

**INTERIOR HEALTH
INJURY PREVENTION ENVIRONMENTAL SCAN**

A FINAL REPORT

APRIL 2007



FOREWORD

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1.0 BACKGROUND

In December, 2004 Interior Health (IH) completed an, *Options Paper for a Coordinated Approach to Injury Prevention*, with the recommendation that the Health Authority carry out the coordination of injury prevention in two phases. Phase one included the completion of a comprehensive environmental scan. The scan would be used to identify what injury prevention activities are under way in the region, where they are located, who is carrying out the activities, and the impact of the activities on the targeted groups. This information would identify capacity, use of best practices, gaps in services and collaboration possibilities within the region.

In addition, the *Interior Health Authority Strategic Plan for Injury Prevention*, completed in June 2004, highlighted five potential priority areas in injury prevention. Of the five areas highlighted, IH first focused on falls prevention and are now moving on to a focus on youth suicide and abuse. To proceed, IH engaged in start-up activities including gathering baseline information, making evidence-based recommendations for pilot projects suitable for the region, and developing a strategic implementation plan for Youth Suicide and Abuse Prevention. In order to move the strategic implementation plan forward an environmental scan of current activities, capacity and gaps in youth suicide and abuse prevention within the IH geographic area needed to be completed.

The purpose of this project, *IH Injury Prevention Environmental Scan*, was to develop a conceptual framework for an environment scan that can be used to gather information about injury prevention activities within the Interior Health region.

The project was divided into the following 3 phases:

- Phase I: Development of a conceptual framework for injury prevention
- Phase II: Development of the methodology and tools for conducting an environmental scan
- Phase III: Conducting a pilot environmental scan in the area of youth suicide prevention

This report outlines the processes and outcomes of the three phases of this project, and includes a summary and recommendations of next steps for the IH in their *Coordinated Approach to Injury Prevention*.

2.0 PHASE I: CONCEPTUAL FRAMEWORK FOR INJURY PREVENTION

Phase I of this project included the development of a conceptual framework for injury prevention. The conceptual framework was used to describe how programmatic activities will be synthesized and understood into the context and setting where the scan occurs. To develop the initial conceptual framework, a population health approach was used. The World Health Organization (WHO) defines the population health approach to injury prevention as,

...at all levels, the social, economic, political, cultural, educational and environmental conditions that support injury-preventing behaviours must be in place for prevention to become a reality.

(WHO, 1998)

Although many injury prevention models address micro, meso and macro level risk factors for injury prevention, there are some gaps in determining how models can be used to inform tool development, program development and program evaluation.

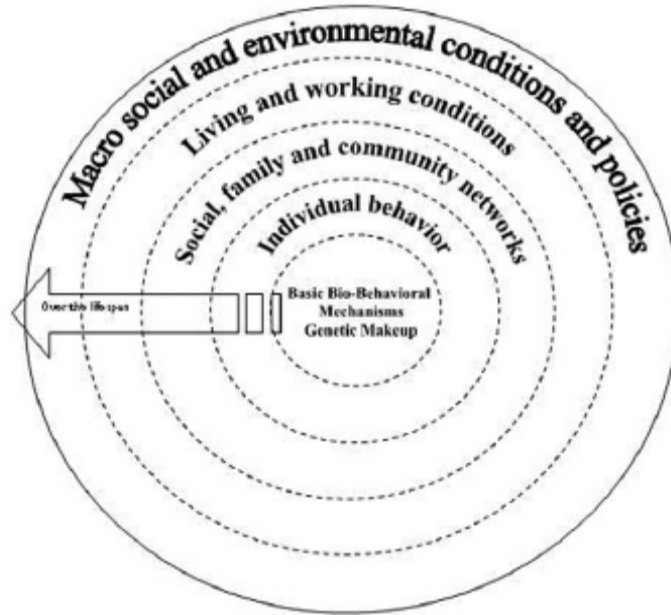
To develop a conceptual framework for injury prevention, existing injury prevention models that focused on injury risk factors, intervention models, and prevention models were used. The approach to the conceptual framework for injury prevention was to incorporate the strengths of each of these injury prevention models and to use them to understand injury risk factors, intervention and prevention. The development of this conceptual framework is not new - other researchers have identified overlaps existing within current injury prevention models and more specifically Haddon's Matrix and the Social Ecologic Model (Hanson et al., 2005; Runyan et al., 2003; Lett et al., 2002). The value in this approach, however, was the development of a framework unique to, and specifically to address the needs in IH.

