



City of Richmond

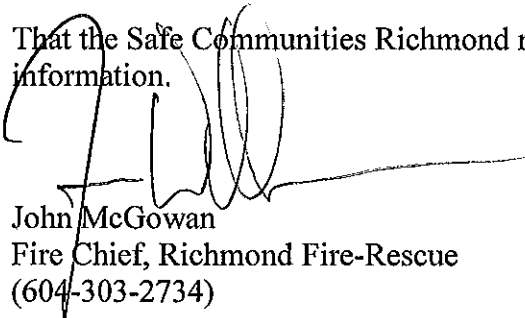
Report to Committee

To: Community Safety Committee
From: John McGowan
Fire Chief, Richmond Fire-Rescue
Re: Safe Communities Richmond

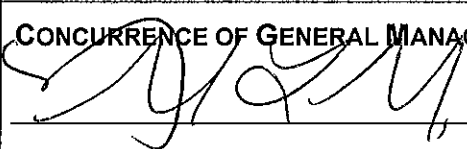


Date: November 19, 2010
File: 09-5140-01/2010-Vol
01

Staff Recommendation

That the Safe Communities Richmond report (dated November 19, 2010) be received for information.


John McGowan
Fire Chief, Richmond Fire-Rescue
(604-303-2734)

Att.

FOR ORIGINATING DEPARTMENT USE ONLY		
CONCURRENCE OF GENERAL MANAGER 		
REVIEWED BY TAG	YES  <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
REVIEWED BY CAO DEPUTY	YES  <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

Staff Report

Origin

The purpose of this report is to provide Council with information regarding the status of Safe Communities Richmond in support of the Council term goals to:

Goal #1: Community Safety – Ensure Richmond remains a safe and desirable community to live, work and play in through an interdisciplinary approach to community safety and a term strategy.

Goal #4: Community & Social Services – Improve the effectiveness of the delivery of social services in the City through the development and implementation of a Social and Community Service Strategy that includes, the development of civic engagement and capacity growing programs that supplement grant programs for addressing social service issues.

Findings Of Fact

Safety Communities Canada is the national voice of the World Health Organization's Collaborating Centre on Community Safety Promotion and its international family of Safe Communities. In November 2004 Richmond became the first city in the Lower Mainland to be designated a Safe Community by the Safe Communities Canada.

Safe Communities Richmond (SCR) is a not-for-profit organization, one of 54 safe communities organizations dedicated to supporting collaborative programs designed to reduce the pain and cost of injury and promote a culture of safety for all their citizens. SCR is a coalition of agencies, that includes the City of Richmond, that have health, safety and emergency response as their mandates. As a coalition, staff from the various member agencies bring their expertise and valued time to networking meetings, priority planning exercises and community events. SCR and the partner agencies are guided by the Vision and Mission to achieve a common goal.

VISION - SCR is dedicated to creating a safe community to live, learn, work, & play, where everyone takes responsibility for the community's health & safety.

MISSION - SCR is a group of like-minded organizations & individuals committed to the reduction & elimination of injuries in our community. SCR works in partnership to offer education & awareness programs that promote safety & wellness in our community

Collectively the SCR coalition members analyze injury data to understand injury incidences in the community and thereby design and implement programs and events that will reduce injuries and engage the public in injury prevention practices. Some of the opportunities, initiatives, events and programs included:

- The Priority Setting Exercise, conducted in 2009, and research associated with this exercise revealed that Richmond has an average of 400 fall related injuries per year resulting in approximately 10 fall related deaths. Each year there are approximately 85 unintentional poisonings and 70 intentional poisonings with 10 related deaths per year. Dr. Jat Sandhu, Regional Director of Public Health Surveillance with Vancouver Coastal

Health (VCH) worked directly with SCR to provide current injury data and assist in the priority setting exercise. The City of Richmond participated in this session.

- Dr. James Lu, Medical Health Officer, Vancouver Coastal Health Richmond and the first Chair of SCR, and Dr. Joanna Oda, in completing her graduate work, provided SCR with many hours of support in developing a framework that utilizes the injury priority data in order to identify gaps in service provision and effective methods of reducing injury.
- As a result of the National and International affiliations, in November 2009, SCR hosted a delegation from the Ministry of Public Administration and Security in South Korea. The City of Richmond was a participant in hosting the delegation and shared information on various injury prevention initiatives.

➤ **Seniors Falls Prevention Network (SFPN)**

1 in 3 older people fall at least once per year. Falls are a leading cause of hospital care, long-term disability and death for seniors in our community. Falls decrease the quality of life and independence of many older people every year. Most falls can be prevented. The SFPN is a group of seniors and representatives from city, health and other community services, organizations and business working together with seniors, their families and the community. The members strive to reduce falls by promoting healthy active aging, awareness of personal risk factors and the reduction of home and outdoor safety hazards. The SFPN works in partnerships to make it easier for seniors to protect their health and well being. Fire-Rescue is a partner in the program as is the City Works Yard through the Hazards Reporting Program

➤ **Meth Watch**

Launched in Richmond in February 2006 the Meth Watch program is directed at retailers and has a goal to engage staff in recognizing suspicious purchases of items used to produce crystal methamphetamine. Retailers are asked to report any concerns to the RCMP Diversion Hotline.

RCMP follows up on these reported incidents. Meth Watch is supported by Fire-Rescue with over 175 retailers to date receiving follow up visits and being provided with material to continue the education of retail staff and their customers.

➤ **Richmond Family Violence Prevention Network (RFVPN)**

RFVPN is a partnership of over 40 individuals, organizations, government, justice and health services working together to address the complex issue of family violence. Family violence continues to affect the safety, health and well-being of too many families in Richmond. It takes many forms, including physical abuse, mental and emotional abuse, intimidation, sexual abuse, neglect, and financial exploitation. Family violence occurs in relationships of kinship, intimacy, dependency or trust. Individuals can be abused regardless of their age, gender, cultural background, education, income or place of residence. The RFVPN raises awareness, shares resources, and identifies service gaps, advocates for change and a comprehensive community-based approach and response.

Richmond RCMP established a specialized victims service for handling domestic violence cases and is a member of the RFVFN.

➤ **Safe Communities Day**

Each year SCR hosts a Safe Communities Day, and October 3rd, 2010 was the 4th annual Safe Communities Day. The Mayor proclaimed Safe Communities Week, with the kick off being the Safe Communities Day. Some of the event participants included; Emergency Programs, Fire-Rescue, RCMP, Transit Police, Canadian Coast Guard and St. John's Ambulance. The participants host displays with information on injury prevention. Each year approximately 500 participants visit the displays and learn about being safe. The 5th Annual Safe Communities Day will take place Sunday, October 2nd, 2011.

Two new exciting initiatives were launched in 2010, BC Ministry of Health Services Core Public Health Functions Framework and "One Voice – Safer Canada". Each initiative has identified the importance of reducing preventable injuries and the impacts on the community and that collaborative efforts must be leveraged to enhance and increase the affects on injury prevention.

BC Ministry of Health Services Core Public Health Functions Framework

In British Columbia, unintentional injury is the leading cause of death and hospitalization for children, youth, and adults to age 44.^{1[1]} Approximately 1,200 people in BC are injured each day, and of those, four will die.^{2[2]} In VCH, unintentional injuries cost the healthcare system \$78.8 million in hospitalizations, with falls accounting for \$48 million and motor vehicle crashes \$9 million.^{3[3]} In Richmond, 25% of emergency room visits are related to injuries.^{4[4]} Historically, injuries have been, and continue to be, overlooked as a major health problem, partially because of the common belief that injuries are "accidents" that can neither be anticipated nor prevented. However, considerable evidence exists on the effectiveness of intervention strategies that can be implemented at the individual, community or societal levels to reduce and prevent injuries.^{5[5]} Though these interventions require funding, the cost of injury prevention is often entirely paid for by avoiding treatment in emergency departments, hospitals, and long-term care facilities.

While VCH has a successful falls reduction program for seniors, less attention has been focused on other injuries. Currently, there is not an overarching plan to lead and coordinate activities for injury prevention across the region. As such, injury prevention activities are fragmented across

^{1[1]} Rajabali, F., Han, G., Artes, S., Smith, D., Brussoni, M., & Joshi, P. (2005). *Unintentional Injuries in British Columbia: Trends and patterns among children & youth*. Vancouver, BC: BC Injury Research and Prevention Unit.

^{2[2]} Ibid

^{3[3]} Calculations completed using BCIRPU data base

^{4[4]} Emergency room (ER) visits data include data reported for nine of 13 acute care facilities in the Vancouver Coastal Health Authority and are collected through three different information systems. These systems are: 1 – CareCast (Richmond Hospital, UBC Hospital and Vancouver General Hospital); 2 – Eclipsys (Mount Saint Joseph Hospital and St. Paul's Hospital) and; 3 – McKesson (Lions Gate Hospital, Pemberton Health Centre, Squamish General Hospital and Whistler Health Care Centre). Note that visit volume may be underestimated. ER data is current as of October 4, 2010

^{5[5]} BCIRPU (2006). *Unintentional Injury Prevention in British Columbia: A Review of the Evidence*. Vancouver, BC: BC Injury Research and Prevention Unit.

existing programs, many partnerships with community groups are not formalized, and the relevant local data required to plan injury prevention activities are unavailable.

