

# Theories, Frameworks, and Models for Mobilizing Partners in Community-based Adult Injury Prevention: a scoping review

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## Background

Unintentional injuries are a leading cause of death in Canada each year, the result of damaging forces to the human body from a fall, road traffic event, poisoning, drowning, fire or burn. Overall mortality rates have steadily declined, but unintentional injury rates remain stable and their share of Canadian deaths has significantly increased. Unintentional injury costs to Canadians have risen to over \$22 billion annually. Local public health professionals must effectively bring together, facilitate, and support community partners to initiate evidenced efforts, as required by Ontario Public Health Standards. Collaborations with multi-sector stakeholders are needed at every level to address the root causes of injury that exist largely outside the health sector. To date, no formal review of the literature informs how and why local public health agency collaborations with community partners will reduce injury rates more significantly by working together rather than apart.

## Question

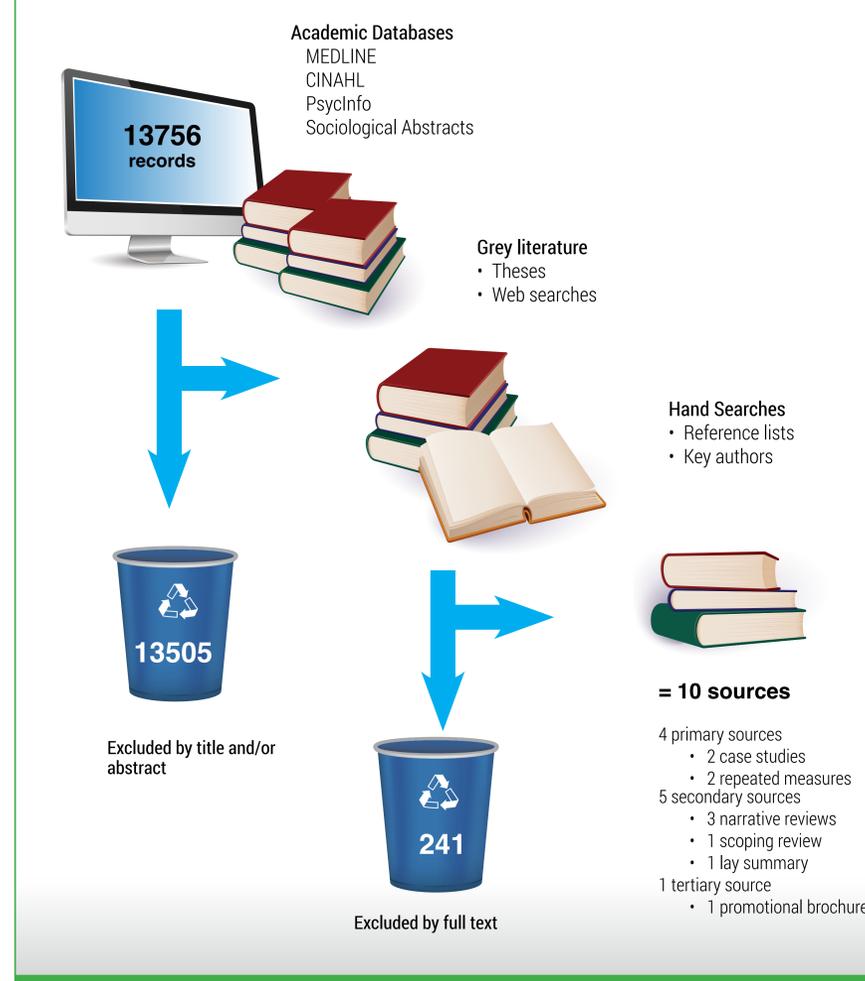
What are the theories, frameworks and models for mobilizing partners in community-based adult injury prevention?

## Method

Our scoping review protocol was based on the 5-stage framework developed by Arksey & O'Malley (2005).

