as a barrier to health service access and participating in preventative health.
- 2) Mention place of origin or how people of various cultures outside of Canada experience or trust healthcare services.
- 3) Expand on gender-specific challenges and present the data so it addresses these specific challenges.
- 4) Make health equity required organizational learning.

To address the first two suggestions, PIP included discrimination and ‘nativism’² in the overview section of the distal determinants of health and in the Equity Tree model to describe and provide a visual that showcases how these are systemic barriers to positive health outcomes. PIP also expanded a case study to reflect these barriers. PIP addressed the third suggestion by providing more detail on populations that bear a greater burden of injury and by making note of the limitations of current data sets. The fourth suggestion is beyond the scope of this review and the Pathway to address.

Barriers included:

- 1) Budget limitations
- 2) Alberta Health Services places significant focus on acute care, with limited focus on the importance of prevention/promotion/health equity
- 3) Program names contributing to stigma. For example, “Addiction and Mental Health as program name can be stigmatizing and reduce health seeking efforts among populations who do not identify themselves in this way.”

While it is beyond the scope of this review to address these barriers, PIP believes that this information describes an important reality related to health equity and its vital role and application in population health.

4. *The Pathway framework centers on a vision for health and well-being by addressing risk and protective factors across all levels of the social-ecological model.* When asked if this was clear to them after reading the Pathway **all 13 respondents agreed it was clear.** There were no suggestions for improvement. In response to the question “does this framework align with your work?” **12 of the 13 respondents said yes.** Many of the respondents shared examples of how it aligns. Here are a few of the responses.

² ‘Nativism’ is a racist and xenophobic discourse. It has an exclusionary vision of ‘the nation’ in which the ‘native’ is constructed as a disadvantaged and threatened ‘in-group’ and is juxtaposed to a racialized ‘non-native’, ‘foreigner’, or ‘non-integrated co-citizen.’ It ties race and nationality together to portray the ‘native’ as a disadvantaged group being exploited by ‘non-natives’ (RACE.ED 2022 & Newth).

Provincial Injury Prevention Review Part 1

- We work with community partners to increase awareness of the importance of protective factors across domains and highlight the impacts of risk factors and the value of risk reduction.
- We try to decrease the risk factors for injury at all levels and try to enhance or build on the protective factors through our programs and policy advocacy.
- Our focus is often very topic/resource specific and may also be mandated and not necessarily 'community led'. To align with this framework, perhaps some changes would be required to various ways we work as well as areas of focus.
- Our team works to educate and support those who can influence protective factors and help reduce the impact of risk factors.
- Our team's work addresses the risk and protective factors of certain populations across the lifespan in our projects, programs, and resources. We aim to serve specific populations as requested for mental health promotion.
- Our team works at all levels of the socio-ecological model. An example I will share regarding the environment level is one of our team members has been doing great work focusing on healthy communities by design. They have been collaborating with their community partners to develop a shared pathway from the City of Brooks to a popular lake, creating infrastructure for active transportation, and giving people safe access to ride their bikes or walk comfortably.
- In Central Zone we have developed a "Framework for Practice" which includes the DOH, Health Promotion Actions, Community Development Approach and Health Promoter Competencies. Our efforts are targeted towards upstream efforts, health equity and healthy built environments. Additionally, we have identified four strategies to guide our work. We strive to align our work with the frameworks and approaches on the AHS Healthier Together platform.

The one respondent who said no, indicated that their team works “at a program level”; no suggestions for improvement were provided.

5. *Several key resources are listed in the Pathway.*

******In the December 2022 draft of the Pathway the “Resources” section was inadvertently dropped. Thus, the responses from reviewers were not what PIP expected, nor did most of the suggestions provided make sense for the Pathway.

However, a key document – AHS Alberta Healthy Communities Approach – was suggested and it was incorporated into the Pathway.

6. *Several partners are listed in the Pathway.* When asked if there were other partners that they would suggest **8 of the 13 respondents said yes**. However, many respondents said that it was not clear who the partners in injury prevention are. They made some suggestions about who to include. To address this a broad partnership list was included in the “Partner” section of the Pathway.

***In the December 2022 draft of the Pathway a list of Pathway partners was inadvertently dropped. The responses from the reviewers reflect this.*

7. *Do you see your work fitting in the Pathway overall?* **All 13 respondents said ‘yes’ to this question.** Many of the respondents shared examples of how they see the connections between their work and the Pathway. Here are a few of the responses:

- The Pathway approach is woven into the work [of] our team. We have framed our work this way for some time.
- The commitment to partnership work [is a fit], but it could also be expanded to other AHS departments and teams and external partners. Improving patient and population health outcomes [is a fit], but it could certainly be expanded to include more focus on 'health equity.'
- We would be happy to collaborate on supporting the work of injury prevention. Mental health is one of the pillars that leads to good decision making, healthy relationships, longevity, health, lifetime purpose, and employment. Our work already uses the population public health approach to foster and support mental health. We think this would be a good fit.
- In general, my work (and most work in health promotion) aligns with the concepts/frameworks you've addressed in the Pathway.
- The pathway supports what our team is already doing and the strategies we are implementing.
- We use a similar approach to what is outlined in the Pathways document. Although this document won't replace what we use, it can be used to inform our work.

