

Provincial Injury Prevention  
Review Part 2

# Pathway to Injury Prevention: Review Part 2

May 2023

## Provincial Injury Prevention Review Part 2

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## Review Summary

On March 13, 2023, the Manager of Provincial Injury Prevention (PIP) asked members of the Injury Prevention Coordinating Committee (IPCC) to review the March 2023 draft of the Pathway to Injury Prevention (Pathway) and answer seven review questions. Integrated into the March draft was feedback that was provided by Alberta Health Services (AHS) zone and provincial staff and members of the Unintentional Injury, Suicide Prevention, and Domestic Violence Direction Setting Committees. Details of this feedback can be found in the *Pathway to Injury Prevention: Review Part 1*.

IPCC members were provided 24 business days to review and respond. Five of the 13 members responded. The Manger of PIP reviewed the responses, and 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 **4 of the 5 respondents agreed it was clear.** One respondent indicated it was not clear, stating: “I think that “AHS Zones” should be acknowledges separate from AHS departments (on page 19). The Zones need to be embraced in this and the word ‘department’ doesn't do this.” This concern is addressed on page 15 of the Pathway where AHS zone teams are highlighted in a list of partners with a vested interest in injury prevention work. Further, AHS zone teams are also mentioned in the “Pathway Snapshot” on page 34. **All 5 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 **all 5 respondents agreed this was clear.**

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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 five respondents agreed it was clear and further that it aligns with the way they currently work.** However, one respondent identified a barrier to acting on health equity and a suggestion to the barrier.*

Barrier:

- People experiencing homelessness or financial insecurity often live with health that is so compromised that they cannot be adequately engaged.

Suggestion:

- The ability to provide a stipend, meal, or gift card to a grocery store would help our efforts.

While it is beyond the scope of this review and the Pathway to address this specific barrier, 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 5 respondents agreed it was clear**, and there were no suggestions for improvement. In response to the question “*does this framework align with your work?*” **all 5 respondents said yes**, and three of the respondents’ provided examples of how it aligns:*
- We address the determinants of health and health equity which connects to risk and protective factors.
  - We have been focusing on addressing risk and protective factors rather than on individual injury prevention topics.
  - Prevention is a key driver in public health.
5. *Several key resources are listed in the Pathway. When asked if there were other resources that they would highlight, **two respondents said yes**. One respondent suggested that the list [of resources] could be “endless” and suggested that there*

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are local examples of resources that could be included. The other respondent suggested that there should be better alignment with the AHS Healthy Communities Approach in the Pathway overall.

To address the first suggestion for local examples of resources, PIP will engage in conversations with AHS Zone staff who work closely with their communities to discover what additional resources could be included in future versions of the Pathway.

To address the suggestion for better alignment with the AHS Healthy Communities Approach: this will be considered in further iterations of the Pathway as AHS Provincial Population & Public Health and Zone Public Health develop and land on a joint direction.

6. *Several partners are listed in the Pathway.* When asked if there were other partners that they would highlight **two respondents said yes**. One suggested that there are “a number of advocacy groups that could be included” and while the other respondent didn’t suggest any new partners they did suggest that the Pathway could expand on the work that AHS Zones contribute to injury prevention. They requested that examples of “work taking place by Injury Prevention or Health Promotion Teams at the Zone level [...] be acknowledged/reflected in [this] provincial document.”

To address the suggestion to include local advocacy groups to the list of potential partners a bullet – Local coalitions and advocacy groups – was added on page 15 and page 35 of the Pathway.

To address the suggestion for better AHS Zone acknowledgement, PIP connected with AHS Zone colleagues to request examples of work to include in *Appendix 3: Examples of the Population Health Approach to Injury Prevention*. *Appendix 3* now includes AHS Zone examples. The overall breakdown is:

- Two AHS Zone examples
- Two AHS PIP examples

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- One AHS Zone/AHS PIP collaborative example
- One Alberta City specific example
- One provincial example
- Three national examples
- Three international examples

7. *Do you see your work fitting in the Pathway overall?* **All five respondents answered 'yes' to this question**, and three respondents provided comments related to this question.

- I like the direction and simplicity of the framework. I think it gives a good starting point for front line direction in my Zone.
- This work is integral to public Health and population health work. We incorporate prevention into all we do.

In addition to answering the survey questions, one respondent requested more information. Provide is the question and our subsequent answer:

- *Question:* Why is there direct reference to the distal determinants of health in the document without direct reference to the proximal and intermediate levels? Particularly since the population health approach project examples provided in Appendix three focus on actions taken at the proximal and intermediate levels.
- *Answer:* We incorporated language of the distal determinants to help to clarify the section. “Proximal” and “intermediate” are referred to overall when social determinants are discussed in the Pathway on page 24. Current work is focused at proximal and intermediate levels but work at the distal level is required. That is where we aim to move our work.