Through an extensive consultation process, the British Columbia Ministry of Health Services has produced a Core Public Health Functions Framework. The purpose of this Framework is to define and describe the core public health programs in a comprehensive public health system. The Framework provides a tool for health authorities to strengthen their public health infrastructure by comparing their existing programming with those defined in the Framework and identifying opportunities for improvement.

Injury Prevention has been identified as a Core Program for Public Health and a focus area for VCH. Therefore, an opportunity exists to enhance, expand and coordinate injury prevention activities across the region. VCH will strengthen its regional injury prevention approach through the following activities: expand and create a regional injury surveillance system, establish an injury prevention knowledge exchange system for both internal and external stakeholders, and build capacity and advocate for injury prevention with community partners.

“One Voice – Safer Canada” (attached)

Safe Communities Canada, Injury Alliance Think First Canada, Safe Kids Canada and SmartRisk Foundation collectively sponsored a study to advance injury prevention in Canada. The study was conducted with an objective to find a “game changer” that would enhance and improve the capacity of the organizations to prevent life-altering injuries and injury related deaths. The report from the study, “One Voice – Safer Canada”, suggested that all agencies should unite and speak with one voice and therefore recommended that an entity be formed that would exist to reduce preventable injury and the effects on Canada. The summary of recommendations is below:

- 1) That an entity be formed with the mandate, mission, strategic directions, values, goals, objectives, and core functions set out in this report.
- 2) The entity should take a leadership role in injury prevention research.
- 3) The entity should take on a knowledge broker role for injury in Canada.
- 4) The entity should develop a strategy to engage potential stakeholders and to move them to become fully invested stakeholders or partners.
- 5) The entity should develop a strategic approach to raising significantly more dollars to a level commensurate with the burden to be addressed.
- 6) The entity should establish a brand for injury.
- 7) The brand strategy for the entity should anticipate commercialization opportunities.

Future of Safe Communities Richmond

SCR has discussed and considered the opportunity to achieve international recognition and accreditation through the World Health Organization (WHO). Establishing a goal to achieve International recognition establishes a direction and vision for SCR and its member agencies to improve efforts towards injury prevention. The benefit of Richmond obtaining the international designation through the WHO provides rigorous indicators for measuring success of safety practices and injury prevention programs. To be eligible for the designation the community must meet the indicators below:

- an infrastructure based on partnership and collaborations, governed by a cross-sectional group that is responsible for safety promotion in their community;
- long-term, sustainable programs covering both genders and all ages, environments, and situations;
- programs that target high-risk groups and environments, and programs that promote safety for vulnerable groups;
- programs that document the frequency and causes of injuries;
- evaluation measures to assess their programs, processes and the effects of change; and ongoing participation in national and international Safe Communities networks.

A review of other Canadian Safe Communities that have achieved the WHO designation was conducted and common themes emerged that contributed to the success of achieving and maintaining the designation. While it may be attractive for SCR to apply for the designation the current status of the coalition may not have the WHO Indicators to be eligible.

In order for SCR and the City of Richmond to benefit from the WHO designation, the coalition should focus on the following activities:

- Communicate value to corporate entities to understand the connection between injury prevention and safety as an attraction for business.
- Secure corporate sponsorship for specific prevention events and program.
- Enhance alliance with Vancouver Coastal Health through the Core Programs focus to provide leadership support and/or funded staffing.
- Ensure a strong and stable relationship with the City of Richmond.
- Seek opportunities for stable funding through local and provincial injury prevention programs and goals.
- Expand role of a coordinator to support additional programs and provide for sustainable funding through grants and alliances with local and provincial government programs.

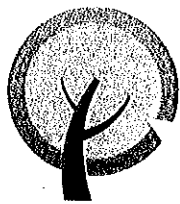
Conclusion

An opportunity exists to enhance, expand and coordinate injury prevention activities in Richmond. SCR is the vehicle to collaborate with VCH to improve and increase the collaborative efforts to impact injury prevention in Richmond. The premise of "One Voice – Canada" and the SCR vision of creating a safe community to live, learn, work, and play, where everyone takes responsibility for the community's health and safety will be achieved.

A handwritten signature in black ink, appearing to read "K. Howell".

Kim Howell
Deputy Chief - Administration
(604-303-2762)

KH:kh



one voice
safer canada

A report on collaboration from the
Injury Alliance Collaborative Study Project

Final Report

15/06/2010

Prepared By: Philip Groff, Ph.D., Study Leader

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Suggested Citation:

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Letter of Response

As co-sponsors of the collaborative study to advance the injury cause in Canada, we want to express our collective support for One Voice—Safer Canada. We are proud of the excellent work being done across Canada both within our own organizations and by many others. However, we believe that efforts to reduce the devastating burden of injury on individuals, families and society must be taken to a new level. We are grateful to the participants of study groups and embrace the Study's broad key findings and recommendations for change.

First and foremost, we unanimously agree with the Study conclusion that the status quo for injury in Canada is simply not an option. We endorse the view that a new national, unifying entity is needed to mobilize support and gain momentum for injury prevention, elevate Canada's international ranking in the field and deepen and broaden access to the resources required to effect significant change. We agree that a new national entity would support the creation of Injury as a distinct new health category in Canada. Injury today, in all its forms among all Canadians, is a seriously under-recognized public health issue.

The Study calls for us to speak with one voice. While further clarification of some of the Study content is needed and further discussion is warranted to explore and refine the options and elements to achieve the outcomes envisioned, we are already taking some of the next steps on the path toward unifying efforts to generate support for our shared cause.

We are mindful that this discussion extends well beyond the orbits of our four organizations. In fact, the success of this vision depends directly on the collaboration and participation of a broad range of people and organizations within the injury prevention sector and well beyond. We are counting on hearing your voice as we proceed with the next phase of this work. While the burden of injury is staggering, the possibilities for change are inspiring.

June 2010

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This report results from a research process that was a collaborative effort involving many players. First and foremost, the Study Leader would like to acknowledge the contribution of all those key participants who generously gave of their time both through the study group teleconferences and also participating in person on the weekend of March 26-28, 2010:

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In addition, the study leader would like to particularly highlight the participation of the study directors for each of the four key study areas: Sandy Wells (Knowledge), Ron Waldie (Stakeholder Engagement), Peter O'Neill (Fund Development), and Claudia Jinich-Aronowitz, and Shelly Anwyll (Marketing). The invaluable contribution of project lead and facilitator for the research process, Dianne LeBreton must be highlighted, as must the excellent note taking of Susan Flynn. Finally, the overall leadership of the project was by an oversight committee consisting of the chief staff officers of the four injury organizations comprising the alliance: Robert Baker (SMARTRISK), Pam Fuselli (Safe Kids Canada), Paul Kells (Safe Communities Canada), and Rebecca Nesdale-Tucker (Think First Canada), with support of a sponsor group consisting of representatives of the governing bodies of the four organizations.

Finally, funding for this project was made possible by Grant #9995209 from the Ontario Trillium Foundation.



Executive Summary

In January 2009, the Chief Staff Officers (CSO) from four national injury prevention organizations, Safe Communities Canada, Safe Kids Canada, SMARTRISK Foundation, and ThinkFirst Canada, began meeting to discuss ways to work together collaboratively in order to advance their collective mission. On July 1, 2009, the Injury Alliance submitted a grant proposal to the Ontario Trillium Foundation and successfully secured \$117,000 to conduct a six-month study to seek “a game changer” that would build their capacity as individual organizations to promote what works in preventing life-altering injuries and injury-related deaths. To this end, the study was designed to examine how the four organizations might jointly identify, integrate, and approve shared initiatives in knowledge management, stakeholder engagement, fund development, and marketing—to speak with one voice. It was expected to produce recommendations that would assist each organization, in partnership with their natural allies, in increasing the awareness, understanding, and uptake among their respective target populations of what works to reduce the incidence and costs of preventable injury and death. Beginning in January 2010, some 40 volunteers and staff with a broad mix of expertise and experience comprised the four study groups, one dedicated to each of knowledge management, stakeholder engagement, fund development, and marketing. The study groups each conducted a pair of teleconference meetings in January and February, as well as engaging in individual and joint consultation with their respective leaders throughout the winter of 2010. The four groups came together during the weekend of March 26-28, 2010, in Toronto, to finalize and present the recommendations each group developed.

