

## **School of Population and Public Health (SPPH)**

### **SPPH 555 (DL) 2017**

**Course:** PRINCIPLES AND PRACTICES OF INJURY PREVENTION

**Distributed Learning Format**

**Location:** SPPH

**Instructors:**

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**Office hours**

BY APPOINTMENT

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## **INTRODUCTION**

Unintentional and intentional injury is the leading cause of death for Canadians aged 1 to 44 years. Injuries cost Canadians \$27 billion annually in health care costs and lost productivity, ranking third, after cardiovascular and musculoskeletal diseases and before cancer. Like diseases, however, most injuries follow a distinct pattern and are, therefore, predictable and preventable. Injuries are the result of many complex factors; hence any effort to prevent or reduce the severity of injuries must involve many sectors, disciplines and approaches. During the last fifteen years, awareness about injuries, their magnitude and their social and economic impact has increased. Along with this awareness has come the realization that most injuries are predictable and, therefore, preventable – they are not accidents.

SPPH 555 course content has been designed to prepare students for the responsibilities they will acquire when entering an academic, research or health care delivery work

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settings. Throughout the term, students will learn from the practical experiences of the instructor, guest speakers, and fellow students.

### **Course Content**

The course is based on the Canadian Injury Prevention Curriculum (CIPC), a curriculum focused solely on injury prevention and control theory and practice. For more information, please visit <http://www.cccip.ca/introduction/>.

### **COURSE OBJECTIVES**

1. Gain knowledge of the magnitude of major injury causes, types and other classifications of injury.
2. Describe the social, economic, behavioral and environmental contexts in which injuries occur.
3. Become familiar with the strengths and limitations of research methods and data sources available for investigating and monitoring injuries.
4. Understand the roles of public health, medicine, engineering, education, regulation, and economics in the prevention and treatment of injuries.
5. Assess the effectiveness and unintended consequences of various public health approaches in the prevention of injuries.
6. Strengthen students' understanding of the development, implementation and evaluation of injury prevention interventions.
7. Gain practical experience addressing a specific injury issue using the tools and concepts introduced in class.
8. Apply a critical perspective to injury prevention theory and practice.

**Upon receiving a passing grade in the course, students will receive a Certificate of Completion from the Canadian Collaborating Centres for Injury Prevention (CCCIP).**

Injury prevention is a very broad concept and covers a very wide spectrum of specific topics, issues, and subpopulations (i.e. fall-related injuries, injuries to children, seniors, or workers, poisonings, violence, suicide, car crashes, etc) – it is therefore not possible to cover all “content areas” during a single course. The major course assignment (Final Project), however, will give students the opportunity to study a more specific injury issue of their choice (further details below).

### **COURSE STRUCTURE**

SPPH 555 is a mixed mode, or blended, course. This means that students will be working with instructors and fellow students both online and face-to-face in the classroom. It is necessary for students to participate fully in all parts of this course to successfully complete the course. Lectures by the instructor, guest lectures and online material, combined with pre-assigned readings, will outline key issues and concepts in injury prevention. All components of this course have been designed to provide an opportunity for application of these concepts.

The face-to-face component of the course takes place over three days and includes guest lectures, group discussions and student presentations. Ample time will be provided throughout for discussion and questions. As the majority of students are from the health

sector, or will be a part of the health sector in the future, participants will be encouraged to speak about their own experiences and challenges with the health care system in the context of injury prevention.

The online component will include a series of pre-recorded instructional sessions, web-conferences and additional readings to supplement classroom material. In order to develop a comprehensive understanding of the concepts and issues raised in this course, three learning activities have been developed based on the content from each learning module. These activities may be discussed with classmates and instructors openly via the UBC Blackboard Connect online discussion board; however, each student will be required to submit a copy of their own work.

Please see the Course Schedule for a summary of important dates.

## **REQUIRED TEXT**

Required readings will supplement both the classroom and on-line material. It is expected that students will have read all the required readings for each module before the live classroom web conferences and the face-to-face meetings.

The required text is available online without charge:

Pike I, Richmond S, Rothman L, Macpherson A (eds.) (2015). *Canadian Injury Prevention Resource: An evidence-informed guide to injury prevention in Canada*. Parachute, publisher: Toronto, ON. <http://www.parachutecanada.org/cipr>

## **THE LEARNING ENVIRONMENT**

In this course you are directed in your learning through modules that describe issues related to injury prevention. By discussing these questions as a class you will be learning from each other and acquiring knowledge and understanding of the pertinent issues.

