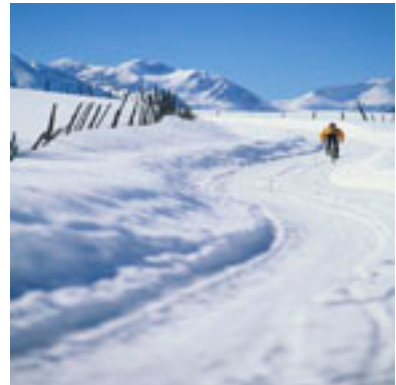


**2008-09 Gap Analysis &
Improvement Plan:
Unintentional Injury
Prevention Core Public
Health Program**

Final
March 2009



2008-09 Gap Analysis & Improvement Plan: Unintentional Injury Prevention Core Public Health Program

Prepared for Brian Schmidt by:

John Millar, Lydia Drasic & Shazia Karmali

**With input from the PHSA Unintentional Injury
Prevention Working Group**

For further information please contact:

Shazia Karmali

Project Manager

Provincial Health Services Authority

700-1380 Burrard St.

Vancouver, BC

V6Z 2H3 Canada

www.phsa.ca/PopulationHealth

Executive Summary

Consistent with the province’s ongoing initiative to renew core public health programs, PHSA presents this document to communicate its 2008-09 gap analysis and improvement plan for the Unintentional Injury (UI) Prevention Core Public Health Program to the Ministry of Healthy Living & Sport, and PHSA’s regional health authority partners.

Over the past year a number of developments have altered the landscape of population and public health (PPH) activity in BC, and within PHSA. The Ministry of Healthy Living and Sport and the Ministry of Health Services were created from the former Ministry of Health. PHSA’s role in core public health programs has evolved as new core programs were developed and approved. This role currently identifies PHSA as having the potential to provide provincial coordination to support development of healthy public policy and consistent messaging, provide expert advice and support surveillance activities. The PHSA Centres for Population and Public Health were developed and are currently being implemented. They consist of 9 “virtual” Centres that address a wide range of topic areas in PPH. Key drivers for the development of The Centres are the responsibilities which arise from core public health programs.

The PHSA Centres serve as the coordinating mechanism for meeting core public health program requirements. The Unintentional Injury Core Public Health Program is the responsibility of the Centre for Injury & Violence Prevention. The Unintentional Injury Working Group was tasked with developing this gap analysis and improvement plan, and had representation from the following PHSA agencies and programs:

- BC Injury Research & Prevention Unit (BCIRPU)
- BC Trauma Advisory Council (BCTAC)
- BC Drug & Poison Information Centre (DPIC)
- BC Women’s Hospital (BCWH)
- BC Children’s Hospital (BCCH)

The working group identified the following strengths, challenges and priority areas for improvement across unintentional injury prevention programs and services within PHSA agencies and programs:

Gap Analysis	
Strengths	Challenges
<ul style="list-style-type: none"> • Expert staff – certified and trained staff • Multidisciplinary approach/teams • Provincial, national & international links • Many collaborative relationships • Expertise in knowledge transfer/communication • Active role in teaching (post and undergraduate); training (curriculum development) & education • Availability of data • Surveillance Expertise • Access to “The Community” group with mandate for social marketing activities relating to unintentional injury prevention • Ability to leverage/access intersectoral structures • BC Injury Research & Prevention Unit’s liaison role with regional health authorities 	<ul style="list-style-type: none"> • Funding (amount and mechanisms) • Limited visibility of some programs • Limited resources – trained personnel • Engagement of vulnerable populations • Research on vulnerable populations • Dissemination of information & response to specific issues affecting multicultural groups • Integrating injury prevention into other prevention activities, strategies plans (e.g. falls prevention)

Gap Analysis
Priority Areas for Improvement
Knowledge Transfer & Public Education <ul style="list-style-type: none">• Develop a common working definition for unintentional Injury prevention & develop a lens/model through which to apply this definition• In collaboration with PHSA agencies and programs, develop a plan to ensure consistent messaging on the web for all injury prevention information published by PHSA• Update Safe Start injury prevention video in collaboration with PHSA agencies, Ministry of Healthy Living & Sport (MHLS) and regional health authorities (RHAs)
Surveillance, Data Collection & Evaluation <ul style="list-style-type: none">• Identify and conduct common projects to demonstrate value of surveillance data/linkages• Develop BCIRPU online data mapping tool
PHSA Agency & Program Role Clarity <ul style="list-style-type: none">• Clarify roles of PHSA agencies and programs

An improvement plan addressing the priority areas for improvement listed above can be found on pages 6 and 7 of this document. The improvement plan identifies specific targets, timelines and PHSA Leads responsible for coordinating each activity. The Unintentional Injury Working Group looks forward to working with the PHSA Centre for Injury & Violence Prevention to implement the improvement plan over the coming years.

