

THEORIES, FRAMEWORKS AND MODELS FOR MOBILIZING PARTNERS IN COMMUNITY-BASED ADULT INJURY PREVENTION

A SCOPING REVIEW

A LOCALLY DRIVEN COLLABORATIVE PROJECT - 2017

OUR ISSUE

Collaboration is a core public health skill. Ontario Public Health Standards (2008) require that we collaborate with community partners. While we know this is what we need to do, guidance is lacking on how we are to mobilize these partners to prevent injury in our communities.

OUR QUESTION

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

WHAT DID WE DO?

To answer our research question, the Collaborative Project Team explored a wide range of literature through a scoping review. We based our protocol for the review on the Arksey & O'Malley (2005) framework.

We searched four databases (MEDLINE, CINAHL, PsycInfo, Sociological Abstracts) for works in English, dated between 2000 and 2016, and from high income, developed countries like Canada. Grey literature and hand searches added to our results.

After confirming that we shared an understanding of the inclusion criteria, we narrowed down the 13,765 titles (some with abstracts) from our search to 251 items for full text assessment. We did not include book reviews, editorials or commentaries. We only selected what addressed community-

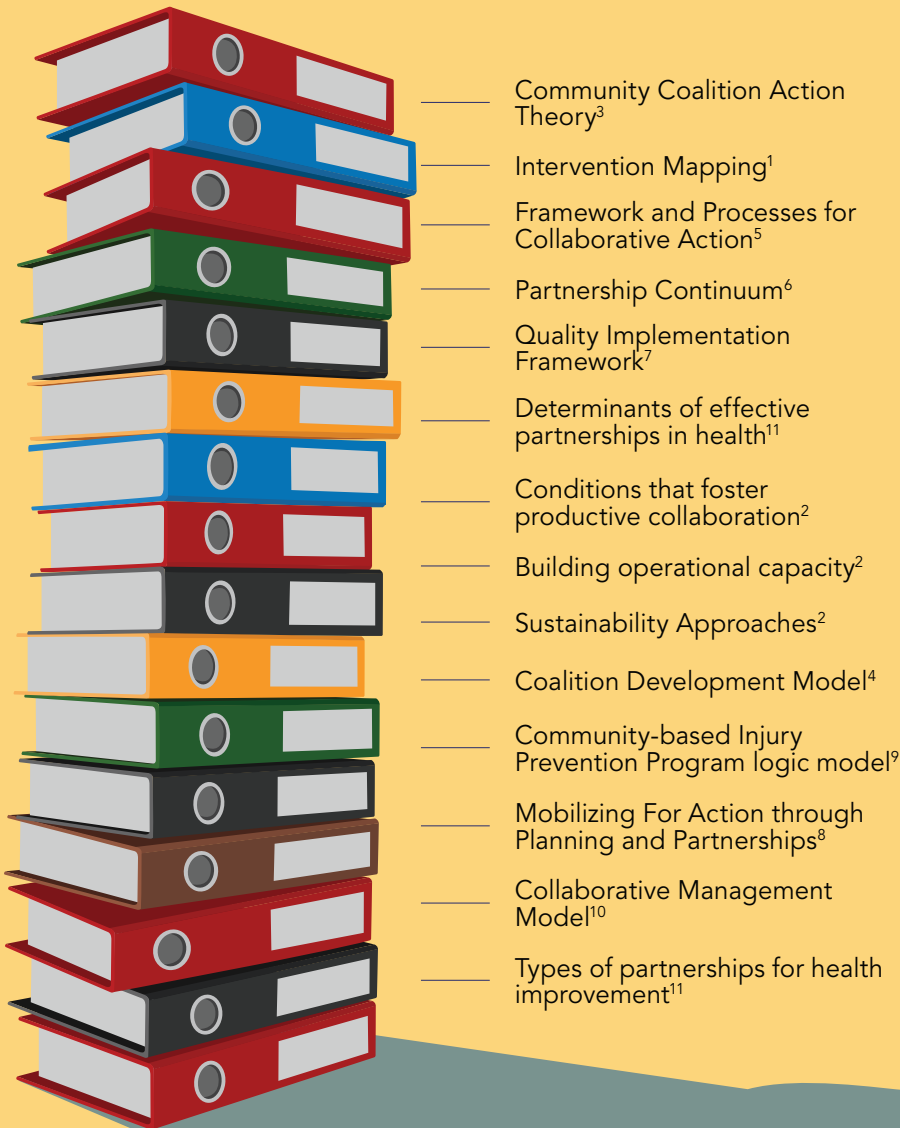
based injury prevention, presented a model, theory or framework for mobilizing community partners, and targeted adults.

Only 10 of our search results identified a theory, framework or model for mobilizing partners in the context of community-based adult injury prevention. The quality of these 10 to inform public health practice was appraised using the MetaQAT (Rosella et al., 2016). We provide a summary here of the results of our review.

WHAT DID WE FIND?

The quality of the sources was judged strong enough for identifying theories, frameworks and models (our purpose). Relevance and applicability were consistently assessed to be strong due to our search and screening strategies. As expected, including such a wide variety of literature led to a range of assessed reliability and validity.

THEORY, FRAMEWORKS AND MODELS IDENTIFIED IN THE 10 SOURCES INCLUDED:



We found no sources by or from local public health agencies using theories, frameworks or models for mobilizing partners within community-based adult injury prevention.

Few theories, frameworks and models for mobilizing partners in community-based adult injury prevention were cited in the over 13,000 records we screened.

None of the sources were written by or based on the work of local public health agencies in Ontario. One source (Batan et al., 2011) was written as a guide to local US health departments for improving the health and well-being of a community through multi-sector collaborations. This same source gave an example of a local health department in the United States that had brought together community partners in a consortium for chronic disease prevention, but did not give any details on how a theory, framework or model was used to guide the mobilizing of these partners.

The only source to specifically address older adult fall prevention was also the only source to include evaluation (Stackpool, 2006). However, the finding that its Collaborative Management model was not effective for enhancing local programming also suggests that this model may not be one that Ontario Public Health Units wish to replicate.

KEY FINDINGS

1 THEORY

7 FRAMEWORKS

6 MODELS

relevant to mobilizing partners within community-based adult injury prevention.

Only one model was evaluated. As Collaborative Management was judged unsuited to enhancing local programming, this model may not be useful in the work of Ontario Public Health Units.

SO WHAT?

Theory, frameworks and models are available to guide community-based injury prevention efforts that reduce injuries, whether just starting up or ready to take action. Stakeholders attending a webinar presentation of these results commented that the theories, frameworks and models identified could be useful in community-based practice. However as yet, these appear untested in this context.

Transferability of the Collaborative Management Model may be limited based on its evaluation.

NOW WHAT?

More research is needed. Are any of these theories, frameworks and models being implemented by local public health agency professionals in community-based adult injury prevention? To what extent? What is working? Are there gaps? Is a mix better? Trialling, testing and evaluating the effectiveness of these identified theories, frameworks and models within adult injury prevention are needed in moving this evidence into local public health agency practice.



THEORY, FRAMEWORKS AND MODELS

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CITATION

[in development]

We would like to thank Public Health Ontario (PHO) 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.