

Communication, coordination, and collaboration in injury prevention: Where is the evidence?



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Overview

- **Challenges in injury prevention communication**
- **The past 2 days**
- **What is the evidence for effective communication?**
- **What is the evidence for effective coordination?**
- **What is the evidence for collaboration?**
- **Conclusions**
- **Challenges**

Challenges in injury prevention communication now

- Injury and violence seen as the responsibility of several fields (criminal justice, first responders, transportation, education...) which leads to fracturing in the search for solutions
- Lack of understanding of the definition of injury and the scope of the injury problem
- Lack of knowledge that solutions exist to reduce the impact of injury and violence
- Lack of individuals' control over their risk environment (e.g., homes, workplaces, schools) role of SDOH
- Injury and violence is not understood as a public health issue

adapted from the CDC "Adding power to our voices"

Challenges continued....

- Funding for injury prevention is not commensurate with the magnitude of the problem
- Stigma associated with injury can hamper open discussion
- Media coverage of injury often focuses on a single event rather than the broader injury issue
- Low levels of personal relevance or connections to injury
- Enduring beliefs of unintentional injury as unpredictable and not preventable
- Consequences go beyond the physical injury

Challenges in injury prevention communication now



At this conference...

- We heard 36 presentations from: academics, health care providers, policy makers, private industry, government
- 3 workshops
- Many heart-breaking stories of courage and conviction
- Hundreds of statistics
- We saw 18 posters
- And we heard an impressive body of research.....

A million messages..

Amazing programming/research in BC, including:

Programs to reduce falls in older people optimally:

- include all health professionals**
- and listen to feedback from participants**
- target the first month in a residential care facility**
- reach out to and educate kids**
- include evidence-based exercise and diet information**

Research related to aboriginal injury:

- aboriginal people 3x more likely to die from drugs and alcohol overdoses**
- lack of seatbelts, smoke detectors, and PFDs in deaths**

A million messages..

- **Importance of SDOH, including self-determination, among aboriginal peoples**
- **35% reduction in suicide rates, but still 2X higher than mainstream**
- **Motor vehicle death among aboriginal young children much higher**
- **Community-centred injury surveillance can build capacity and promote prevention**
- **PURPLE program to prevent inflicted childhood neurotrauma targeted to parents, and broader public -multi-sectoral including media, social networking, and grassroots community-based program**

A million messages..

- **Social marketing not a magic bullet**
- **Social change continuum as a long-term generational shift**
- **Alcohol marketing and consumption patterns are clearly part of the root case; alcohol strategies are key components; impaired driving still a problem**
- **Vulnerability of youth in care-assaults not reported**
- **Some injuries are amenable to short-term educational interventions (e.g., whiplash)**
- **Surveillance, including from death reviews, can identify need for targeted messages**
- **Many partners, including governments, are becoming actively involved in seeking partnerships**

A million messages..

- **6.6% of kids tried the “choking game”, and 11% of them played alone**
- **Active transport can promote safety**
-school travel planning is a process with resources available
- **Drivers who kill child pedestrians more likely to have violations on their driving record than others**
- **Child death reviews are an important tool to generate understanding of children’s deaths**
- **Child restraint use rates in BC are relatively high, and booster seat use has increased significantly**
- **Measuring injury matters!**

A million messages..

- **Intimate partner violence can be addressed within health care systems -ongoing screening and interventions prior to violent episodes**
- **Evidence/indicators can guide public health practice to reduce violence and injury**
- **Standardized injury prevention program with messages standardized to child's growth and development-consistent messaging**
- **Communities of practice a potential tool**
- **Research related to parenting and caregivers**
- **We can make play spaces safer and kids don't need equipment to be active**

A million messages..

- **Olympic stimulus ramped up injury surveillance and lead to new partnerships**
- **Students can really help with local action**
- **Stakeholders need to be part of priority setting**
- **Football BC has integrated mandatory medical clearance for return to play**
- **Goal of having appropriately trained and equipped person at every amateur sport activity in BC**
- **Need for mandatory helmet legislation for skiing snowboarding**
- **90% of boaters don't wear PFDs**

A million messages..