Background

Consistent with the province's ongoing initiative to renew core public health programs, the PHSA Population & Public Health Program (PHSA PPH) presents this document to communicate its 2008-09 plans for core public health programs to the Ministry of Healthy Living & Sport, and PHSA's regional health authority partners.

Over the past year a number of developments have altered the landscape of population and public health (PPH) activity in BC, and within PHSA:

- In June 2008 the Ministry of Healthy Living and Sport and the Ministry of Health Services were created from the former Ministry of Health, and many details of the transition have yet to be finalized.
- PHSA's role in core public health programs has evolved as new core programs were developed and approved. This role currently identifies PHSA as having the potential to provide provincial coordination to support development of healthy public policy and consistent messaging, provide expert advice and support surveillance activities.
- The PHSA Centres for Population and Public Health were developed and are currently being implemented. They consist of 9 "virtual" Centres that address a wide range of topic areas in PPH. The Centres represent a new way for PHSA agencies and programs to collaborate on PHSA-wide PPH initiatives; they are responsible for planning, implementing and evaluating collaborative PPH primary prevention projects across PHSA agencies and programs. Key drivers for the development of The Centres are the responsibilities which arise from core public health programs.

As specified in the 2008—09 Health System Performance Framework, this document contains a gap analysis and improvement plan for the Unintentional Injury Core Public Health Program.

Context

The coordinating mechanism for core public health program requirements within PHSA is the PHSA Centres for Population & Public Health. The Unintentional Injury core program is the responsibility of the Centre for Injury & Violence Prevention.

The steering committee of the PHSA Centres identified the following PHSA agencies and programs with activities relating to the prevention of unintentional injuries:

- BC Injury Research & Prevention Unit (BCIRPU)
- BC Trauma Advisory Council (BCTAC)
- BC Drug & Poison Information Centre (DPIC)
- BC Women's Hospital (BCWH)
- BC Children's Hospital (BCCH)

These agencies and programs formed the membership of the PHSA Unintentional Injury Prevention Core Program Working Group, which was tasked with developing this gap analysis and improvement plan.

Gap Analysis

The PHSA Unintentional Injury Prevention working group was established to inform a PHSA-wide gap analysis and improvement plan. The first task this group undertook was to collect an inventory of activities each agency and/or program was involved in related to the prevention of unintentional injuries. Following the completion of the inventory, the working group came together to discuss strengths, challenges, gaps and priority areas for improvement which formed the basis of this document.

Strengths across PHSA agencies and programs were identified as:

- Expert staff – availability of certified and trained staff
- Multidisciplinary approach/teams
- Provincial, national and international links
- Many collaborative relationships
- Expertise in knowledge transfer/communication in relation to primary and secondary prevention
- Active role in teaching (post and under graduate); training (curriculum development); education
- Availability of data
- Surveillance expertise
- Access to a group with the mandate (& budget) for social marketing activities relating to injury prevention “The Community”
- Ability to leverage/access inter-sectoral structures
- BCIRPU’s liaison role with regional health authorities

Challenges across PHSA agencies and programs were identified as:

- Funding (amount and mechanisms)
- Limited visibility of some programs
- Limited resources (trained personnel)
- Engagement of vulnerable populations
- Research on vulnerable populations
- Dissemination of information and response to specific issues affecting multi-cultural groups
- Integrating injury prevention into other prevention activities, strategies, plans (e.g. falls prevention)

Analysis:

The above strengths and challenges were then discussed by the group in order to specify areas for improvement. The following potential areas for improvement were identified:

- Links/communication between PHSA unintentional injury programs/services do not formally exist and need to be strengthened
- Resource capacity is limited
- Research and capacity for targeting of vulnerable groups is required
- Role clarity between Ministry of Healthy Living & Sport and PHSA is required
- Role clarity within PHSA agencies and programs for primary prevention of unintentional injury prevention is required
- Injury prevention is not identified as an area of core public health competency
- Common working definition of injury prevention does not exist; need for an unintentional injury lens that can be applied across PHSA
- Data concerns:
 - Research capacity is limited due to lack of timely processing/access to data for surveillance
 - Data systems not linked within PHSA or provincially
 - Provincial emergency room surveillance system does not exist
- Mechanisms to support implementation of province-wide programs do not exist

These areas for improvement were prioritized in accordance with the core components of the core program paper. A key area for improvement was to establish role clarity between PHSA agencies and programs, and between PHSA and the Ministry of Healthy Living & Sport. Although this priority area does not directly relate to core components of the model core program paper, the working group agreed that role clarity was a key priority.