2.1 INJURY PREVENTION MODELS

2.1.1 The Social Ecological Framework

The social ecologic framework, "recognizes that behaviours and health are influenced by multiple levels from the individual to families to larger systems and groups and then to the broadest level, the population and ecosystem" (Ockene et al., 2007). This model (Figure 1) takes into consideration the complex interplay between individual, relationship, community, and society and the determinants of health. The social ecologic model focuses on the several interfaces among the individual, physical environment and the social environment acting at five levels (intrapersonal, interpersonal, organizational, community and societal) (Allegrante et al., 2006). While it has been suggested that prevention strategies should include a continuum of activities that address multiple levels of the framework (Dahlberg et al., 2002), developing programs that address risk at different levels is challenging at best.

Figure 1:
The Social Ecologic Framework (Adapted from the Institute of Medicine, 2002)



2.1.2 Haddon’s Matrix

Haddon’s Matrix has been used to conceptualize etiologic factors related to injury and to identify potential preventive strategies making it a useful tool for developing prevention interventions (Runyan, 2003). In fact, research has suggested that Haddon’s Matrix is most useful when choosing where and when to conduct an intervention (Runyan, 1998). Haddon’s Matrix considers elements along two axes concurrently, where the first axis includes elements of the epidemiological triad (host, vector and environment) and where the second axis includes time intervals (pre-event, event and post-event) (Lett et al., 2002).

Figure 2:
Haddon’s Matrix

	Host (person)	Agent (pesticide)	Environment (community)
Pre-event			
Event			
Post-event			

2.1.3 The Spectrum of Prevention

The Spectrum of Prevention Tool is a multifaceted systems approach to injury prevention targeting the individual, family, community and policymakers (Cohen & Swift, 1999). It closely parallels the social-ecologic model, providing prevention initiatives which address the various individual, relationship, community, and societal levels. It also parallels the Ottawa Charter for Health Promotion. The Spectrum of Prevention Tool consists of six levels, each of increasing scope, and encourages an overall strategy to injury prevention.

**Table 1:
Spectrum of Prevention Tool**

Level of Spectrum	Definition of Level
1. Strengthening individual knowledge and skills	Enhancing an individual's capacity of preventing illness and injury and promoting safety
2. Promoting Community Education	Reaching groups of people with information and resources to promote health and safety
3. Education Providers	Informing providers who will transmit skills and knowledge to others
4. Fostering Coalitions and Networks	Bringing together groups and individuals for broader goals and greater impact
5. Changing Organizational Practices	Adopting regulations and shaping norms to improve health and safety
6. Influencing Policy and Legislation	Developing strategies to change laws and policies and influence outcomes

While the spectrum of prevention tool has been highly endorsed, it has not yet been evaluated (Cohen & Swift, 1999). However, it is believed that a strong evidence base exists to support its efficacy.

2.1.4 The Three E's

The Three E's consist of education, engineering and enforcement (McCallum & McKay, 2003; Gielen & Sleet, 2006). Education focuses on injury prevention through individual behaviour change (Gielen & Sleet, 2006). Engineering consists of modification of the built environment, equipment, homes and toys to lead to injury prevention (Gielen & Sleet, 2006). Enforcement involves safety legislation and regulations used to positively affect products, environments and individual behaviour (Gielen & Sleet, 2006). It is suggested that effective prevention strategies combine tactics from each of these categories (McCallum & McKay, 2003). For example, increasing child safety seat usage is best accomplished by effectively combining all three Es:

- Enforcement/enactment–enact child safety seat laws, include consequences for violating them, and support enforcement.
- Education–inform people of the new law.
- Engineering/environment–mandate child safety seat locks in car designs.

Recently, a fourth E has been suggested to have an impact on injury prevention. The fourth “e” considers economic incentives and disincentives (McCallum & McKay, 2003). Economic incentives involves providing financial benefits to people who take specific injury prevention measures whereas Disincentives involve using economic punishments such as fines for traffic violations or workplace safety violations (McCallum & McKay, 2003).