- **The CD provided not only provides injury statistics for BC children but also provides evidence-based strategies for prevention**
- **Preventable.ca is a widespread social marketing program**
 - **has the potential to change current social norms**
 - **comprehensive evaluation of all aspects is going to be of primary importance**



Adding Power to Our Voices

A Framing Guide for Communicating About Injury



What is injury prevention communication?

- Defined as "sending, giving, or exchanging information and ideas," which is often expressed nonverbally and verbally.
- Communication is more than just giving information to people in the form of a pamphlet or PSA
- Historically, many programs operated on the assumption that if we give people the information, they will change their behaviour
- Many, many, examples where this has not proven to be effective
- But well-designed, consistent communication can be a tool within injury prevention

Message development considerations 10 basic principles:

1. Make a strong and dramatic statement about the injury problem
2. Include lists of a wide range of injuries, even if not immediately relevant to your issue. This helps frame “injury” as an issue
3. Use positive, action-oriented statements early in your message
4. Use inserts of specific injury issues and programs to customize the message
5. Highlight the value of personal responsibility and community action-characterize organizations as partners

Message development considerations- 10 basic principles:

6. Reinforce the science of injury and violence prevention (without using jargon or overly scientific terms)
7. Ensure that the message includes an ask or a call to action
8. End by reinforcing the value message “We want all Canadians to achieve their full potential”
9. Remember that this messaging is designed to help to create the ‘culture of safety’. Avoid any messaging that can lead to victim-blaming
10. Words of caution:
 - frame proposed action as giving people the freedom to live up to their full potential
 - do not provide endless statistics
 - do not describe injury using a single case example

One example: social math

- ❑ **Social math takes injury incidence rates and translates them into numbers that people can relate to**
- ❑ **Incidence per 100,000 is hard for most people to relate to**
- ❑ **For BC's children this means:**
 - every 20 seconds a child visits an ED**
 - eleven children are hospitalized every hour**
 - a child dies every 3-4 days**

Social math

- **Alan Lamb compared the 36 deaths a month from traffic crashes and the 2 from gangs, and the media portrayal of each**
- **A 5% reduction in road traffic crashes would save 4.4 million (although we think it might be 440 million)**
 - buys an MRI, a suite, and operating costs for 2 years (or maybe 10 MRIs)

Key findings

1. *Injury is a significant health problem in Ontario*

- Injuries are a common reason for Ontarians to visit health care facilities.
- In just one year, there were more than 1.2 million injury-related ED visits and over 62,000 injury-related hospitalizations.
- On average, someone visits an ED every 30 seconds and someone is hospitalized every 10 minutes for injury.
- About 1 in 4 ED visits is injury-related, and among children aged 10–14 years, the frequency increases to almost 1 in 2.
- About 1 in 17 hospitalizations is related to injury.

But communication alone is not enough....

- **89% of drivers say that distracted driving is a problem**

BUT

- **70% say that they will continue using their cell phone**
- **Choices are not just common sense..... Lots of factors are related to people's safety choices**

Communication?



Evidence for coordination

Coordination is defined as:

- a) The act of coordinating.**
- b) The state of being coordinate; harmonious adjustment or interaction.**

Most evidence for coordination in injury prevention comes from the field of trauma services

Evidence for coordination

Trauma systems in BC: Dr Richard Simons

- .Coordination between 911 system, air and land transportation, Level 1 trauma centre and trauma team activation, equipment (ED, OR, trauma units)**
- .Importance of protocols and practice guidelines as the foundation of coordination- not *ad hoc* groupings**
- .Provinces with organized trauma systems have lower overall mortality- need in-depth evaluation of reasons and evidence**
- .Outcome in BC: 30 critically injured patients survive EACH YEAR at VGH who would otherwise have died**