Summary of Recommendations

- 1. That an entity be formed with the mandate, mission, strategic directions, values, goals, objectives, and core functions set out in this report.**
- 2. The entity should take a leadership role in injury prevention research.**
- 3. The entity should take on a knowledge broker role for injury in Canada.**
- 4. The entity should develop a strategy to engage potential stakeholders and to move them to become fully invested stakeholders or partners.**
- 5. The entity should develop a strategic approach to raising significantly more dollars—to a level commensurate with the burden to be addressed.**
- 6. The entity should establish a brand for injury.**
- 7. The brand strategy for the entity should anticipate commercialization opportunities.**

Introduction

In January 2009, the Chief Staff Officers (CSO) from four national injury prevention organizations, Safe Communities Canada, Safe Kids Canada, SMARTRISK Foundation, and ThinkFirst Canada, began meeting to discuss ways to work together collaboratively in order to advance their collective mission—to speak with one voice. A facilitator, Dianne LeBreton, was retained in March 2009 to assist with the development of a Project Plan to study the collaborative ways and means for preventing injury in Canada and to serve as the basis for drafting funding applications to make the study's conduct possible. It is important to note that each organization had the full support of their respective Boards or governing bodies to proceed with this important project.

At that time, the organizations adopted the name, the Think Safe & Smart Alliance, which was shortened to simply, the Injury Alliance in December 2009—throughout this report, the latter name will be used for clarity.

On July 1, 2009, the Injury Alliance submitted a grant proposal to the Ontario Trillium Foundation and successfully secured \$117,000 to conduct a six-month study to seek “a game changer” that would build their capacity as individual organizations to promote what works in preventing life-altering injuries and injury-related deaths. From the beginning it was noted that the status quo was not an option—a game changer for the field of injury would require change.

To this end, the study was designed to examine how the four organizations might jointly identify, integrate, and approve shared initiatives in knowledge management, stakeholder engagement, fund development, and marketing. It was expected to produce recommendations that would assist each organization, in partnership with their natural allies, in increasing the awareness, understanding, and uptake among their respective target populations of what works to reduce the incidence and costs of preventable injury and death. The study was to build on previous joint efforts of the four national injury prevention organizations in advocacy, education, and programming across Ontario and Canada.

Beginning in January 2010, some 40 volunteers and staff (see Acknowledgements) with a broad mix of expertise and experience comprised the four study groups, one dedicated to each of knowledge management, stakeholder engagement, fund development, and marketing. The study groups each conducted a pair of teleconference meetings in January and February, as well as engaging in individual and joint consultation with their respective leaders throughout the winter of 2010. The four groups came together during the weekend of March 26-28, 2010, in Toronto, to finalize and present the recommendations each group developed. During this weekend the groups worked with an initial set of questions which included:

1. For the Alliance to be the sought-after game changer, IDEALLY:
 - 1.1. What would its Knowledge Management role(s) look like?
 - 1.2. When, why, and with what stakeholders would it engage with? What should the Alliance expect from such engagement? What should the stakeholders expect?
 - 1.3. How would it make fund development happen?
 - 1.4. What would be its brand architecture, in effect its promise, desired competitive position, personality, associations and identity? Time permitting: what would be the optimum marketing mix (i.e., products/services mix, pricing approach, distribution channels, and promotion plan)?
2. What is the over-arching vision of the Alliance as game changer? What ought to be its guiding principles (values)?
3. What is the group's advice on how to communicate the results of the study process?

As an outcome of these, the collective group worked together during the latter half of the weekend to brainstorm a sketch for a new entity that could take on national leadership for the injury cause in Canada. Called "NewCo" for the purposes of the weekend's discussion, throughout this report, the recommended entity will simply be referred to as "the entity." The group collectively drafted a mandate, strategic directions, mission, and core values for the entity – which with the final results of each of the four study groups, form the key findings of this final study report.

Opportunity Statement

Injury as an aspect of human health is a matter of concern to Canadians. Each year in Canada predictable and preventable injuries result in:

- ❖ More than 13,000 deaths, 200,000 hospital stays, 3,000,000 visits to an emergency department, 60,000 permanent disabilities, with 5,000 of the disabilities total.¹
- ❖ A total economic burden of more than \$19.8 billion—more than \$10 billion in health care costs alone.¹
- ❖ Canada ranking 18th out of 23 OECD countries in terms of injury mortality for children and youth.²

When compared to other common health categories (see Table 1), injury can be seen to rank amongst the highest in terms of total annual economic burden and potential years of life lost.

In contrast, the four national injury organizations that comprise the Injury Alliance collectively raise only \$6.6 million per year to combat this issue. This represents just 0.03% of the \$19.8 billion economic burden of injury, in contrast to the Heart and Stroke Foundation of Canada and the Canadian Cancer Society that raise 1% and 1.4% of their disease burdens, respectively, each year.

Table 1 - Cost of Illness versus Societal Contribution

Disease	Economic Burden (\$Billions) ^a	Potential Years of Life Lost ^b	Societal Contribution (\$Millions) ^a	Net Assets (\$Millions)	Largest Canadian Charitable Foundation
Injury	\$ 19.8 ^a	370,000 ^{**}	\$6.6	\$0.8	The Injury Alliance
Heart (Federation)	\$18.5	277,100 ^{**}	\$ 178.0 ^{**}	\$103.2	Heart & Stroke Foundation of Canada
Cancer	\$14.2	460,000 ^{**}	\$ 203.5 ^{**}	\$ 105.9 ^{**}	Canadian Cancer Society
Diabetes	\$1.6	25,000	\$78	\$10.2	Canadian Diabetes Association
Lung	\$8.5	60,000 ^{**}	\$ 33.1 ^{**}	\$ 19.0 ^{**}	Lung Association
Kidney	\$3.5	n/a	\$24.9	\$14.4	Kidney Foundation of Canada
Aids (HIV)	\$2.1	460.90	\$10.6	\$2.1	Canadian Aids Society, CANFAR, ACT
Liver (HepC only)	\$0.5	n/a	\$6.1	\$3.2	Canadian Liver Foundation

^a 2008 Revenue Canada T3010 except otherwise indicated

^{**}The organization's annual report

As a consequence of being four organizations, the members comprising the Injury Alliance collectively are burdened by higher administrative costs, lower investments in fundraising, and lower net assets prohibiting positive risk taking, than the other health charities represented in Table 1.

Thus the opportunities presented are twofold:

- ❖ First, and most importantly, lowering the incidence of preventable injuries and death among Canadians can reduce the massive economic and social burden that such incidents represent to Canadian society, communities, families, and individuals.
- ❖ Second, the organizations comprising the Injury Alliance have the opportunity to increase their fundraising efforts to a percentage of the burden of injury commensurate with other health issue charities, and to improve their efficiency of operations and ability to take positive risks.

Recommendations

An Entity

RECOMMENDATION 1.

That an entity be formed with the mandate, mission, strategic directions, values, goals, objectives, and core functions set out in this report.

Throughout the research process the comment was heard from various sources that while the Injury Alliance was seeking a “game changer” through examining various collaborative ways and means, the very act of collectively seeking such information to guide decisions was already changing the game: both in terms of promoting enhanced collaboration and in terms of taking evidence informed action. An additional point that was noted on more than one occasion was that while many organizations are working hard to tackle pieces of the injury issue, there is currently no single organization with the mandate or moral authority to speak for the issue as a whole in Canada. This was noted as one of the key distinctions between the injury cause and other high profile health conditions listed in Table 1.

Thus the key recommendation is that some entity be formed which can take on the leadership role for the issue of injury in Canada. The exact form and nature that this entity could take is still open for consideration. A number of options arose early during the work of the individual study teams and were discussed at a high level again during the March weekend. A discussion of these options can be found under “Strategic Directions”.

Mandate

The mandate as proposed for the entity by the collective study group during the March 26-28 weekend is:

The entity shall exist to reduce preventable injury, and its effects, on Canadian society.

Three key features of this mandate statement are:

The use of the term “preventable injury” shifts the focus from one on any specific injury mechanism, nature, location, or target population, to one on the issue as a whole. Thus the entity will see all injury, intentional as well as unintentional, as within its scope. This does not preclude the need to set priorities for action. The entity need not feel obligated to tackle all injuries on its own, but rather must seek natural allies within

communities of practice focused on specific issues such as suicide and violence prevention. Finally, the use of the word preventable implies confidence that injury can be successfully addressed.

The use of the phrase, “and its effects” implies a broader perspective than one focusing solely on primary and secondary prevention. The entity need not tackle the whole range of effects of injury on its own, but will need to seek natural allies within the communities focused on treatment and rehabilitation, as well as explore a potential role with those experiencing grief and loss from injury.

The focus “on Canadian society” implies examining injury from the broadest scope of impact and action. The key impacts of injury (e.g., more than 13,000 deaths, \$19.8 billion), identified in the opportunity statement, are all impacts measured at the societal level. Further, the use of the term society is a reminder to the entity that the solutions to the issue of injury will not always be found in injury prevention efforts, but will often require work on the social determinants of health which in turn will reduce the incidence of injury.