### **Communication**

In addition to the face-to-face sessions, much of the communication will be among the class using the Blackboard Discussion Forum. Blackboard Connect also includes Live Classroom should you wish to chat with another student in the class in real time. Arranging these chat times is up to the students.

When the instructor or tutor wants to send a message to the whole class, we will either use the email function within the course (see Mail under the Course Tools menu) or we will post it in the 'Announcements' tool. Blackboard Connect also allows the instructors to send private emails to individual students. When you log in to Blackboard Connect, you will receive a message letting you know that you have received a private email. Students can also send a private email to the instructors by using the Blackboard Connect mail tool.

## Live Classroom Webinars

In addition to the online and face-to-face material, we will be using Bluejeans for our webinar series. In these sessions, we will delve more deeply into the topics and address any areas that need further work. An archive of the sessions will be made available for students' reference.

Students are also expected to participate in ongoing online discussion forum within Blackboard Connect. In addition to posting Activities in the Activity folder, students are strongly encouraged to comment on each other's postings and respond to comments. Furthermore, students are encouraged to post questions, thoughts and any relevant news articles or images to the discussion forum throughout the course and to comment on other students' posts.

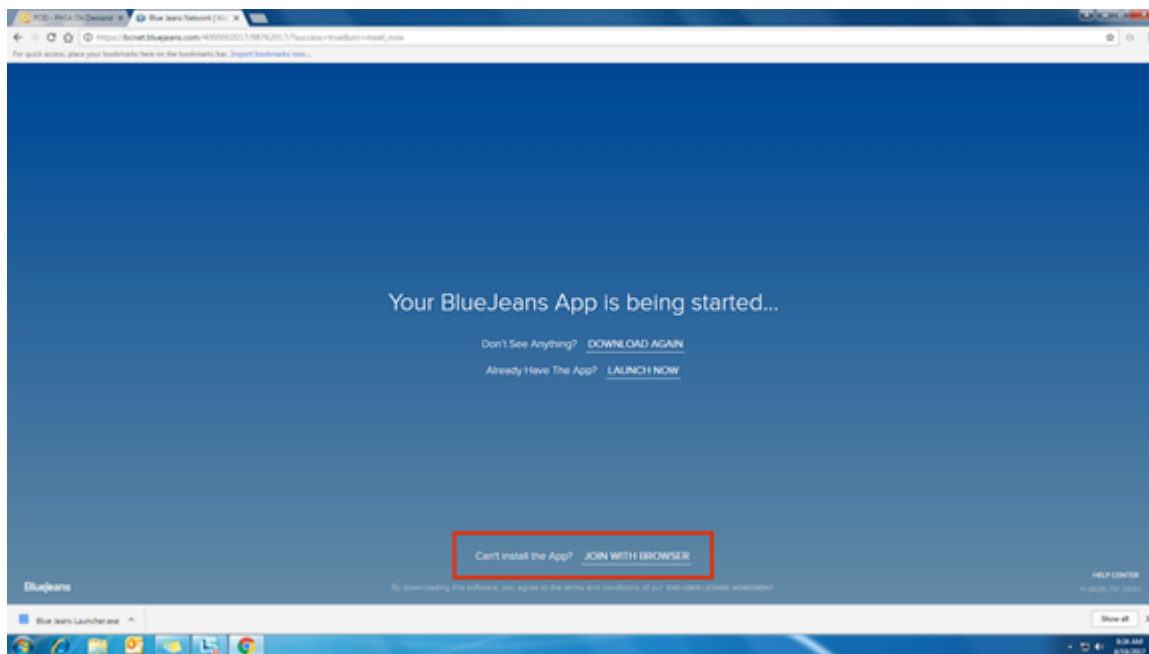
Prior to each webinar, you will be sent a link to the session. Please give yourself a few extra minutes prior to the live classroom sessions to log in and get prepared in case you encounter any unexpected technical difficulties. Below are the general instructions for access:

1) Copy the link into Chrome or Firefox browser. The browser will attempt to download the software/app:

2a) If you are able to download the BlueJeans "app", please proceed to do so and then follow the instructions to enter the meeting.