Trauma systems are a key part of injury prevention activities

- Injury surveillance is part of a trauma system
- Injury reporting: identifying at risk populations
- Program delivery-engaging with stakeholders
- Injury research: how do systems improve health
 - rural vs. urban challenges: many factors contribute to differences in death rates
- Burden of injury poorly understood
- Need for collaboration between trauma and primary prevention



Evidence for collaboration

Collaboration is defined as:

- 1. *(often foll by on, with, etc.)* the act of working with another or others on a joint project**
- 2. something created by working jointly with another or others**
- 3. the act of cooperating as a traitor, esp with an enemy occupying one's own country**
 - evidence for effective**
 - collaboration is anecdotal, but almost all call for it**
 - Collaboration can be harder than we imagine**



Challenges for collaboration in injury prevention

- ❑ **Researchers and practitioners often operate in different environments and approach injury prevention differently**
- ❑ **Key challenge is to take advantage of each other's approaches rather than to compete**

Researchers	Practitioners
Expert	Generalist
Focus: what is not known	Focus: what is known
Research first, action later	Action first, research later
Need for evidence, critical analysis	Emphasis on success
Publishing: necessary	Publishing: a luxury

❑(adapted from CDC's Ideas for Collaboration between Injury Control Research Centers and Health Department Injury Prevention Programs)

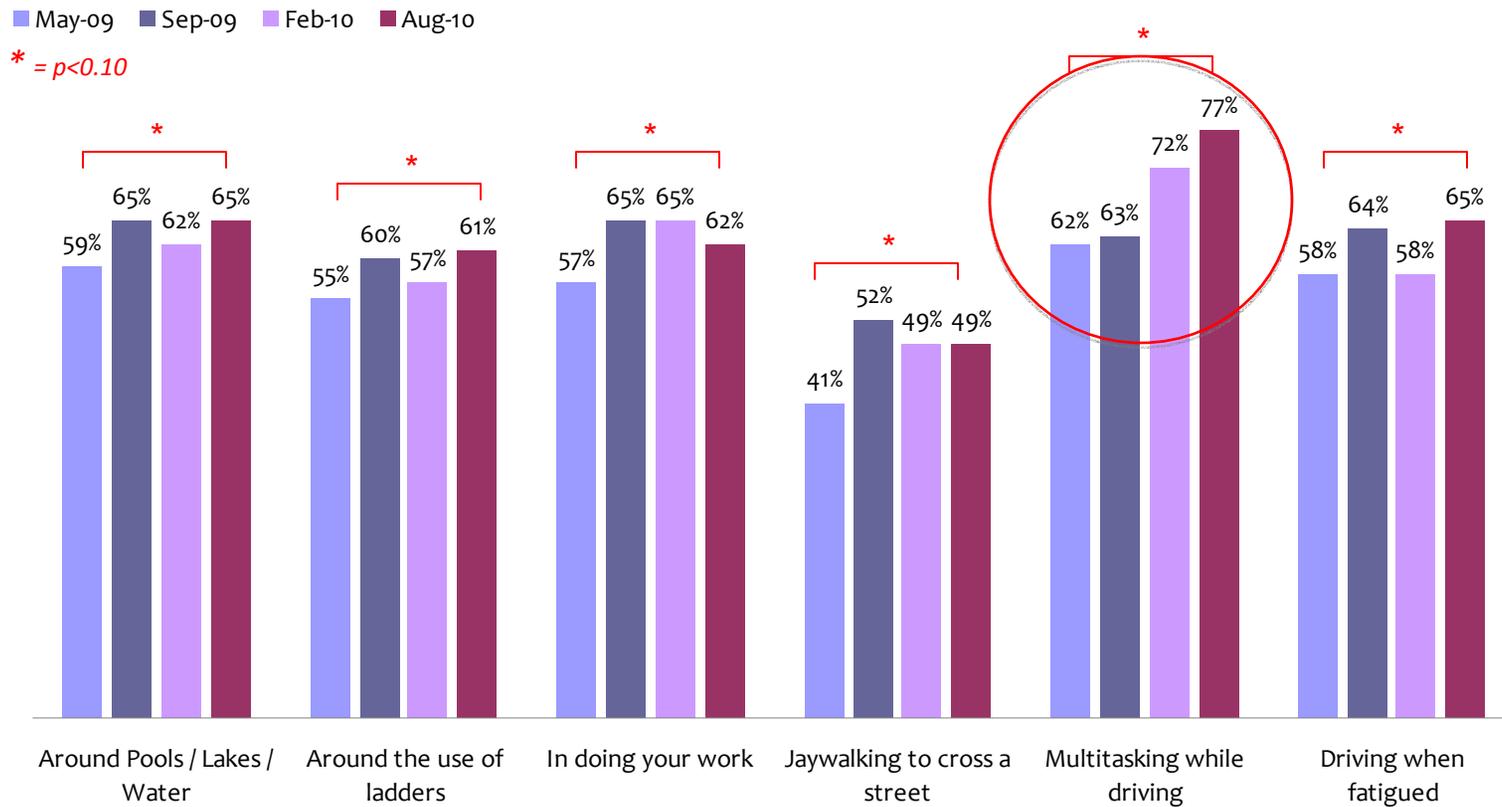
Collaboration needs to go far beyond public health and academia