Again, it bears repeating that while the mandate for the proposed entity is broad, the entity need not see itself as bearing sole responsibility for meeting this mandate. As noted above, and repeated in the section on core values, the entity will need to seek key partnerships with other groups already tackling portions of this mandate.

Mission

The mission of the entity shall be to create the conditions to significantly reduce life altering injury in Canada with concomitant reduction in the suffering and costs that result from injury. The entity will work in the context of the full burden of injury in Canada.

In translating the mandate into the mission, or core business of the entity, the study participants felt it important to note that first and foremost, the entity exists to prevent injuries. Thus, a commitment to setting hard targets for prevention as the key indicators of success is most appropriate given the entity’s core value of being evidence-based.

Strategic Directions

In the context of discussing the parameters for a vision statement for the ideal future state toward which the entity will work, the following strategic directions arose.

The entity will work to:

- ❖ **Create a new health category of injury in Canada**
- ❖ **Mobilize injury prevention efforts in Canada and work to elevate Canada's international standing in injury prevention**
- ❖ **Support a full service solution to the problem of injury in Canada**
- ❖ **Broker knowledge and mobilize its application**
- ❖ **Create sustainable momentum for the prevention of injury in Canada**
- ❖ **Engage in revenue generation efforts sufficient to support the above, at a scale commensurate with the full mandate**

Create a new health category of injury in Canada

In creating a new health category, the entity defines the cause more broadly and comprehensively than before. It acknowledges that injury at present lacks common currency and general awareness, as well as the fact that historically those working on injury have been seen as somewhat fractious. Creation of injury as a new health category opens up the possibility of stopping the reference to only the economic burden or other current indicators in favour of developing new language. The emphasis on picking a single word to represent this new category, i.e. injury (vs injury prevention), helps to create a clear identity (as the other disease causes do). The hope is that just as the other disease categories focus on health and a cure, the category of injury will ultimately suggest life and health. The activities involved in pursuing these strategic directions will include research into Canadian attitudes to determine what would make injury relevant to them. We will aim to build consensus from the expert community as well as from lay practitioners about what is needed. Communications efforts targeting existing media outlets will attempt to start this conversation, and then break through existing barriers to create a market where Canadians demand action be taken on this category, which will be more fully appreciated. One natural starting point of contact recommended by the study participants is the community of those already impacted by injury (e.g., bereaved relatives of those who have died of injury).

Mobilize injury prevention efforts in Canada and work to elevate Canada's international standing in injury prevention

The entity will mobilize and rationalize existing injury prevention efforts in Canada. The goal is to build on capacity not to build capacity. In particular, it was emphasized

by participants that action must take place at many levels simultaneously—starting with the communities already engaged. The entity will take a stand for healthy public policy and evidence informed practice from all levels of decision makers. The key aspect is one of empowerment: mobilization means individuals have the tools and the right and power to use those tools—thus the entity must provide tools for action (e.g., self-assessment, evaluation). The second portion of this strategic direction acknowledges that while the entity envisioned is being created to serve the people of Canada, it also does so on an international stage. Thus another role for the entity is not only to display leadership for injury within this country, but to foster this country's leadership for injury in the world.

Support a full service solution to the problem of injury in Canada

The entity will support a full service solution by developing a strategy to engage those affected by injury and by helping to amplify their stories to provide incentive for action, and by engaging those organizations already supporting those affected by injury. This strategy will ultimately support work to provide healing, and to offer opportunities for those experiencing loss, to act to prevent others from experiencing similar loss.

Broker knowledge and mobilize its application

The entity will exist to promote the translation of research into effective action. The predominant strategy will be to serve as a broker between those in the community who are most familiar with knowledge gaps and who would be best positioned to act on knowledge if it did exist, with those who have the expertise to generate, synthesize, and translate the knowledge required.

Create sustainable momentum for the prevention of injury in Canada

To move injury prevention efforts beyond pilot programs and good intentions, one of the core areas of activity for the entity will have to be in the area of sustainability. Through revenue generation efforts to raise money for the entity and engagement of key decision makers in the public sector and those in the private sector on the leading edge of corporate responsibility, efforts will be targeted at providing stable funding for what has been proven to work to prevent injury, here in Canada or in other jurisdictions.

Engage in revenue generation efforts sufficient to support the above, at a scale commensurate with the full mandate

Gaining the necessary investments for both implementing and sustaining what has been proven to work and investing in researching what remains to be known, will require attention to the current capacity deficit within injury prevention for fundraising. Hand

in hand with the development of strategies to address this deficit will need to be the lynch pins of effective and ethical fundraising, namely building the case for support, building the capacity to manage relationships with donors, and building and publicizing a code of ethical conduct and a governance model which includes the principles of accountability, transparency, integrity, and revenue sharing. Additionally, other avenues of revenue generation, aside from traditional fundraising, will need to be more fully explored. The entity will also need substantial investment from Governments at every level, as well as enhanced sponsorship and donations from the corporate sector. Finally, potential commercialization opportunities will need to be explored.

Values

In taking the above action, the entity will be guided by and embody the following core values:

- ❖ Demonstrate **courage** and **confidence** in providing **leadership** for the issue of injury at all levels of activity, and at all times.
- ❖ Act in a way that embraces the **true collaboration** necessary to achieve the mandate and to speak with one voice—incorporating such principles as transparency, accountability, inclusivity, and shared decision making.
- ❖ Always promote **evidence informed action** in all aspects of operation and with all partners, stakeholders, allies, and clients.
- ❖ Taking action implies **accountability** for that action.
- ❖ Recognize that strong national leadership implies **local, community-based action**.
- ❖ Recognize that strong unity implies **respect for diversity**.
- ❖ In all decision making, planning, and other activity, remember the central **urgency** of the problem of injury. Lives are being lost and others are being negatively affected by this invisible epidemic each day—these are the opportunity costs of inaction.

While not listed by the group during the specific discussion of values leading to the list above, one further core value was raised consistently throughout the weekend:

- ❖ In all decision making, planning, and other activity, act as though all injuries are **predictable and preventable**—until proven otherwise.

Goals

In pursuit of its mission, the entity will devise and operate from a plan and account for its activities under that plan for building among Canadians, in general or priority sub-segments therein:

- ❖ **The awareness that people can get hurt.**
- ❖ **The self-efficacy that they can act, alone and together, to prevent injuries to themselves and others.**
- ❖ **The personal energy, commitment, and determination to take such action.**
- ❖ **The prompts that remind them of the need for such action-taking.**
- ❖ **The personal knowledge for assessing the risk to safety in a given situation and for choosing the most appropriate next step to immediately warding it off.**
- ❖ **The personal knowledge for permanently removing the risk of this and other injuries in that environment.**
- ❖ **Access to information, tools, and supports for implementing such permanent solutions.**
- ❖ **Access to an environment that supports such action-taking--an environment where the choices that promote health and prevent injury are the fun, easy, and popular choices.**

Objectives

These goals will be pursued through:

- ❖ **The establishment of an organizational infrastructure that best supports the mandate, mission, strategic directions, values, goals, and core functions set out in this report.**
- ❖ **The setting of appropriate priorities for action, including establishment of baselines and reduction targets.**
- ❖ **The establishment of accountability and performance measures for the entity under a thorough, utilization-focussed evaluation framework.**
- ❖ **Other objectives that will need to be set by the initial governing body of the entity—in order to translate the above goals into measurable outcomes once the priorities, baselines, and targets have been established.**

Core Functions of the Entity

Knowledge

As evidence informed action is one of the core values of the proposed entity, the work of the knowledge study team forms one cornerstone of the tactics for the new entity to embrace. Activity in the knowledge sphere will also support the core values of courage, confidence, and leadership for injury.

A range of core knowledge functions have been identified. One of these is knowledge management, maintaining the entity's intellectual capital to facilitate evidence informed decision making. The other key area involves the whole range of activities translating research into practice, ranging from simple dissemination through knowledge transfer, and knowledge translation to knowledge mobilization. Through discussion of these various core functions and the range of research domains needed to inform successful injury prevention efforts at a societal scale, the team came to a recommendation of two key roles for the entity to play in the realm of knowledge.

RECOMMENDATION 2.

The entity should take a *Leadership Role* in injury prevention research.

This role will involve the entity working with established research leaders to direct the research agenda for injury in Canada by helping practitioners identify what they need to know, and then advocating for research on these issues and raising and brokering research dollars to support this research.

A key principle is that the research must be based on community involvement and be participatory from the outset, including identification of knowledge gaps, development of research questions, methodology, and specification of outcomes. The entity should advocate for a research process that includes end users, policy makers, and a broad range of stakeholders throughout.

A further part of the leadership role involves efforts to build capacity for research through the creation of chairs, studentships, and other research funding opportunities. This could be direct funding through dollars raised by the entity or more likely through key partnerships with established research funding agencies.

Finally, for the entity to show leadership it must model good practice in terms of basing its own decisions on appropriate evidence and commitment to evaluation of its own programming and other intervention efforts.

RECOMMENDATION 3.

The entity should take a *Knowledge Broker* role for injury in Canada.