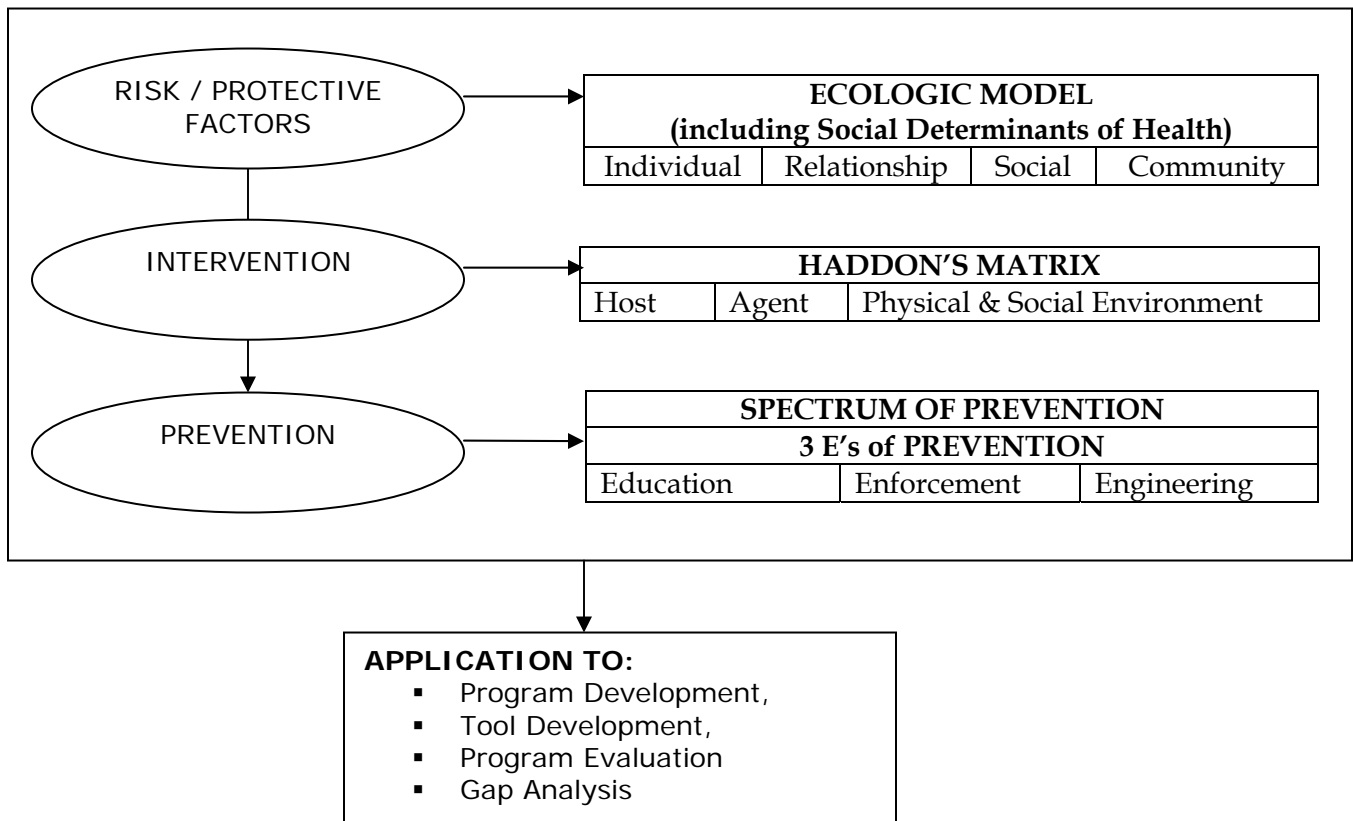
2.2 CONCEPTUAL FRAMEWORK FOR INJURY PREVENTION

In consideration of the injury prevention models presented, a conceptual framework for injury prevention (Figure 3) in IH was developed using the population health approach as its basis to address injury at three levels:

- 1) Risk and protective factors
- 2) Intervention
- 3) Prevention

The conceptual framework can be applied to developing injury prevention tools, programs, program evaluations and gap analyses of programming in the region.

