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

**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).

1. **Specified the research question**
   - What are the theories, frameworks and models for mobilizing partners in community-based adult injury prevention?
   - And of these, which were:
     - evaluated for their effectiveness?
     - used by local public health practitioners?
     - applicable and transferable for mobilizing community partners to prevent falls among older community dwelling adults?
   - Working definitions were identified for key concepts and terms.

2. **Identified relevant articles**
   - Subject headings and keywords/phrases based on research question guided searches of primary secondary and tertiary sources for pertinent articles.
   - Theory/framework model (e.g. paradigm, strategy, approach).
   - Mobilization (e.g. capacity building, coalition, collaboration, community network, multi-sector partnership).
   - Injury prevention (e.g. accident prevention, protective device, safety).

3. **Selected articles**
   - Inclusion criteria:
     - Published 2000 – 2016
     - In English
     - Aimed at improving public health (e.g. population health, communities funded by Healthy Communities, Multiagency partnership)
     - Relevant and transferable for mobilizing community partners to prevent falls among older community dwelling adults
   - Exclusion criteria:
     - 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.

4. **Chartered the information**
   - 3 reviewers extracted data to describe the included articles and used the Meta Quality Appraisal Tool to assess:
     - relevance to our research question
     - applicability to local public health agencies practitioners
     - reliability in methodology
     - validity of results

5. **Summarised and reported**
   - Ten articles were included as sources
   - These 10 sources identified:
     1. Theory
     2. Frameworks
     3. Models for mobilizing partners in community-based adult injury prevention

**Results**

Ten sources identified theories, frameworks and models for mobilizing partners in community-based adult injury prevention, appearing infraquently 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.

**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?

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