To this end, the entity should provide strategic leadership in Knowledge Translation; aiding and in some cases taking on the job of interpreting research findings and implications for policy and programming and then feeding these interpretations to other groups for implementation and advocacy.

In many cases the ideal process is one of knowledge mobilization, where true partnerships are established between end users and knowledge generators as early as possible in the research process, and thus end users help to frame the research questions, interpret findings, and develop translation and implementation plans.

In addition, even when knowledge mobilization has not been the process employed, as knowledge broker, the entity can work to close the loop from research through action to evaluation by providing research tools and capacity building training and mentoring to support the work of end users (e.g., training and tools to help evaluate existing programs).

Finally, the entity can work more closely on the loop between research and policy makers. The entity can advocate that policy makers stay on top of research in injury and related areas, and provide concise, issue-specific briefings on such research and its implications. On the other side of the loop, the entity can take a role helping to monitor policy as it is developed, announced, and enacted for implications on injury.

Engagement

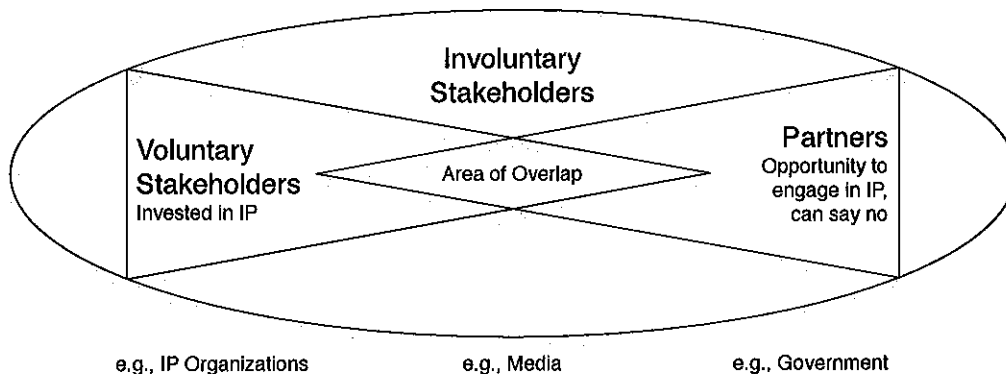
The core values of true collaboration, respect for diversity and local community based action are predicated upon the entity having robust mechanisms in place for engaging its stakeholders. As identified by the relevant study group, a key question that must be addressed is exactly who the stakeholders of this new entity are. They began with the following definition:

The stakeholders in a not-for-profit organization are the individuals and constituencies that contribute, either voluntarily or involuntarily, to its mandate and its capacity to benefit society, and that are, therefore, its potential beneficiaries and/or risk bearers.

In one sense, all Canadians could be considered involuntary stakeholders in the cause of injury, to the extent that anyone is potentially at risk of an injury themselves, or of being affected by another's injury. People and organizations, however, can choose to be stakeholders in the field of injury by voluntarily engaging with the entity or other injury prevention efforts. At the March weekend, the study group provided a key framework

for analyzing the different types of relationships, which necessitate different modes of engagement. The group suggested that there is a continuum of stakeholders, representing a range of potential engagement (see Figure 1 below).

Figure 1. The Range of Engagement



The diagram as a whole encompasses all those who are involuntary stakeholders in the issue of injury. At one end of the spectrum are those who by their ongoing investment in injury prevention can be considered already potentially fully committed stakeholders of the entity. An example of such pre-existing stakeholders, are those who currently identify themselves as injury prevention organizations in Canada—such as the four organizations of the Injury Alliance. At the other extreme are those who could be best considered partners in moving the issue forward but who are not intrinsically invested, and thus have a greater scope to decline involvement on a case by case basis. Traditionally, governments at various levels might be considered examples of this latter group. Partners would also include the financial supporters of the entity as they can choose to say no by withdrawing their funding.

In the middle is the area of overlap representing the vast majority of potential stakeholders—who have not yet been engaged to the point where they feel intrinsically connected to the issue of injury. The media and the general public would be classic examples of this middle region.

RECOMMENDATION 4.

The entity should develop a strategy to engage potential stakeholders and to move them to become fully invested stakeholders or partners.

The strategies for engaging stakeholders and partners, that is to say moving individuals, groups, organizations, institutions and communities, must vary according to level of interest; engagement is not a single package. However, a number of guiding

principles were identified in selecting appropriate tactics for engagement of stakeholders, wherever they might be found along this continuum:

- ❖ Know the existing agenda of stakeholders and partners you wish to engage, to harmonize with that and stand out among all the requests for support as something that will move their agenda forward (e.g., for the political side of government, money is of no interest, though saving money may be of some interest as politicians are interested in what they think their constituents want; this is often in contrast to what the bureaucracy of government is interested in.)
- ❖ As a corollary to the above, those who are most likely to be moved toward personal investment in injury prevention are those who have been most personally affected by injury.
- ❖ Fun is important; the engagement strategy must make the message attractive—engage attention, not worries. It was often remarked throughout the weekend that the key will be to make injury prevention fun, easy, and popular.
- ❖ Finally, engagement will often be indirect, through influencers, gatekeepers, mavens, and early adopters.

Additionally, the Stakeholder Engagement team developed a preliminary prioritization of the types of stakeholders to be engaged first. In priority order, these were felt to be: professional associations of people who deal with injury as a part of their working life (e.g., Colleges of Nurses, medical associations, chiropractor associations, EMS associations); hospital associations—especially hospital administrators, and trauma units; areas of government with a specific mandate for injury prevention; businesses; and last the education sector. While only advanced as a preliminary list, the stakeholder engagement group felt that consideration of such an ordering would be important to the new entity because in some cases it runs counter to the priorities traditionally engaged by those in the injury prevention sector, and also because it emphasizes the need for different engagement strategies for different classes of stakeholders and partners. For example, the group felt that while education was an important sector to engage—indeed, it was one of the first stakeholder groups mentioned—it kept getting pushed down the priority list because many worthwhile causes are trying to get their messages into classrooms at this time, and teachers, with their already intimidating set of outcomes to deliver for all grades, simply do not have the capacity or desire to include all of these requests.

Funds

Based on the existing opportunity gap for all four Injury Alliance members in raising dollars from individual donors, and the need to address this gap to fund any other

game changers, the work of the Fund Development Study Group forms another important tactical consideration for the proposed entity.

It was noted that the Injury Alliance has considerable collective experience in pursuing corporate and government sponsorship and donations for events and projects. However, given the magnitude of the injury burden to be addressed, and the scope of the proposed strategic directions of the entity, there will need to be a considerably greater investment from both the government and corporate sectors in injury prevention. However, it was noted by the study participants that statistically, more than 80% of philanthropic dollars raised each year in Canada come from individual donors. Accordingly, it was noted that while the Alliance should not neglect seeking substantially greater government and corporate investment, the first game changer recommended in this domain is to develop a strategic approach to raising funds from individual donors. Thus a robust strategy for developing the resources necessary for the entity to function must include both a strategy to encourage greater investments by government and corporations, plus a new strategy for raising dollars from individual donors.

RECOMMENDATION 5.

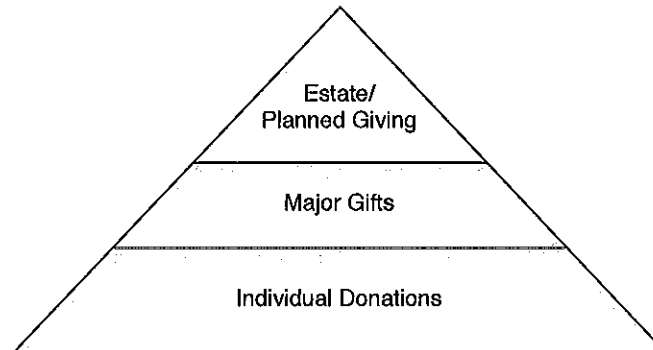
The entity should develop a strategic approach to raising significantly more dollars—to a level commensurate with the burden to be addressed.

The study group acknowledged that the specifics of the fundraising strategy would need to depend upon the specific case for support, which in turn would depend on the ability of the entity to clearly articulate its mission, goals, and the uses to which potential donor dollars would be put. They did emphasize one key principle, however, that would hold regardless of the specific case for support: the need to understand the donor environment and switch the paradigm from thinking of the cause to thinking from the donor's perspective. In so doing they repeated many of Dale Carnegie's sentiments, (e.g., "I often went fishing up in Maine during the summer. Personally I am very fond of strawberries and cream, but I have found that for some strange reason, fish prefer worms. So when I went fishing, I didn't think about what I wanted. I thought about what they wanted. I didn't bait the hook with strawberries and cream. Rather, I dangled a worm or grasshopper in front of the fish and said: 'Wouldn't you like to have that?' Why not use the same common sense when fishing for people?"³).

A second important point related to raising funds from individuals concerned the level of ask that is made, which is directly related to the amount of relationship management required. This is represented by the fundraising pyramid for individual donors (see Figure 2).