**Figure 3:
Conceptual Framework for Injury Prevention**



2.2.1 Risk and Protective Factors

At the risk and protective factor level, the ecologic model articulates which factors place a population at risk at the individual, relationship, societal and community levels. From the ecologic model, the conceptual framework is informed as to what factors place a population at heightened risk of injury and the subsequent effect on the other levels of ecologic model.

2.2.2 Intervention

After risk and protective factors are understood, intervention mechanisms can be identified. From the epidemiologic model, host, agent and physical and social environment factors contributing to injury can be determined. By determining which host, agent and environment factors contribute to injury, intervention approaches can be developed.

2.2.3 Prevention

After intervention approaches are identified, a mechanism of implementation is required. To ensure an intervention leads to the ultimate goal of injury prevention, this part of the conceptual model is guided by the three E's of Prevention. The three E's provide empirically sound implementation options at the education, environment or enforcement levels, either acting independently or interdependently.

2.3 APPLICATION OF THE CONCEPTUAL FRAMEWORK

The injury prevention conceptual framework provides an overview of the logical connection between the key constructs of injury: risk factors, interventions, and prevention. Based on the conceptual framework, injury prevention programming at the regional level should address risk/protective factors, have an intervention at some level of the Haddon's Matrix engaged and have some theoretical foundation in practical injury prevention models.

The application and output of the conceptual framework for injury prevention includes informed program development, program evaluation, tool development and gap analysis.

Program development refers to the potential for injury prevention programs to capture theoretical aspects of injury risk and protective factors, intervention approaches and primary prevention approaches.

Tool development refers to the development of a measurement tool to determine and evaluate where a theoretical approach may be absent in injury prevention programming activities.

Program evaluation and gap analysis refer to the potential for tools developed from the conceptual framework for injury prevention to determine the strengths and areas of opportunities that exist within a region for injury prevention programming.

3.0 PHASE II: METHODOLOGY AND TOOLS FOR AN ENVIRONMENTAL SCAN

3.1 APPLICATION OF THE CONCEPTUAL FRAMEWORK TO THE ENVIRONMENT SCAN

Once a conceptual framework for injury prevention was developed, this project moved into Phase II, where the conceptual framework was used to develop the environment scan tools.

The tools for the environmental scan were developed to encompass all of the key constructs within the conceptual framework. The types of questions that should be pursued in the environmental scan tool seeks to identify information at the micro, meso, and macro level. The tool will seek to determine the kinds of intervention activities and prevention strategies that occur within these levels. Using the tool to conduct an environmental scan for suicide prevention related activities, it was developed such that it was able to extract the following examples:

What risk factors does your agency seek to determine?

1. At the Individual level?

Examples:

- restrict access to medications?
- overuse of alcohol?
- depression?
- isolation?
- age/gender/ethnicity?

2. At the Relationship level?

Examples:

- gendered expectations: obligation to family to be a provider
- love for family
- rushing home to get enough sleep to spend quality time with family

3. At the Community level?

Examples:

- effect of cultural change
- gate-keeper program
- restricting access to environmental hazards
- promote suicide screening practices

4. At the Societal level?

Examples:

- promote positive mental health

Where do your programs intervene?

1. Host

- change in behaviour

2. Agent

- change in accessibility for suicidal means

3. Environment

- change in accessibility for mental health services
- change in legislation

What prevention strategies do your programs use?

1. Education

- change in knowledge regarding suicidal behaviour
- change in knowledge regarding awareness of suicide prevention resources
- change in knowledge leading to primary care provider screening practice

3.2 DEVELOPMENT OF AN ENVIRONMENT SCAN TOOL

To develop the initial survey tool for the environmental scan, a search was conducted to find existing environmental scans in both injury prevention and public health. From peer-reviewed literature searches, 6 environmental scan documents were identified. From web-based literature searches, 38 environmental scan documents (8 related to injury prevention, 30 related to public health) were identified. (For a listing of all environment scans considered, see Appendix A)

Environmental scans each differed in their respective approaches for injury prevention research and public health research. Common themes in environmental scans were the use of survey procedures of key informants to provide information on programming activities, strengths and opportunities. Many environmental scans started with aggregated population data to illustrate the burden of illness, disease and/or injury. Detailed methodology and results were only reported in a few environmental scans. In addition, some environmental scans provided an inventory of programming activities only and others provided summaries on gaps and areas of opportunities.