Provincial Injury Prevention Review Part 1

One respondent suggested that including more injury prevention examples or a “feature/spotlight” in each section of the Pathway would be an improvement. To address this suggestion, PIP included several general examples throughout the Pathway and specific injury prevention examples in an appendix.

One respondent, while sharing that their work does fit with the Pathway, also shared that there are some barriers to alignment with the Pathway. These include:

- Alignment is limited by lack of FTE resource, lack of budget allocation, misconceptions of the work we do, etc.

Again, while it is beyond the scope of this review to address these barriers, PIP believes that this information describes an important reality related to working in population level prevention and promotion.

As mentioned, in addition to filling out the questionnaire three respondents provided additional feedback including: general edits, reminders about visual standards, suggestions for general clarity, and formatting. PIP greatly appreciates this additional feedback and incorporated much of it.

References

Newth, George. (2021). Rethinking 'Nativism': beyond the ideational approach, Identities, DOI: 10.1080/1070289X.2021.1969161

RACE.ED. (2022). The role of nativist discourse in racist ideology. Retrieved March 8, 2023 from The role of nativist discourse in racist ideology - RACE.ED

Appendix 1 - Pathway to Injury Prevention Review Questionnaire

Instructions:

- Please read the draft Pathway to Injury Prevention (Pathway)
- Reflect and answer the following questions.

Questions:

1. The Pathway is not for any one partner or team (Alberta Health Services Provincial Injury Prevention team included). Rather it outlines the importance of many partners working collaboratively and within their scope/mandate towards common end goals.
 - 1.1 After reading the Pathway, is this clear?
 - a) Yes
 - b) No
 - c) If No, what changes can we make to increase clarity?
 - 1.2 Does a collaborative approach align with your work?
 - a) Yes
 - b) No
2. The importance of a population health approach is detailed in the Pathway.
 - 2.1 After reading the Pathway, is this clear?
 - a) Yes
 - b) No
 - c) If No, what changes can we make to increase clarity?
 - 2.2 Does a population health approach align with your work?
 - a) Yes
 - b) No
 - c) If Yes, how?
 - d) If No, can you share what approaches you are using?
3. The importance of acting on health equity is detailed in the Pathway.
 - 3.1 After reading the Pathway, is this clear?
 - a) Yes

Provincial Injury Prevention
Review Part 1

- b) No
 - c) If No, what changes can we make to increase clarity?
- 3.2 Does a focus on health equity align with your work?
 - a) Yes
 - b) No
 - c) If yes, how?
 - d) If no, what, if any, barriers exist to focusing on health equity?
- 4. The Pathway framework centers on a vision for health and well-being by addressing risk and protective factors across all levels of the social-ecological model.
 - 4.1 After reading the Pathway, is this clear?
 - a) Yes
 - b) No

No, what changes can we make to increase clarity?
 - 4.2 Does this framework align with your work?
 - a) Yes
 - b) No
 - c) If Yes, how?
 - d) If No, how do you frame your work?
- 5. Several key resources are listed in the Pathway. Are there others you would highlight?
- 6. Several key partners are listed in the Pathway. Are there others you would highlight?
- 7. Do you see your work fitting in the Pathway overall?
 - a) Yes
 - b) No
 - c) If Yes, how do you see your work fitting?
 - d) If No, what would allow for alignment?

Appendix 2: Background Information (provided via email on January 9, 2023 to reviewers).

As a reminder, this past year the Provincial Injury Prevention (PIP) team drafted the *Pathway to Injury Prevention*, a guiding document influenced by, among other key resources, the Provincial Population and Public Health Strategic Clinical Network's™ Transformational Roadmap. While PIP plans to use the *Pathway* to guide our work, it was not developed with any one partner/group/organization in mind (PIP team included). Rather it outlines the importance of many partners working collaboratively and within their scope/mandate towards common end goals. The approach outlined in the *Pathway* prioritizes populations and initiatives across Albertans' lifespans in multiple settings. It recognizes the importance of community identified and led work that is centered in health equity. It moves away from a focus on what is not wanted and instead focuses on what is desired – protective and health promoting factors. The overall approach and direction was shared with leadership (Provincial Injury Prevention's Director and Executive Director/Medical Officer of Health dyad) in the fall of 2022 and approved for this review.