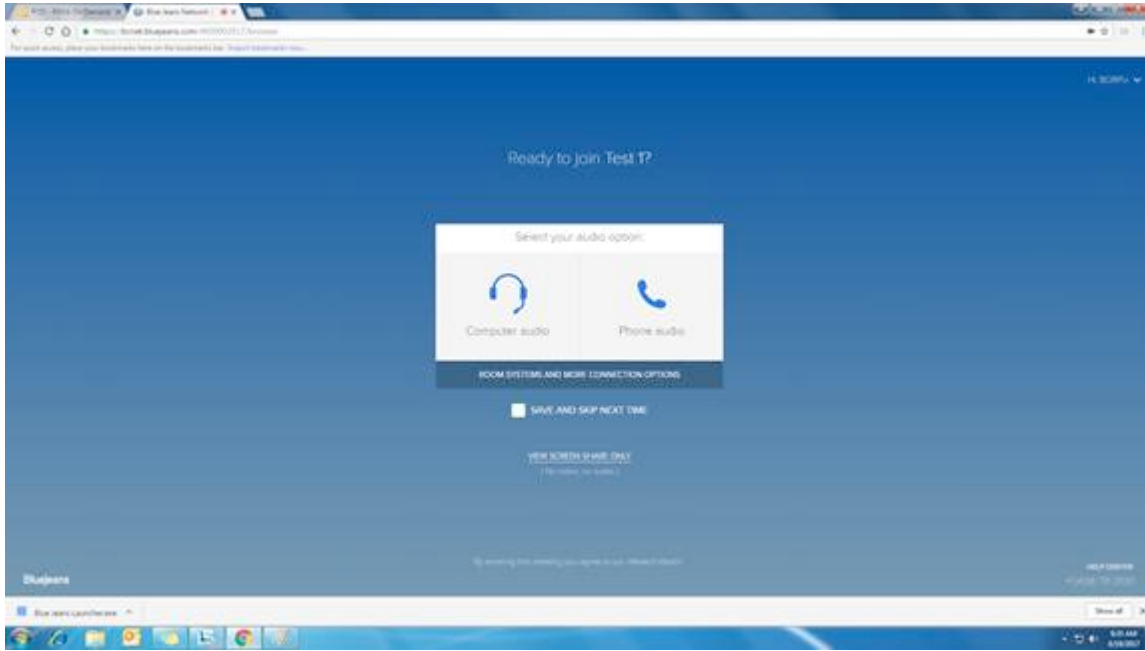
2b) If your download fails, please see the instructions below:

An option should show up at the bottom of the screen to "Join with Browser". Please click "Join with Browser"

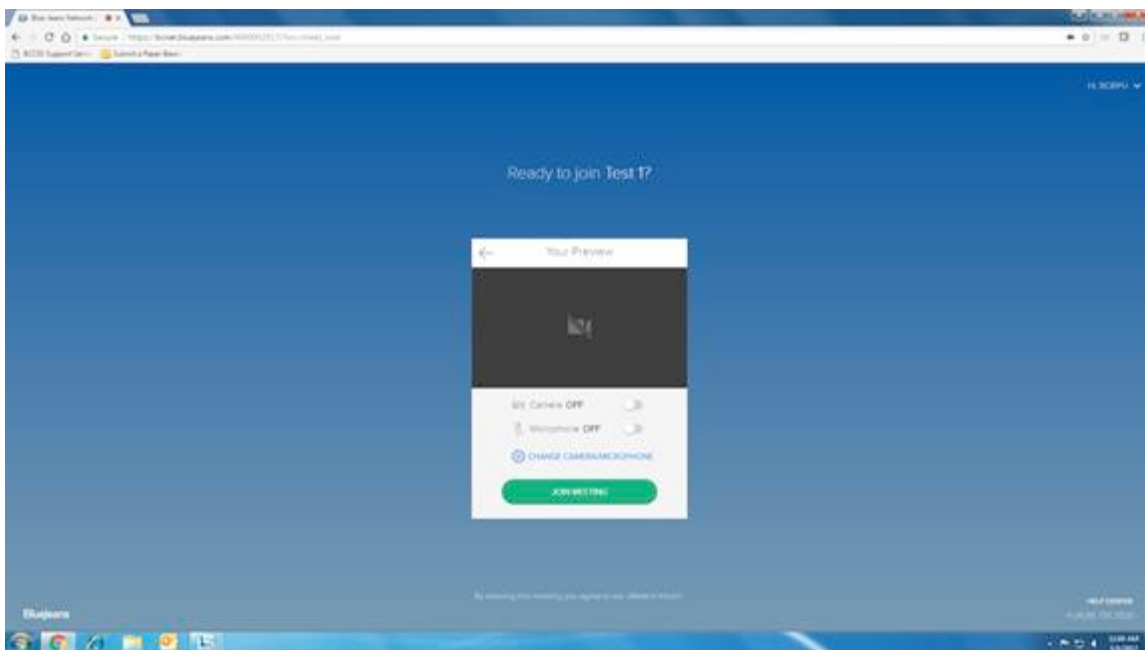


3b) A new screen should show up, asking for Audio preferences, if you are planning to listen through your computer, please select computer audio.