Priority Areas for Improvement:

Knowledge Transfer & Public Education

- Develop a common working definition for UI prevention & develop a lens/model through which to apply this definition
- In collaboration with PHSA Agencies and programs, develop a plan to ensure consistent messaging on the web for all injury prevention information published by PHSA
- Update Safe Start Injury Prevention video in collaboration with PHSA Agencies, MHLS & RHAs

Surveillance, Data Collection & Evaluation

- Identify and conduct common projects to demonstrate value of surveillance data/linkages
- Develop BCIRPU Online data mapping tool

PHSA Agency & Program Role Clarity

- Clarify roles of PHSA agencies and programs (DPIC & TAC, PHSA & BCIRPU, BCWH & BCCH, and PHSA PPH)

Improvement Plan:

Component	Gaps	Outcomes/Objectives	Performance Targets (Indicators)	Timeline	PHSA Lead
Unintentional Injury					
Knowledge Transfer & Public Education	Lack of a common working definition and model of Unintentional Injury Prevention within PHSA	Develop a common working definition for Unintentional Injury Prevention	PHSA Unintentional Injury Prevention definition developed	August 2010	Ian Pike BCIRPU
		Develop a lens/model for implementation of Unintentional Injury Prevention definition	PHSA Unintentional Injury Prevention lens/model identified	December 2010	Ian Pike BCIRPU
			Application of lens/model begun	March 2011	Ian Pike BCIRPU
	Documents published on the web by PHSA agencies and programs in relation to unintentional injury prevention are not aligned	In collaboration with PHSA agencies and programs, ensure consistent messaging for all injury prevention information published on the web by PHSA	Stakeholders identified and engaged	August 2010	Ian Pike BCIRPU
			Plan developed	March 2011	Ian Pike BCIRPU
			Plan/process implemented	December 2011	Ian Pike BCIRPU
Safe Start video for childhood injury prevention is out of date	Collaborate with PHSA agencies, Ministry of Healthy Living & Sport and Regional Health Authorities to develop an updated version that meets the needs of stakeholders provincially	Project proposal developed	March 2010	Karen Horn BCCH	
		Funding confirmed	March 2011	Karen Horn BCCH	
Surveillance	Potential to develop an online data mapping tool	Collaborate with provincial stakeholders to develop and implement tool	Project proposal developed	August 2009	Ian Pike BCIRPU
			Funding confirmed	November 2009	Ian Pike BCIRPU

Component	Gaps	Outcomes/Objectives	Performance Targets (Indicators)	Timeline	PHSA Lead
	Potential to undertake common PHSA-wide projects to demonstrate value of surveillance/data linkages in unintentional injury prevention	Identify and conduct 1-2 projects	Project(s) identified Stakeholders identified and engaged Implementation begun	March 2010 March 2011 March 2012	Ian Pike BCIRPU Ian Pike BCIRPU Ian Pike BCIRPU
PHSA Agency/Program Roles in Unintentional Injury Prevention					
N/A	Roles of PHSA agencies and programs in primary prevention of unintentional injuries unclear	In consultation with internal stakeholders, clarify roles of PHSA agencies and programs in primary prevention of unintentional injuries	PHSA agency/program roles clarified	December 2010	Ian Pike PHSA PPH & Lydia Drasic PHSA PPH

Concluding Remarks:

The Unintentional Injury Core Public Health Program Working Group looks forward to working with stakeholders within PHSA to implement the improvement plan over the coming years, and to clarify the role of PHSA agencies and programs in the primary prevention of unintentional injuries. As well, PHSA looks forward to working with its provincial partners to clarify its provincial role in injury prevention.

PHSA looks forward to engaging in further discussion and consultation with internal and external stakeholders involved in water quality provincially, in order to develop a gap analysis and improvement plan for March 2010.

Appendix

Appendix A – PHSA UNINTENTIONAL INJURY CORE PROGRAM WORKING GROUP MEMBERS

Unintentional Injury Core Program	
Ray Copes	BC Centre for Disease Control (BCCDC)
Debra Kent	BC Drug & Poison Information Centre
Shelina Babul	BC Injury Research and Prevention Unit (BCIRPU)
Ian Pike	BC Injury Research and Prevention Unit (BCIRPU)
Nasira Lakha	BC Trauma Advisory Council
Richard K. Simons	BC Trauma Advisory Council
Tracey Taulu	BC Trauma Advisory Council
Jan Finch	BC Women's Hospital
Karen Horn	BC Children's Hospital
Lydia Drasic	Population and Public Health (PPH)
Shazia Karmali	Population and Public Health (PPH)