Environmental scans demonstrating clear recommendations to further strategic planning and policy development demonstrated the following elements:

- Reliance on key informants for programming activity information
- Information on the composition of key informant groups
- Precise environmental scan survey tools
- Summaries of strengths, gaps and evidence of program effectiveness

3.2.1 Environment Scan Tool Content

See Appendix B for the environment scan survey tool. In developing the tool, content was divided into six sections: i) program information, ii) target population, iii) interventions, iv) prevention, v) program evaluation and vi) program sustainability.

i) Program Information

The questions asked in this section are generic program information-related questions. These questions are designed to determine the duration of a program, region of program administration. Questions on partnerships with other organizations and organization mandate are also asked in this section.

ii) Target Population

This section relates to the risk and protective factors related to injury. The results of the questions in this section assist in determining which risk and protective factors are addressed by the program or initiative. Using the ecologic model, questions regarding the characteristics that place a target population at risk of injury are identified in questions 10-12. These questions also assist in determining hereditary factors (age, gender, sex, etc.) and lifestyle factors (alcohol, smoking, etc.) that have led to the development of the program or initiative.

iii) Interventions

Section iii) examines the characteristics of injury prevention interventions. The results of these questions assist in attributing the level of the epidemiologic model and Haddon's Matrix that are used in the planning and execution of an intervention. Questions related to the host, vector, physical and social environments are found in Question 13. This series of questions, determine whether the intervention is targeting the host (behaviour), vector (products and services) and environment (physical or social environment, legislation, policy).

iv) Prevention

Section iv) is related to the use of injury prevention models. Question 15 addresses the Spectrum of Prevention Model directly and asks whether the initiative involves any of the 6 levels. Question 16 addresses the 4 E's and the level to which any of them are engaged in the initiative. For educational interventions, Question 16a determines which mechanisms are used to lead to behavioural change. Question 16b determines whether legislation or both legislation and enforcement are used to prevent injuries. Question 16c determines whether design or environmental modification are used for injury prevention, and finally, Question 16d

determines whether there are economic incentives or disincentives associated with the initiative.

v) Program Evaluation

Program Evaluation questions are designed to determine how program or initiative effectiveness is evaluated. Question 20 asks which form of evaluation is conducted and whether the program achieves its goals. Question 21 determines the nature of any challenges or barriers that exist in conducting the program.

vi) Program Sustainability

The questions in this section are designed to determine whether a program is sustainable. Question 23 addresses whether program funding is an obstacle impacting sustainability. Question 24 highlights the efforts that are in place by a program to ensure that the initiative continues.

3.3 ENVIRONMENT SCAN METHODS

The survey tool was purposely constructed to ask questions related to the conceptual framework in blinded manner. In order to maximize participation by pilot project respondents, terms and concepts from the conceptual framework were not addressed directly in some cases. Revealing the questions, and subsequently making participants aware of all the key constructs that are being addressed, would:

- 1) lead to potential confusion among respondents
- 2) potentially decrease response rates, and
- 3) potentially decrease the quality of responses.

E-mail administration was the method chosen to circulate the survey tool to the participants. The advantages of email administration in this instance included: i) it was a relatively speedy, less time-consuming method to contact participants and it required fewer of the limited resources available. Other alternatives for the environmental scan could have included telephone surveys, internet surveys and mail surveys (Aday, 2006).

4.0 PHASE III: PILOT

Phase III of this project included conducting a pilot testing of an environment scan. As youth suicide and abuse prevention was the area highlighted by IH, the focus of the pilot was on youth suicide and abuse prevention related activities.

The purpose of this pilot was to test the use of the environmental scan tool by survey participants. The pilot was tested whether the survey content, addressing the conceptual framework for injury prevention, was understood by survey participants.