If you do not wish to use your computer audio, please click the phone audio option and follow the calling instructions that pop up.

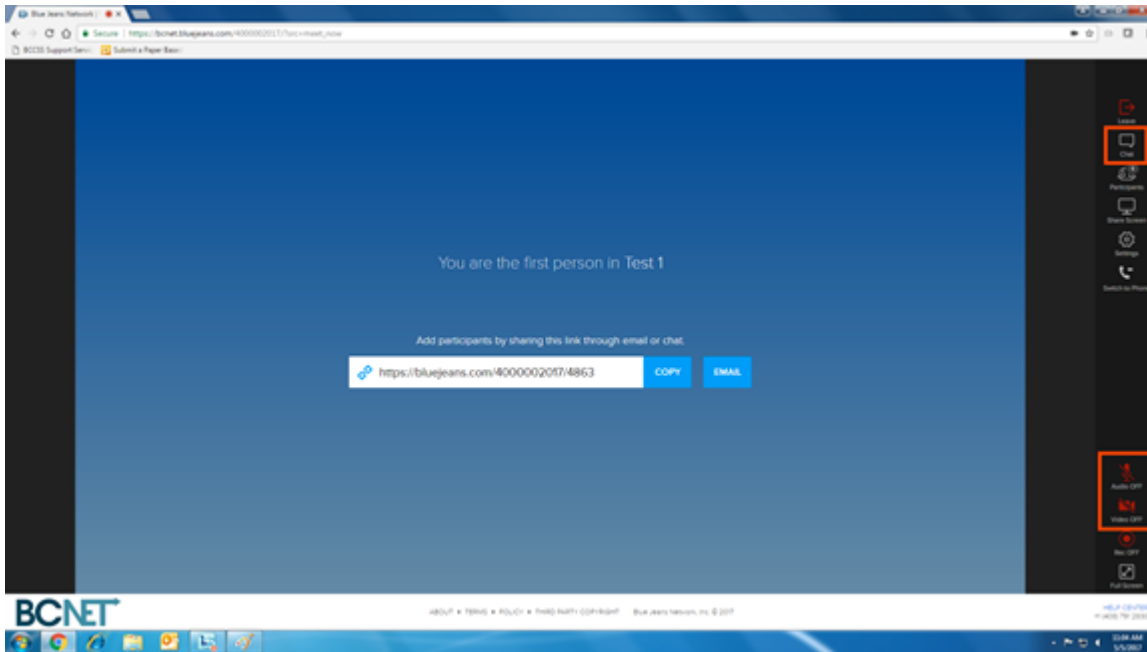


4b) After selecting your audio options, make sure to have your camera and microphone turned off, then click the green "Join Meeting" button:



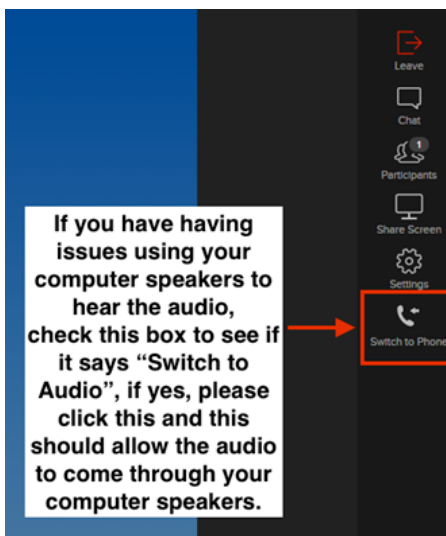
5b) For the actual webinar, we will be sharing our screen, so you should see a PowerPoint slide. However, please note the following in picture below:

- Audio and Camera settings = OFF
- Chat Function - we will be using the chat function to field questions at the end of the webinar; to type a message, click the "chat" button, and a chat box should pop up subsequently.



Some troubleshooting - Please only refer to these instructions IF they are applicable to you

Can't hear the audio through your computer speakers? Your phone line may be connected through your computer, so in the red box highlighted below, your screen may show "Switch to Audio" (and not Switch to Phone as it displays in the screenshot)



Calling in without a computer?

1. Please call 1-416-900-2956 to connect to the BlueJeans line.
2. You will need the unique meeting ID for each webinar. You will dial this number in (for example 308430875#. Then press # again to join the meeting.
3. If successful, you should hear the automated line say "you are now being placed in the meeting" and then you should be able to hear the audio through your phone.