On the lowest level are the majority of donations. This level represents the state where you start to get people thinking about injury and they respond on a purely emotional level based on the strength of your case. Donations at this level are on the order of \$100 and often are one-time only.

Figure 2. The Fundraising Pyramid for Individual Donors



On the second level the fundraiser focuses less on presenting a case and more on building relationships and moving people to think about injury as the highest priority. This allows for cultivation of major gifts of support (e.g. \$5,000 over five years).

At the top is where individuals are fully invested in the issue area. Substantial amounts of money can be raised from individuals through such mechanisms as planned giving and estate bequests for individuals who feel that an issue is personal to them.

It was noted that there was a particular tactical opportunity implied by this pyramid. While the majority of health charities focus on the broad base of the pyramid, there is a unique opportunity for the entity to focus its efforts near the top by engaging those affected by injury. The game-changer for fund development in the field of injury was said to be getting individuals to the top of the pyramid. This is particularly opportune for the new entity because as a strategy it requires investment of time, but not the huge infrastructure employed by the other health charities which can be characterized as huge machines working at the lower end of the pyramid. With powerful messaging there is opportunity to go to the next levels without a huge infrastructure. Messaging is key. Research suggests that 50% of Canadians hate the way they're asked for funds, because those asking have not taken the time to get to know them and forget they have to build relationships. While being careful to avoid being viewed as ambulance chasers, there is opportunity to maximize on the fact that people affected by the grief of injury are asking, "what can I do?" There is a need to create the long term view in donors' minds, so people recognize they can have a huge impact tomorrow.

A final point to consider is identifying exactly what donation dollars support (e.g., when you think of donating to cancer, you think of scientists with test tubes and imagine your dollar funding the search for a cure.) A second key tactical consideration raised was therefore the opportunity for the entity to establish a virtual institution / national centre for injury prevention so that a potential donor has a 'place' in mind and "knows" where their funds go.

Brand

As noted under "Strategic Directions," the entity is to work to create a new health category of injury. Accordingly, much of the work of the marketing sub group focused on building a brand architecture for injury. Indeed the key recommendation from this group can be summarized as:

RECOMMENDATION 6.

The entity should establish a brand for injury.

Central to this new brand is the promise that the entity can reduce the incidence of grieving associated with injury. Such a promise will need to be stated in a more positive light for purposes of public communication. However, the essential notion is that injury prevention is about preventing pain and suffering, and that in the case of the most serious injuries we wish to prevent, that is mostly pain and suffering borne by the families and friends of those who have been killed or seriously hurt.

The brand personality needs to be authoritative, expert, and enterprising in offering new hope and effective action, and empathetic in that the central message is care. The group also strove to include the central features of effective health promotion at the level of social determinants—namely the need to make injury prevention choices the choices that are fun, easy, and popular.

Two key associations were seen for this brand: those who are grieving and those who are on the leading edge of corporate social responsibility. While the brand will function to support the whole mission and mandate of the new entity, it was also noted that:

RECOMMENDATION 7.

The brand strategy for the entity should anticipate commercialization opportunities.

It was suggested that as part of the new brand architecture, a new mark be created (e.g., a Love mark, "my life, your life, mark check") which could in turn be licensed with appropriate partners to generate revenue. It was also suggested that the role of the

entity in building on capacity and translating knowledge offered opportunities for generating revenue through consultancy and educational products. Royalties on intellectual capital and advocacy efforts based on this brand could also generate revenue.

One additional point that was made strongly by the group was the notion that in order to create a brand personality that is authoritative, expert, and enterprising, it is necessary to maintain strong control over its use, and indeed to be selective of those accepted into the new entity. To be a new member of the entity, you would have to qualify, not just put your name on the cause. This in no way should be seen as an impediment to being as inclusive and open as possible in engaging stakeholders, however. Further, it was stressed that while it is necessary to create a strong brand to distinguish the entity, there is danger in separating it from what it has in common with other issues. The final recommendation is to not create a new silo or hinder the possibility of new partnerships outside of injury prevention.

Cross Cutting Principles

A number of elements emerged independently in almost all the individual work of the four study groups, and collectively when the whole group of informants considered each of the four study areas. These are:

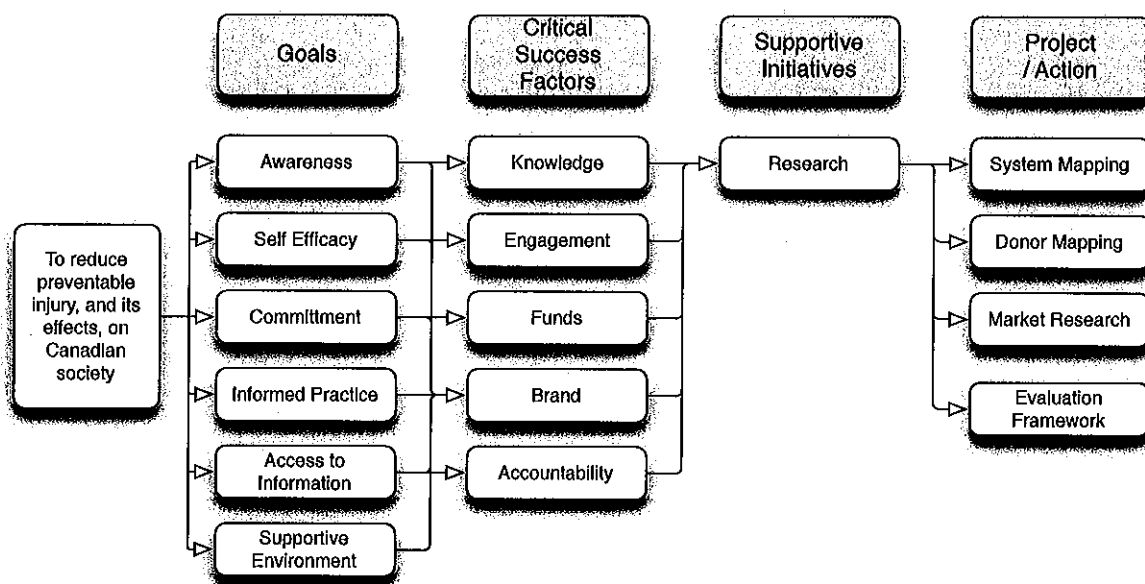
- ❖ The need to engage those who have been directly affected by injury. To move affected individuals from bereavement to grieving with purpose was seen as a crucial target population for engagement in the entity's mission and mandate. Such broadly defined injury survivors can become some of the most credible spokespersons for advocacy and knowledge translation efforts, keys to the new branding of the injury issue and a currently unexplored source of fundraising dollars.
- ❖ Second, there is a need to keep a societal focus, and thus to direct efforts toward social determinants of injury. Such a perspective makes the engagement of potential partners and their transformation into invested stakeholders much more likely as it increases the common ground between injury and others' "good causes." From the perspective of marketing it also adds greater appeal to corporations on the leading edge of social responsibility. From the knowledge brokerage and leadership perspectives it allows greater opportunity to partner with existing research endeavours and to translate key learnings from research not originally funded or conducted with injury outcomes in mind.
- ❖ Third, there is the need to be open, transparent, welcoming, and respectful of diversity of interest and opinion. Entering into collaborations and partnerships from such a perspective will allow the entity to maintain its own integrity more easily.

- ❖ There exists value in the current national injury prevention NGOs that can support the mandate of the entity, and which should not be lost.
- ❖ For injury prevention efforts to succeed, they must be perceived to be fun and easy and popular.
- ❖ Action in any of these areas implies a commitment to accountability.
- ❖ Finally, while the functions above are numerous and the potential mandate is enormous, requiring action in partnership with others, there is a strong sense that injury needs a powerful, single entity that can serve as the obvious “go to” when individuals contemplate the new brand, when credible interpretation of research and analysis of policy is needed, when groups from outside injury are looking for the key injury player with whom to partner.

Logic Model - Supporting Initiatives

The recommendations arising from the individual study groups, and also consideration of the cross cutting principles suggest five critical success factors for the entity: knowledge, engagement, funds, brand, and accountability. In developing the final form of the proposed entity, the creation of a logic model linking these critical success factors back to goals, and then into supporting initiatives and program activities will be crucial.

Figure 3. Performance Logic Model



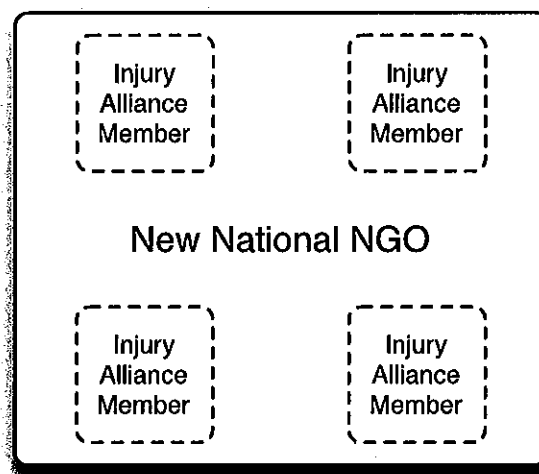
A preliminary draft of such a logic model is presented in Figure 3, using only one supporting initiative (Research) as an example. Subsequent stages of planning should involve completing the logic model for each goal, critical success factor, and supporting initiatives, then assigning measures to each of the items in the model and developing an accountability map, aligning the resources of the entity against these measures.