The pilot phase involved the administration of the environmental scan tool to 5 participants that were identified by Interior Health as engaged in suicide prevention activities. Participants were involved in suicide prevention in government and community organizations. Participants were emailed an initial contact letter and asked to participate in the survey (Appendix C). After approximately 2 weeks, participants were prompted by an email reminder regarding the survey. The next email prompt took place after 3 weeks providing a deadline date for completing the survey and indicating that they would also receive a follow-up telephone call (Appendix D).

4.1 RESULTS & RECOMMENDATIONS

From the survey administration, 3 of the 5 (60%) pilot respondents contacted participated. Responses suggested 2 questions on the survey tool (Questions 12 and 21) required further changes due to difficulties in interpreting the content. It was, however, apparent that questions gauging the conceptual framework for injury prevention were understood.

For one participant, issues surrounding whether they were the appropriate contact person to complete the survey were raised.

It is recommended that participants are contacted by email to introduce them to the project and advised that the intention is to contact them by telephone to complete the survey. After engaging in initial contact through email, it is possible that participants would be more willing to be involved if efforts were made to contact them at a mutually convenient time.

The low response rate (60%) was likely due to conducting the survey using email, as well as timing issues in administering the survey close to the end of the fiscal period. It is recommended that survey administration timing should not coincide with fiscal year end deadlines.

To ensure that appropriate participants are reached, it is recommended that a survey of key informants be administered in conjunction with the survey tool in order to find appropriate other injury prevention contacts in the region. The key informant tool would provide a systematic approach to identify any organizations or persons engaged in injury prevention that should also be included in the environmental scan survey (Appendix E).

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**APPENDIX A:
LIST OF ENVIRONMENTAL SCANS CONSULTED**

Assessment Strategies Inc (2000). A Scan of the Health Care Environment. Etobicoke: Canadian Alliance of Physiotherapy Regulators.

Bayzand, L. & Dolan, L. (2005). Alberta Community Environmental Scan: Final Report. Edmonton: Alberta Community Council on HIV/AIDS.

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Nova Scotia Nutrition Council (NSNC) and the Atlantic Health Promotion Research Centre. (2004). National Environmental Scan of Strategies for Influencing Policy to Build Food Security. Halifax: Health Canada

O'Connell, P. (2005). An Environmental Scan of Childhood Obesity in the Calgary Health Region. Calgary: Southern Alberta Child & Youth Health Network.

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Smith, E. (2001). Environmental Scan Assessing the Activities Engaged in By Health Units and Community Health Centres to Address Access and Equity in their Program Delivery and Services. Toronto: Ontario Public Health Association Access and Equity Committee.

Stephany, K. (2004). Psychoactive substance use and related problems in BC. Victoria: BC Ministry of Health Services.

Thunder Bay Safe Communities. (2005). Ontario Young Worker Health & Safety Initiatives. Thunder Bay: Thunder Bay Safe Communities.

II. Target Population

10. Target population of your initiative (*check all that apply*):

- Youths (0-24 years)
- Adults (25-64 years)
- Seniors (65+ years)
- Aboriginal/First Nations community
- Ethnic community
- Gay/Lesbian/Transgender community
- Community workers/caregivers (*specify*)
- Community leaders/teachers (*specify*)
- Others (*specify*)

11. Why are you targeting this population through your initiative?

12. Characteristics that may contribute to suicide:

a. Are there characteristics of the individual's behaviour that your program identifies as placing them at greater risk of injury?

b. Are there characteristics of the individual's interpersonal relationships that your program identifies as placing them at greater risk of injury?

c. Are there characteristics of the individual's social environment or community that your program identifies as placing them at greater risk of injury?

III. Interventions

13. What change(s) does your program hope to achieve among your program user (*check all that apply*)?

Change in behavior
How?

Change in education or knowledge
How?

Change in products (e.g. changes in packaging for prescription)
How?

Change in clinical/medical assessments
How?

Change in the physical environment
How?

Change in social environment
How?

Change in legislation
How?

Change in policy
How?

Other (*specify*)
How?

a. These strategies are being conducted (*check all that apply*):

- Weekly
- Monthly
- Ongoing
- One time only

b. Indicate the approximate number of people who receive your suicide prevention strategies (*check all that apply*):

- Youth
- Un-paid caregivers
- General public (e.g., media campaign)
- Others (*specify*)

14. As part of your initiative, do you:

a. Conduct assessments?