## EVALUATION

Students will be evaluated through a combination of class participation, group exercises and a written assignment and will be graded according to the following criteria.

**Grading** (from *the UBC Department of Educational Studies, Graduate Course Grading Policy*):

A+ is from 90% to 100%: It is reserved for exceptional work that greatly exceeds course expectations. In addition, achievement must satisfy all the conditions below.

A is from 85% to 89%: A mark of this order suggests a very high level of performance on all criteria used for evaluation. Contributions deserving an A are distinguished in virtually every aspect. They show that the individual significantly shows initiative, creativity, insight, and probing analysis where appropriate. Further, the achievement must show careful attention to course requirements as established by the instructor.

A- is from 80% to 84%: It is awarded for generally high quality of performance, no problems of any significance, and fulfillment of all course requirements.

B Level (68% to 79%). This category of achievement is typified by adequate but unexceptional performance when the criteria of assessment are considered. It is distinguished from A level work by problems such as: One or more significant errors in understanding, superficial representation or analysis of key concepts, absence of any special initiatives, or lack of coherent organization or explanation of ideas. The level of B work is judged in accordance with the severity of the difficulties demonstrated. B+ is from 76% to 79%, B is from 72% to 75%, and B- is from 68% to 71%

C Level (55% to 67%). Although a C+, C, or C- grade may be given in a graduate course, the Faculty of Graduate Studies considers 68% as a minimum passing grade for doctoral graduate students.

## **SUMMARY OF ASSESSMENT**

- Activities 1-5 (5% each: 25% total)
- Final Examination (25%)
- Final Project: Paper (25%)
- Final Project: Presentation (15%)
- Class Participation, in-class and on-line (10%)

## **Expectations for Student and Instructor**

You are expected to fulfill your module objectives, assignments, and discussions in a timely manner, and to contact the TA and/or instructors via course mail whenever you need help. We will, in most cases, return your communication within 24 to 48 hours. Should we be away and offline for an extended period (i.e., for more than a few days) we will notify the class in advance.

Spend enough time on the background resources for each module in order to make the most of the face-to-face sessions. It is very important that you have finished the online components of the course prior to attending the web-conference and face-to-face sessions.

You may choose to use the Discussion Forums on the website to discuss the readings and activities in the modules. These discussion groups will provide you with an opportunity to share your knowledge, to seek feedback from fellow students as well as your instructor on your ideas, and to ask for help when you need it. The use of this forum will be required for the activities, but should also be checked regularly for postings and online discussions.

## **Missed Classes**

Students are expected to attend all classes and complete all on-line and face-to-face components of the course. If a student is unable to attend a class or a live web-conference, please discuss this with the TA or instructor in advance. You will be responsible for obtaining any handouts, notes, or other materials from fellow students.

## **Late Assignments**

If you expect assignments will be late, please discuss with the TA or instructor in advance. Assignments submitted late without a valid excuse will be docked 1% per day they are late.

## **Plagiarism**

Students are expected to know what constitutes plagiarism and that plagiarism is a form of academic misconduct. As such, plagiarism is subject to penalty. Please review the Plagiarism and Student Discipline sections of the UBC Calendar, available at <http://www.vpacademic.ubc.ca/integrity/policies.htm> and <http://www.students.ubc.ca/calendar/index.cfm?tree=3,54,0,0>.



# ACTIVITIES

Assignments should be **1-2 pages** in length and can be in full paragraph or point form. They can be attached as either a Word document or PDF file, or pasted directly into the body of the Wiki page. *Students are also strongly encouraged to comment on other student's assignments, and respond to other students' posts to their item.*

## **Activity 1:** Injuries in the News

Post a link to a contemporary injury-related news item. Include an analysis regarding the potential preventability of the injury and the impact that it had on the person/people involved, as well as ripple effects that may be farther reaching (e.g., other people, community, health care resources, etc.).

## **Activity 2:** Injury prevention journal article critique.

A research critique involves a formal analysis and evaluation of a journal article based on a set of known criteria. It involves questioning the information and opinions available in the text while evaluating both the strengths and weaknesses of the study. Critical appraisal is an important part of evidence-based practice, which uses the best available evidence and applies it to clinical decision-making. The ability to objectively critique research is an essential skill in order for health care professionals to use research evidence reliably and effectively.

For this activity, you are to act like you are a reviewer for a journal and you have been asked to critique a scientific article prior to its publication. Select **one** of the following articles and review its scientific and practical merit.