Structural Form of the Entity

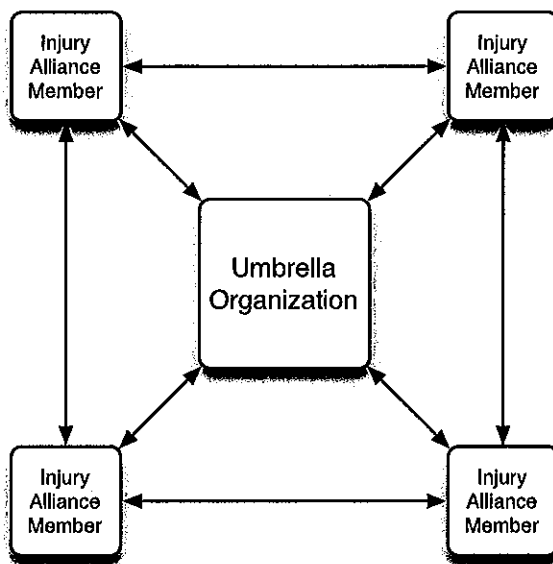
Potential Form of the Entity

Throughout this report, reference has been made to an “entity” which is to embody the game changer for injury prevention in Canada. No specific recommendation is made at this time about the actual legal structure of that entity; however, from the beginning of the research process a number of possible options have been raised by various study groups as they felt that the final form of the entity would impact on their recommendations in other areas. These options were initially labelled merger, joint venture, and confederation, as well as the notion of a pilot project leading toward any of those three. Subsequent analyses of these options revealed three clear alternatives. In each of the following models, the focus of the new entity will be to fulfill its mandate, mission, strategic directions, values, goals, and core functions specified in this report as described above.

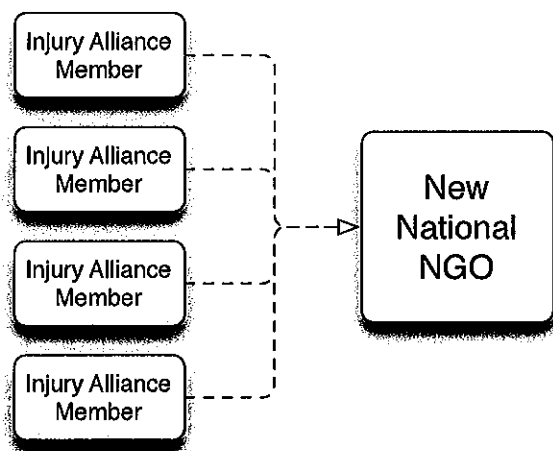
- ❖ **Full Integration:** The entity represents the integration of any or all of the existing members of the Injury Alliance. The exact legal form of this integration could vary from a total amalgamation of all existing assets, programs, and personnel of the integrating organizations, to the creation of a new NGO which could, at its discretion, attempt to acquire some or all of the existing assets, programs, and personnel of the current Injury Alliance members. In any case, existing alliance members so integrating would cease independent operations.



- ❖ **Confederation:** The entity represents a formal association of any or all of the existing members of the Injury Alliance. A new umbrella organization would be created to provide support, services, standards, and stability to the confederation in service of the entity's mandate. Models of confederation range from those in which nearly all decision making is housed in the umbrella organization to those in which nearly all decision making is carried on independently by the individual participating organizations.



- ❖ **Joint Venture:** The entity represents a new injury prevention NGO operating at the national level in Canada, founded by any or all of the existing members of the Injury Alliance with the specific mandate, mission, strategic directions, values, goals, and core functions specified in this report. This new NGO operates to fulfill its own specific mandate with support from some or all existing members of the Injury Alliance, each of whom continue to operate independently.



Each of the above options has implications for governance, finances, and approaches to the tactical considerations below. Additional due diligence on the part of the current Injury Alliance members, and research into the legal ramifications of the above options is required in order to evaluate them against each other.

Criteria for Choosing a Structural Form

Whatever criteria are used to make decisions about the potential form of the entity, the ability of the entity to fulfill its mandate, mission, strategic directions, values, and core functions given above should be considered paramount.

Next Steps

Phase Two

The delivery of this study report to the four sponsoring organizations and their subsequent acceptance of it, along with the submission of the final report to the Ontario Trillium Foundation completes this research project, and in a sense, the active life of the Injury Alliance. Collectively, this could be considered the first phase of a larger, multi-phase effort to meet the opportunity identified in the introduction to this report.

On such a reading, phase two would then involve a number of key activities on the parts of some or all of the former members of the Injury Alliance and any others whom they invite to participate. Collectively, the group(s) wishing to move forward on the recommendations of this report should consider taking some or all of the following actions:

- ❖ Formally accept the report and endorse its recommendations.
- ❖ Communicate this with the key informants who participated in the research process.
- ❖ Engage as many as possible of those key informants, as well as any additional key stakeholders and potential partners identified at this stage in a process of validation of the report's key findings and recommendations.
- ❖ Begin plans to create the entity described in the report by:
 - ❖ Making a choice as to the form of entity best able to meet its mandate based upon a set of clearly identified and communicated criteria.
 - ❖ Begin to take the steps necessary to realize the chosen form, including the creation of any necessary foundational documents, governance structures and conducting of due diligence on the former Injury Alliance members wishing to create the entity, as necessitated by the chosen form.
 - ❖ Seek support and begin planning some necessary additional research recommended in the report:
 - ❖ A system mapping of injury in Canada
 - ❖ Specialized sub-set of the above related to resource development
 - ❖ Market research to support the branding and other marketing activities of the newly formed entity

- ❖ Development of a set of performance measures related to the mandate, mission, strategic directions, goals, and objectives
- ❖ Development of a complete performance logic model for the entity including these performance measures.

Change Management

On the final morning of the weekend, the group as a whole outlined some general principles to keep in mind, while attempting to manage change from the current situation in injury prevention in Canada, to the new entity recommended in this report:

- ❖ Shared commitment to the mandate of the entity means all involved must understand that individual entities may have to give something up to achieve the good of the whole; nobody gets 100%, no one loses what they aren't willing to give up
- ❖ What we want to achieve is harder than it appears from this report; it can be achieved only by willingness to accept the need to give up something individually—capacity barrier
- ❖ Must model the change; dissonance between saying one thing and doing another will be picked up
- ❖ Work with the early adopters to help model the change
- ❖ Communicate often and with very clear messages; people need to know how things are going to change and how it will affect them; this is often a serious gap
- ❖ Change becomes more challenging at each level as you go down the organization; develop a consistent, but varied / tailored approach for each level
- ❖ Essential to manage perceptions, best done by predictability; articulate early on where you're going and how you'll get there; manage to that plan; if you deviate, support dwindles, negativity (due to fear of unknown) results
- ❖ Fear of success - can get swallowed up by a vortex of expectations

The group also engaged in brainstorming around approaches to change that could be termed revolutionary or evolutionary in nature—identifying high and low cost initiatives at both the national and local community levels for bringing about such change. It is instructive to note that maintaining the status quo of the four organizations currently comprising the Injury Alliance was seen as a “high cost” approach to evolutionary change.

References

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3. Carnegie D. How to win friends and influence people. New York: Simon and Schuster; 1936.
4. Health Canada. The Economic Burden of Illness in Canada, 1998. Ottawa, ON: Health Canada; 2002.
5. Potential Years of Life Lost (PYLL). 2007. (Accessed February 12, 2010, 2010, at http://www.med.uottawa.ca/curriculum/iph/data/PYLL_e.htm.)

Appendix A: Project Details

Study Group Details

With the materials developed to set the terms of reference for and seek suitable candidates to fill, the four study groups set out the following parameters for their operation.

In each case, the key question(s) listed for a given group began with the same common question element:

To move Canadians and their institutions from apathy and denial about the incidence and cost of preventable injury and death to the array of common sense and other actions that will prevent them ...

Knowledge Management

Key Questions

...What can we do together beyond identifying the major causes of preventable injury and death? What actions does current knowledge direct us to take in order to reduce their incidence? What do we still need to know, and what do we know already but are not yet acting upon?

Mandate

- ❖ How do we integrate multiple sources of knowledge into our daily activities?
- ❖ How do we, collectively and individually, foster movement in the field of injury from making decisions based mostly on opinion to making decisions based on evidence?
- ❖ How do we individually and collectively act as knowledge brokers and opinion leaders on the issue of injury?
- ❖ How do we learn what we need to know, and then package what we do know to best influence others?