- Yes
- No

b. Make referrals?

- Yes
- No

IV. Suicide prevention

15. Does your suicide prevention program involve any of the following (*check all that apply*):

- Strengthening individual knowledge and skills
- Promoting community education
- Educating service providers
- Fostering coalitions and networks
- Changing organizational practices (regulations)
- Influencing policy legislation

16. Does your suicide prevention strategy consist any of the following to promote prevention (*check all that apply*):

a. Initiate behavioral changes by informing a target group by:

- Explaining potential hazards
- Explaining potential risks
- Persuading people to adopt safer behavior

b. Reduce dangerous behaviors through:

- Legislation alone
- Enforcement and legislation

c. Making changes to reduce injury to:

- Product design
- Environment modification

d. If a person engaged in your injury suicide prevention program, would they

- Receive financial rewards (e.g. lowered costs for a service or benefit)
- Receive financial penalties (e.g. increased costs for a service or benefit)

17. Does your initiative offer specific suicide prevention education/skills training?

- Yes
- No

i. if Yes, (*check all that apply*)

- Weekly
- Monthly
- Ongoing
- One time only

18. Have you created new products or resources as a result of your suicide prevention initiative?

- Yes
- No

i. If yes, please list (*check all that apply*):

- Brochures
- Videos
- Other (*specify*)
- Protocols/guidelines
- Training materials/manuals

19. How has your organization shared learning or products as a result of the initiative (*check all that apply*)?

- Workshops/conferences
- Internet/Web sites
- Distribution/sale of products
- Other (*specify*)
- Publications/guides
- Health/wellness events
- Local media coverage

VI. Program Evaluation

20. Are you using any of the following methods to evaluate your initiative:

a. Process evaluation (e.g. Would look at the process of an initiative: which program activities were implemented? How was the program delivered? How was it received? What worked and why?)

- Yes
- No

- i. If yes, please list (*check all that apply*):
 - Client satisfaction surveys
 - Program enrollment (e.g., counting system)
 - Team functioning evaluation
 - Activity logs and/or minutes of meetings
 - Focus groups and/or interviews
 - Other (*specify*)

b. Impact evaluation (e.g. Would look at the extent to which changes and resilience of changes? Was their behaviour, attitude and knowledge change? Did the change last over time?)

- Yes
- No

- i. If yes, please list (*check all that apply*):
 - Behavioural change
 - Attitude change
 - Knowledge change
 - Change in consumption of goods and services
 - Resilience of changes
 - Other (*specify*)

c. Outcome evaluation (e.g. Would look at the results of the initiative: What made a difference? What does the difference look like? Did the program achieve what you expected it to achieve?)

- Yes
- No

- i. If yes, please list (*check all that apply*):
 - Before and after measures of risk factors
 - Youth suicide rates
 - Youth suicide-risk factors
 - Cost-benefit analysis
 - Intervention and control group comparisons
 - Other (*specify*)

21. There are many issues that enable or challenge successful youth suicide prevention initiatives.

a. How much is your initiative influenced by the following, on a scale of 1 to 5, with 1=no impact and 5= a lot of influence. Please provide a response for each item.

- | | |
|--|--|
| | Conducting staff training |
| | Obtaining access to outside expertise |
| | Recruiting and retaining volunteers |
| | Securing community buy-in |
| | Securing management support |
| | Locating a physical space |
| | Successfully competing with other priorities within senior's health (e.g., diabetes, mental health). |

- Having a local champion
- Obtaining adequate funding
- Securing a competent program manager

These same influences can pose as challenges/barriers. If these or other influences adversely impacted your initiative, please list:

V. Program Sustainability

22. Do you have plans in place to continue this initiative beyond the present projected end date?

- Yes
- No (*specify why*)
- No projected end date

23. Are funds in place to continue your initiative when current funding expires?

- Yes
- No

24. What is being done to ensure the initiative continues (*check all that apply*)?

- | | |
|--|--|
| <input type="checkbox"/> Funding renewal/New funds | <input type="checkbox"/> Lobbying government |
| <input type="checkbox"/> Media campaign | <input type="checkbox"/> Sale of materials |
| <input type="checkbox"/> Workshops and conferences | <input type="checkbox"/> Public awareness |
| <input type="checkbox"/> Other (<i>specify</i>) | |
| <input type="checkbox"/> Not applicable | |