- Morrongiello, B. A., McArthur, B. A., Spence, J. R. (2016). Understanding gender differences in childhood injuries: Examining longitudinal relations between parental reactions and boys' versus girls' injury-risk behaviors. *Health Psychology, 35*(6), 523-530.
- Provance, AJ, Engelman, GH, Carry, PM. (2012). Implications of Parental Influence on Child/Adolescent Helmet Use in Snow Sports. *Clin J Sport Med 22*(3):234-239.
- Hays, G. P., & Smith, S. A. (2011). Evidence Links Increases in Public Health Spending to Declines in Preventable Deaths. *Health Affairs*: doi: 10.1377/hlthaff.2011.0196
- Kukaswadia, A., Craig, W., Janssen, I. & Pickett, W. (2011). Obesity as a determinant of two forms of bullying in Ontario youth: A short report. *Obesity Facts, 4*, 469-472. DOI: 10.1159/000335215

A successful submission will clearly evaluate the validity, limitations, strengths and relevance of the study. Your critique should relate to the different themes, frameworks and approaches to injury prevention that are discussed in the course. Assignments should include the following components: introduction, summary of the key points of the study, critique of the article and conclusion.

Additional resource:

Greenlagh, T. (2010). How to read a paper: The basics of evidence-based medicine. Oxford: Wiley & Sons.

Golash-Boza, T. (2012). How to write a peer review for an academic journal: Six steps from start to finish. <http://www.phd2published.com/2012/05/09/how-to-write-a-peer-review-for-an-academic-journal-six-steps-from-start-to-finish-by-tanya-golash-boza/>

Raff, J. (2013). How to become good at peer review: A guide for young scientists <http://violentmetaphors.com/2013/12/13/how-to-become-good-at-peer-review-a-guide-for-young-scientists/>

### **Activity 3: Haddon's Matrix**

Haddon's Matrix tool can help increase our understanding of the multiple factors that are present during the event of an injury. For this activity:

1. Use the injury case scenario below and apply the Haddon Matrix tool to it. Think broadly and push the envelope in terms of all of the factors that might influence the event. Of the factors you list, identify (use highlight tool on Word) which are:
  - Most amenable to change
  - Would have the greatest impact on the injury problem if changed

By identifying which are amenable to change, and would have the greatest impact, it will help identify possible types of interventions.

2. Using the factors that you choose as amenable to change from the Haddon's Matrix, develop an intervention for each of Haddon's 10 countermeasures (refer to Haddon's 10 Countermeasures handout) for the scenario. Consider who your target group is for the intervention you will be creating.
3. Identify one possible intervention that fits into each of the following types of strategies:
  - a. Education
  - b. Engineering
  - c. Enforcement
  - d. Economic
4. Think about each intervention in terms of the following factors as a guide, and select the intervention that is, on balance, the most appropriate to carry out.
  - a. Effectiveness of intervention
  - b. Affordability/cost
  - c. Resources
  - d. Sustainability and acceptability
  - e. Unintended outcomes/consequences
  - f. Partnership and community support/interest
  - g. Other

Note: The intervention you select will be used for Activity 5 below.

When you respond to other students' assignments/posts, consider what is the most creative injury prevention strategy that you feel has emerged from this exercise and your vote for the most appropriate intervention choice.

#### Injury Case Scenario:

An 11-year-old girl was killed recently when she lost control of the ATV she was driving and collided with a truck. The collision took place on a narrow gravel road and there were other ATVs operating in the area. The girl had just come out from a wooded path onto the road when she saw the truck. She attempted to swerve to miss the truck, but lost control and was struck. She was thrown from the ATV. She was wearing a helmet at the time. Visibility and road conditions were good. The girl was airlifted to a pediatric trauma centre with multiple injuries, including head injuries. She died the next day.

Police said the girl was riding a new very high-powered ATV. The owner's manual recommends that only drivers 16 and older use this model. In addition, that province's legislation states that children under the age of 14 are not permitted to operate Off-road Vehicles unless supervised, accompanied by, and at all times, within clear view of a parents or a person who is at least 18 years old and authorized by the parent.

#### **Activity 4:** Injury Prevention Policy

You've just been elected Premier of BC or Prime Minister of Canada (choose one). What priority injury prevention policy would you want to put in place in your first 100 days in office? You will be posting your ideas on UBC Blackboard Connect regarding:

- what the policy is,
- why you think it is important,
- the target audience for the policy (what is it trying to change for who?)
- what burden it would address
- how you would implement/enforce it
- why you think it would work.