Specified the research question	<p><b>What are the theories, frameworks and models for mobilizing partners in community-based adult injury prevention?</b></p> <p>And of these, which were:</p> <ul style="list-style-type: none"> <li>evaluated for their effectiveness?</li> <li>used by local public health practitioners?</li> <li>applicable and transferrable for mobilizing community partners to prevent falls among older community-dwelling adults?</li> </ul> <p>Working definitions were identified for key concepts and terms</p>
Identified relevant articles	<p>Subject headings and keywords/phrases based on our research question guided searches of primary, secondary and tertiary sources for potential articles</p> <ul style="list-style-type: none"> <li>theory/framework/model (e.g. paradigm, strategy, approach);</li> <li>mobilization (e.g. capacity building, coalition, collaboration, community network, multi-sector partnership);</li> <li>injury prevention (e.g. accident prevention, accidental falls, protective device, safety).</li> </ul>
Selected articles	<p><b>Inclusion criteria:</b></p> <ul style="list-style-type: none"> <li>In English</li> <li>Published 2000 – 2016</li> <li>Not a book review, editorial or commentary</li> <li>Within high income developed country like Canada</li> <li>Identifies a theory, framework or model for mobilizing partners</li> <li>Addresses community-based adult injury prevention</li> </ul> <p>Consistency in determining article inclusion and exclusion was calibrated among all reviewers, then search results were distributed among the reviewers for collective assessment of eligibility</p>
Charted the information	<p>3 reviewers extracted data to describe the included articles and used the Meta Quality Appraisal Tool to assess:</p> <ul style="list-style-type: none"> <li>relevancy to research question</li> <li>applicability to local public health agency practitioners</li> <li>reliability in methodology</li> <li>validity of results</li> </ul>
Summarized and reported	<p>Ten articles were included as sources</p> <p>These 10 sources identified</p> <ul style="list-style-type: none"> <li>1 theory,</li> <li>7 frameworks and</li> <li>6 models for mobilizing partners in community-based adult injury prevention</li> </ul>

## Search



## Results

Ten sources identified theories, frameworks and models for mobilizing partners in community-based adult injury prevention, appearing infrequently in our search of recent injury prevention literature.

The quality of these sources was assessed as strong enough for identifying theories, frameworks and models (our purpose) as they were relevant to our research question and applicable to the scope of local public health unit work (due to our search and screening strategies) although reliability and validity varied due to including such a wide variety of literature.

Of the sources found:

- none of the sources were written by or based on the work of local public health agencies in Ontario
- only one source included evaluation, finding its Collaborative Management model unsuited for enhancing local programming
- only one source specifically addressed older adult fall prevention. However, the negative evaluation of the Collaborative Management model suggests that this model may not be one that Ontario Public Health Units wish to replicate.

## Results

Source	Focus	Context for Injury Prevention	Theories, Frameworks, Models
Batan et al. (2011)	Communities funded by Healthy Communities Program (CDC)	Community health	<ul style="list-style-type: none"> <li>Community Coalition Action Theory</li> <li>Framework of conditions that foster productive collaboration</li> <li>Framework for building capacity for operational purposes</li> <li>Sustainability approaches</li> </ul>
Donaldson et al. (2016)	Multiagency partnership for injury prevention	Community sports	<ul style="list-style-type: none"> <li>Intervention Mapping framework</li> </ul>
Downey et al. (2008)	Four rural injury prevention coalitions	Community injury prevention	<ul style="list-style-type: none"> <li>Coalition Development Model</li> </ul>
Fawcett, S. (2010)	Multi-sector partnerships for health	Population health	<ul style="list-style-type: none"> <li>Framework for Collaborative Public Health Action</li> </ul>
Finch et al. (2016)	Multiagency partnership for injury prevention	Community sports	<ul style="list-style-type: none"> <li>Partnership Continuum framework</li> </ul>
Florida Department of Health (2013)	Community-driven strategic planning for health	Community health	<ul style="list-style-type: none"> <li>Mobilizing for Action through Planning and Partnerships</li> </ul>
Meyers et al. (2012)	Published implementation frameworks	n/a	<ul style="list-style-type: none"> <li>Quality Implementation Framework</li> </ul>
Nilsen, P. (2007)	Community-based injury prevention programming	Injury prevention planning	<ul style="list-style-type: none"> <li>Community-based injury prevention program logic model</li> </ul>
Stackpool, G. (2006)	Multiagency partnership to enhance local programming	Fall prevention	<ul style="list-style-type: none"> <li>Collaborative Management model</li> </ul>
Woulfe et al. (2010)	Multisector partnership for health improvement	Population health	<ul style="list-style-type: none"> <li>Types of partnerships for health improvement</li> <li>Determinants of effective public health partnerships</li> </ul>

## Conclusion

**More locally-driven collaborative research is needed.**

Theories, frameworks and models exist that can guide local public health agency efforts to mobilize partners within community-based adult injury prevention

**BUT**

**Which of these theories, frameworks and models are being used by local public health professionals within community-based adult injury prevention?**

**And are they effective?**

### Acknowledgement

We would like to thank Public Health Ontario for its support of this project and gratefully acknowledge funding received through the Locally Driven Collaborative Projects program.

The views expressed in this publication are the views of the authors and do not necessarily reflect those of Public Health Ontario.