25. What, if any, are the next steps in developing, modifying or sustaining your suicide prevention initiative?

26. Are there any organizations or persons that should be contacted for the environmental scan?

27. Any Additional comments:

~~~Thank you for your time~~~

**APPENDIX C:  
INITIAL CONTACT LETTER**

Dear \_\_\_\_\_

I received your name from \_\_\_\_\_ as a potential participant for an environmental scan. To provide some background on the project, the IH Population and Public Health Support Unit is conducting an environmental scan of injury prevention activities and programs to develop a regional inventory for public use. This project has great potential to describe the state of the art of injury prevention in the Interior Health. In addition, this project can also describe some of the challenges that IH is facing as a region in becoming injury-free.

As part of the scan, I am contacting individuals to identify suicide prevention initiatives and activities already underway within the IH. To gather the information needed by IH, I am hoping that you would be available to complete a survey, which will take approximately 15-20 minutes. I realize that many of the items on the questionnaire are focused on programming activities which may not be directly applicable to your work. For items which do not apply to you please indicate that they are not applicable.

If you are available to participate, could you please send the completed questionnaire to me via e-mail: \_\_\_\_\_. If you would prefer to fax or mail your responses I can provide additional contact information. If you have any questions or have trouble opening the attachments, please call or email.

Sincerely,

**APPENDIX D:  
E-MAIL PROMPTS**

**PROMPT 1:**

Dear

I recently sent out a survey via e-mail regarding the environmental scan of injury prevention programs that the Interior Health Region was conducting. I was wondering if you might have any questions regarding the materials that were sent out to you. I can be reached at xxx-xxx-xxxx ext. xxxx or xxxxxxx to address any concerns or questions.

Sincerely,  
xxxxxx  
On behalf of xxxxxxx

**PROMPT 2:**

Hello,

A short while ago, I sent out a survey via e-mail regarding the environmental scan of injury prevention programs for Interior Health. I received your contact information from xxxxxx as key informants that could provide some important insights to current activities in injury prevention (suicide prevention, in particular). Your participation in the survey would be most appreciated. I have enclosed the survey for your review. We are hoping to collect completed responses to the survey by March 1, 2007. I will also be following-up by telephone to address and questions or concerns.

Sincerely,  
xxxxxxx  
  
on behalf of xxxxxxx

**APPENDIX E:  
KEY INFORMANT TOOL**

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**Interior Health Authority  
Key Informant Survey on Injury Prevention Programs**

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**Name of Key Informant:**

**Telephone Number:**

**Email Address:**

**Organization:**

**Role in Organization:**

**Geographic Area:**

East Kootenay  Kootenay Boundary  Okanagan  Thompson/Cariboo/Shuswap

**Is the Geographic Area:**

Urban  or Rural

**Stakeholder Group:**

**Researcher:** Conducted and published research in the areas of injury prevention.

**Clinician:** Provided injury prevention in a medical care setting.

**Decision Maker:** Involved in developing injury prevention initiatives and policies.

**User:** Involved programming or advocacy for injury prevention.

**Other, please specify:**

**Questions:**

1. Do you or your organization have a mandate or interest in injury prevention activities?  
Yes  No  → if No, please go to Question 2.  
Please state your mandate or interest.
  
2. What types of injury prevention activities are you or your organization currently engaged or conducted in the past?
  
3. Have you developed any partnerships in your community to carry-out injury prevention activities?  
Yes  No  → if No, please go to Question 4.  
If so, who did you partner with?
  
4. Can you provide the contact information of any persons and/or organizations that you feel have demonstrated leadership in injury prevention activities in the Interior Health Authority?
  
5. Can you provide the contact information of any persons and/or organizations that you feel have demonstrated leadership in public health activities in the Interior Health Region?

6. Is there anyone else that you suggest we should contact for more information on injury prevention in the Interior Health Authority?
  
7. Any Additional Comments?
  
8. Can you please comment on your experience filling out this questionnaire?