#### **Activity 5:** Injury Prevention Intervention & Logic model

For this activity, return to the case scenario and intervention you chose for Activity 3. You will now be fleshing out this injury prevention intervention and developing an outline for its implementation.

A successful submission will clearly express the intervention's objectives, components, activities, targets, time frame, resources, persons responsible and outcomes. Moreover, it will consider who in BC is effected by/involved in the intervention. Please express your implementation plan as a logic model with a short written summary. Your audience includes members of the community as well as health and policy experts. Refer to NORC Blueprint Logic Model Workbook (2013) as a resource (<http://norcblueprint.org/toolbox/>)

# FINAL PAPER

## Purpose

To provide an opportunity to apply concepts learned in class to a real-world situation.

## Objectives

1. To strengthen understanding of an injury issue and the application of preventive measures
2. To gain experience in providing community-based education and resources
3. To utilize a multi-disciplinary approach to problem-solving

Injuries are prevalent in every community; some injuries occur more often, for example, research has shown that seniors are prone to injurious falls and youth are at risk of motor vehicle-related injuries. Pick a topic that you have an interest in, are currently involved in, or from an example used in class. Utilizing relevant and current literature, data reports and publications, synthesize the information and develop a research project, community-based tool or resource that could be applied in a real-world setting.

\*The Final Project will be discussed, and further information provided, at the second face-to-face meeting.

## Project Example

Falls from windows tend to increase in the summer months. Building code regulations vary by province, with some requiring more stringent window safety standards than others. Develop research questions that can be applied to the CHIRPP injury surveillance system. Analyze countrywide data and compare provincial trends. Compile the results, perform a literature search and provide evidence-based recommendations that reflect best practices. In addition, include information on how policy could be affected and changed using your information.

Our goal in assigning this project is to allow you to become familiar with current injury issues and ways of addressing them. Ultimately, we hope that the information you gather/develop will be used in a public manner, such as a scientific publication, report or conference proceedings, and you and your work will be recognized. Therefore, it is important that, when choosing your topic, please discuss it with the instructor(s). We are eager to work with you so that your work in this course will enhance your injury prevention experience and profile.

Published examples of previous student projects:

Lindsay, H., & Brussoni, M. (2014). Injuries and helmet use related to non-motorized wheeled activities in pediatric patients. *Chronic Diseases and Injuries in Canada*, 34, 74-81. [http://www.phac-aspc.gc.ca/publicat/cdic-mcbc/34-2-3/assets/pdf/CDIC\\_MCC\\_Vol34\\_2-3\\_02\\_Lindsay-eng.pdf](http://www.phac-aspc.gc.ca/publicat/cdic-mcbc/34-2-3/assets/pdf/CDIC_MCC_Vol34_2-3_02_Lindsay-eng.pdf)

Pan, S. W., Hsu, C., Brussoni, M., & Pike, I. (2015). Indigenous ethnicity as a social determinant of exposure to riskier modes of transport: A survey study in Taiwan. *Journal of*

*Transport and Health*, 2(4), 595-601.

<http://www.sciencedirect.com/science/article/pii/S2214140515006830>

## **Final Presentation**

Final presentations will take place during the final in-person session. You are expected to present why you chose your topic, what you did, how you progressed and your results. Presentations should be in PechaKucha format, 20 slides x 20 seconds (6 minutes 40 seconds total) with primarily image-based (rather than text-based) slides. Presentations will be followed with a short question period. For more information, visit <http://www.pecha-kucha.org/> .

The presentation takes place before your final report is due. While your presentation should reflect your project in its entirety, please use the discussion and feedback during your presentation to build upon what you have done and to fine tune the write up of your project.

## **Final Written Report**

Written reports should be in the publication format and up to 3000 words (not including abstract). Select a target journal and follow that journal's manuscript preparation guidelines (e.g., format, word length, reference style). Include the journal's name on the cover page. Please email the report in Word document format to Dr. Brussoni.

## **FINAL EXAM**

The final exam will cover all of the material for the course. This includes online instructional sessions and discussions as well as face-to-face lectures and guest speakers. The final exam will be short answer format and take approximately one hour to complete.

## **THE COURSE WEBSITE**

### **Navigating the Course Website**

You'll notice that there are a number of items on the Home Page as well as on the Course Menu. All course activity, materials and resources can be found under Content Home.

**Recorded Lessons** This section contains recorded lessons 1-4 for the course.

**Discussion Board** The discussion board area of the course allows you to read messages posted by other students and your instructor, as well as to post messages of your own. The discussion area is a key area of SPPH 555; much of your online participation and interaction with fellow students and instructor will happen.