- **Many, many examples highlighted here: clinical staff and researchers, between ministries in government**
- **Julian Young's opening plenary highlighted the need for collaboration in so many ways**
- **“Whole of government approach”**
- **Many many partners around the table: mental health, poverty reduction, healthy living, criminal justice, transportation, private sector**
- **Preventable.ca showed the power/potential of an integrated partnership network including social marketing and other strategies**

- Partnerships are critical to the Preventable strategy
- To date, over 60 organizations have joined, including some of the largest and most prominent organization's in BC



Results: Self Reported Precautionary Actions



Past, present and future....

	Past	Present	Future
Who	One organization	Partnerships	Integrated networks
What	Simple educational interventions, communication primarily posters, pamphlets, videos	More complex interventions, multi-media, integration of social marketing	Multi-level, multi-sectoral, broad interventions
Evaluation	Primarily knowledge, sometimes none	Primarily behaviour, attitudes, sometimes knowledge	Injury outcomes Costing outcomes

Conclusions

- **Communication is an important tool but NOT SUFFICIENT for injury prevention**
- **Coordination can save lives**
- **Collaboration is the way of the future, but it goes beyond multi-disciplinary teams**
- **Closer integration of primary, secondary and tertiary programs across the spectrum of prevention is key**
- **The differentiation between intentional and unintentional injury is not helpful**
- **Measure outcomes: if it is not measured it will not prompt action**
- **Our strength is in a united front-build relationships**

Conclusions

- **Do what works and stop doing what doesn't work!**
- **Keep working to tease out the difference between these two**
- **Indications that injury is emerging as a recognized health issue NOW e.g.,**
 - Crown speech
 - partnership between 4 national organizations
 - 10 million in directed funding from CIHR
 - Mayo clinic symposium on concussion in hockey
- **We all need to work together to capitalize on these opportunities**

Challenges

- **A few challenges over the next 2 years:**
- **DON'T**
- **Create any new pamphlets**
- **Create any new public service announcements/videos**
- **UNLESS**
- **You have at least 3 other partners and end users requested it and one policy maker pays**
AND
- **Your information can be linked to significant other initiatives such as legislation/policy**

Challenges

- **Follow and provoke the best available evidence**
- **Communicate consistently**
- **Stop using the words smart and stupid**
- **Coordinate what you are doing**
- **Collaborate with others**
- **Get out of your immediate sectors**
- **Think upstream beyond injury alone**
- **Ally with those working on the environment, physical activity, mental health, private sector.....**
- **Keep up the excellent work in BC and across the country**

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Congratulations and thank you!

“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever does” Margaret Mead