Scope

- ❖ Having the most credible evidence available to us in a timely fashion, in a format that we can use, is critical to the change from simply knowing to doing—and doing the best we can.
- ❖ Knowledge mobilization is the process of creating value through the effective creation, movement, and tailoring of knowledge from its source (researcher or expert) to its application (practitioner, community leader, community) which results in effective and beneficial action and learning.

Expected Output

- ❖ Recommendations for:
 - ❖ Synthesis, dissemination, exchange and ethically sound application of knowledge
 - ❖ Three to five action priorities including opportunities, key partnerships, market conditions, technological supports, and concepts of innovation for the Alliance and our stakeholders
 - ❖ Active processes of creating linkages and exchanges between producers and users of data, information, and knowledge to engage in value-added activities
 - ❖ Required skills set, timeline, and budget.

Stakeholder Engagement

Key Questions

...Who are the people with the muscle to get what we need and how do we engage with them?

Mandate

- ❖ What sectors benefit from successful IP? Unsuccessful IP?
- ❖ Who among the benefiting sectors can provide what we need in: funding, education (broadly defined), environmental change, enforcement of best practices, evaluation?
- ❖ What must we be, know, and do to effectively engage with them?
- ❖ Who among those who benefit from unsuccessful IP must we take into account?

Scope

- ❖ The economic sectors, industries, and entities that benefit from successful injury prevention and those threatened by it
- ❖ Those among the benefiting sectors, industries, and entities that can provide what we need in: funding, education (broadly defined), environmental change, enforcement of best practices, evaluation

Expected Output

- ❖ Recommendations for:
 - ❖ Segmenting and targeting those who benefit from successful IP
 - ❖ What the Alliance and its members must be, know, and do to effectively engage with them and extend our reach
 - ❖ Required organizational design, timeline, skills set, and budget
 - ❖ Who is threatened by successful IP that ought to also be taken into account

Fund Development

Key Questions

...What can we do to raise funds for the Alliance relative to the economic burden of preventable injury and death vs. other major public health challenges?

Mandate

- ❖ n/a (contained in the key question)

Scope

- ❖ n/a (contained in the key question)

Expected Output

- ❖ Recommendations for joint fundraising, including:
 - ❖ Five-year target with annual milestones
 - ❖ Business case/key messages for donor dollars/major gifts/sponsorships or other revenue generation
 - ❖ Models for raising and allocating dollars among the Alliance members and possibly others
 - ❖ Required timeline, skills set, budget

Marketing

Key Questions

... What are the market opportunities?

Mandate

- ❖ Fee for service
- ❖ Sales of product and services
- ❖ Corporate sponsorship

Scope

- ❖ What brand identity and other marketing supports [products/programs and services (including advocacy)], pricing structure, distribution channels and promotional initiatives] must be in place to add credibility, reinforce the meaning, and direct those interested in exchanging value with us (such value being trust and recognition of our Alliance, information, volunteerism, charitable gifts, network access, and/or program/product/services purchase)?
- ❖ The Alliance's desired end results: funding, education (broadly defined), environmental change, enforcement of best practices, evaluation

Expected Output

- ❖ Recommendations for joint marketing, including:
 - ❖ The Alliance's value proposition
 - ❖ Optimum segmentation and targeting approaches
 - ❖ New revenue streams
 - ❖ Key messages for the introduction of IP to newcomers and their direction to the appropriate entity for follow-through. (Follow-through may involve the provision of additional information, the opportunity to donate funds or volunteers, or to access a particular program, product, or service)
 - ❖ Media selection and other distribution channels
 - ❖ Models for organizational design
 - ❖ Required timeline, skills set, budget

Overall Study Performance Measures

In the proposal submitted to the Ontario Trillium Foundation it was decided that the study project's performance would be assessed on the degree to which it:

- ❖ Leverages the four organizations' current knowledge
- ❖ Creates and transfers new knowledge
- ❖ Identifies and engages their natural allies
- ❖ Unifies their voices
- ❖ Optimizes their current resources
- ❖ Helps them to determine suitable revenue targets

Appendix B: Project Background

The application to the Ontario Trillium Foundation which secured funding for this research project contained the following supporting information.

On The Incidence and Cost of Injury in Canada and Ontario

- ❖ Injury as an aspect of human health is a matter of concern to Canadians.
- ❖ Each year in Canada predictable and preventable injuries result in:
 - ❖ More than 13,000 deaths
 - ❖ More than 200,000 hospital stays
 - ❖ More than 3,000,000 visits to an emergency department
 - ❖ More than 60,000 permanent disabilities, more than 5,000 of them total
 - ❖ A total economic burden of more than \$19.8 billion—more than \$10 billion in health care costs alone.
- ❖ In Ontario, each year, predictable and preventable injuries result in:
 - ❖ More than 4,000 deaths
 - ❖ More than 70,000 hospital stays
 - ❖ More than 1,000,000 visits to an emergency department
 - ❖ More than 22,000 permanent disabilities, more than 1,500 of them total
 - ❖ A total economic burden of more than \$6.8 billion—more than \$3.7 billion in health care costs alone (\$297 for every Ontarian).
- ❖ Preventable injury is particularly troubling with the youth demographic.
 - ❖ Each year more than 700 young Canadians die from an injury.
 - ❖ Injury is the leading cause of death from ages 1 to 44 and the leading cause over all others combined among those aged 10 to 35.
 - ❖ According to a five-year UNICEF study, Canada ranks 22th out of the 26 OECD countries in preventing childhood injuries and deaths.
- ❖ Among seniors, falls – which are mostly preventable – account for more than 1,800 deaths nationwide each year. In Ontario, seniors' falls cost more than \$750 million to treat.
- ❖ Every death and debilitating injury leaves a tidal wave of destructive consequences in its wake for parents, grandparents, sisters, brothers, uncles, aunts, cousins, and friends. The human and health care impacts are literally incalculable but absolutely predictable: divorce; depression and other mental illnesses; suicide; substance abuse; loss of income, jobs and productivity; post-traumatic stress syndrome; and many, many other manifestations.

- ❖ For each of these, the dollar cost of treatment, hospitalization, counselling, social welfare, employee assistance programs, to name just a few, are immense.

On The State of Injury Prevention in Canada and Ontario

- ❖ Scientific evidence shows that most so-called 'accidents' and the injuries and deaths that result are preventable.
- ❖ Researchers estimate that 90 per cent of unintentional injuries could be prevented by implementing strategies that are known to be effective, such as using helmets and car seats.
- ❖ If the known effective interventions were implemented, injuries could be reduced by up to 1/3.
- ❖ If Canada attained a level of childhood injury control at a rate comparable to that of Sweden, 1,233 Canadian children who died between 1991 and 1995 would be alive today.
- ❖ The societal contribution to injury prevention as measured by funds given to the four national organizations in this domain is insignificant relative to the cost of injuries and related deaths to Canadian society, its economy, and health care system.
- ❖ The economic burden of Heart and Stroke to Canada is \$18.5 billion and for injury is \$19.8 billion. The Heart and Stroke Foundation raises \$156 million annually. Our four organizations combined raise \$8 million.
- ❖ The societal contribution to these four organizations is also proportionately less than that offered to those organizations working to prevent other major diseases with lesser life-altering circumstances.

On The State of Collaboration Among the Four National Injury Prevention Organizations

- ❖ The four national injury prevention organizations have been collaborating in recent years to achieve greater societal impact.
- ❖ Together all four launched a co-created strategy for injury prevention in 2005, leading to the launch of CIHR team grants in this domain and the creation of the Injury Prevention and Control Task Group within the Public Health Agency of Canada.
- ❖ They convene a national biennial conference of the professionals, researchers and lay people related to injury prevention, the only such gathering in Canada.

- ❖ In Ontario, Think First, Safe Kids Canada, SMARTRISK and Safe Communities Canada all served on the Ministry of Health Promotion's advisory committee for the development of a provincial injury prevention strategy published in 2007.
- ❖ Limited government funding for the implementation of this strategy requires that the four organizations marshal the resources they can find to this purpose.
- ❖ All four organizations sit on the Ontario Injury Prevention Resource Centre's advisory committee.
- ❖ They experimented with the joint promotion, fundraising and delivery of a 'Be Visible, Be Certified' campaign with the Red Cross in Halton region.
- ❖ Such initiatives have illustrated the benefits of collaboration.
- ❖ Programs and tools developed by ThinkFirst, Safe Kids Canada and/or SMARTRISK can be promoted and delivered by Safe Communities Canada coalitions, e.g. Concussion Road Show.
- ❖ Advocacy efforts are improved through the support of each organization. For example, Safe Kids Canada's call to action to ban wheeled baby walkers resulted in letters of support from ThinkFirst, SMARTRISK and Safe Communities.
- ❖ Institutional stakeholders to the four organizations have been pressing for greater unity and coordination among the four organizations.
- ❖ The current economic downturn gives added impetus to continue in this direction.