The discussion forum is a key location for you to discuss the concepts covered by the course material. Therefore, it is important that you participate in the forums in order to maximize the opportunities to investigate the key concepts and scenarios presented. Much of what you gain from this course is the result of your interactions in the discussions.

**A Note on Subject Titles** When you post a message, please provide a clear subject header. This is very important as it will give you an easier means to refer back to a discussion and find what you are looking for. Avoid using subjects such as "Question?????" or "My thoughts" as they don't give the reader any indication of the

content of the message. Instead, divide your topic into two parts – 1) the main idea and 2) the salient point. For example: “Policy Change | community outreach”. By the end of the course there will be hundreds of messages in the discussion board, so using clear subject headers will make everyone’s lives much easier and will allow you to easily compile the content for future reference.

**Extra Resources** You will find helpful handouts and resource material here.

**Readings** Any difficult-to-locate readings, such as book chapters (excluding textbook) are posted in this folder.

**Presentation Slides** This folder contains the powerpoint slides for in-class or online presentations.

**Activities 1-5** You will need to submit your assignments electronically by using the Assignments wiki.

**Marking rubrics** This folder contains evaluation criteria for all assignments throughout the course.

## Tentative Course Schedule

<b>Module 1:</b>		
<b>Web-based</b>	<b>Sept 5-8, 2017</b>	<b>Readings</b>
<p>Lesson 1: Introduction to Injury Prevention Using the Public Health Approach</p> <p>Activity 1 – Injuries in the News (Sept 8)</p>		<p><u>Required Readings:</u></p> <p>Pike, I., Richmond, S., Rothman, L., &amp; Macpherson, A. (Eds.). (2015). <i>Canadian Injury Prevention Resource</i>. Toronto, ON: Parachute.</p> <p>Read the following:</p> <ul style="list-style-type: none"> <li>• Section 1: Introduction (Including 1.1 through 1.3)</li> <li>• Section 2: Canadian Evidence-Informed Practice Model</li> <li>• 2.1: The Public Health Approach</li> <li>• 2.2: The Injury Prevention Spectrum and the 3E's</li> <li>• 2.3.1 Surveillance: Defining the Problem</li> </ul>
<b>Face to face</b>	<b>Saturday Sept 9</b>	
<p>9:00-9:15 In person introductions</p> <p>9:15-10:15 Injury prevention, the Public Health approach in British Columbia &amp; Injury indicators</p> <p>10:30-11:30 Concussions</p> <p>11:30-12:30 Risk &amp; injury prevention</p> <p>1:00-2:00 ICD-10 coding system &amp; data collection</p> <p>2:15-3:30 Intentional injury prevention</p> <p>3:30-4:00 Course logistics</p>	<p>ALL</p> <p>Ian Pike</p> <p>Shelina Babul</p> <p>Mariana Brussoni</p> <p>Fahra Rajabali</p> <p>Ian Pike</p>	<p><u>Required Readings:</u></p> <p>Pike, I., Richmond, S., Rothman, L., &amp; Macpherson, A. (Eds.). (2015). <i>Canadian Injury Prevention Resource</i>. Toronto, ON: Parachute.</p> <p>Read the following:</p> <ul style="list-style-type: none"> <li>• 4.2 Transport Injuries</li> <li>• 4.5 Suicide/Self-Harm</li> <li>• 4.6 Violence</li> <li>• 4.8 Concussion</li> <li>• 4.11 Sports and Recreation</li> </ul> <p><u>Recommended Readings:</u></p> <p>Pike, I., Macpherson, A., et al. (2010) Measuring Injury Matters: Injury Indicators for Children and Youth in Canada. Vancouver, BC: UBC. (Available at: <a href="http://childinjuryprevention.ca/wp-content/uploads/2011/09/ENGLISH-Injury-Indicators-for-Children-and-Youth-in-Canada-Volume-1-2011_FINAL.pdf">http://childinjuryprevention.ca/wp-content/uploads/2011/09/ENGLISH-Injury-Indicators-for-Children-and-Youth-in-Canada-Volume-1-2011_FINAL.pdf</a>)</p> <p>Child and Youth Health and Well-Being Indicators Project: CIHI and BC PHO Joint Summary Report <a href="http://www.health.gov.bc.ca/pho/pdf/child-health-">http://www.health.gov.bc.ca/pho/pdf/child-health-</a></p>

		<p><a href="#">2013.pdf</a></p> <p>BC's Guiding Framework for Public Health- Promote, Protect, Prevent: Our Health Begins Here  <a href="http://www.health.gov.bc.ca/library/publications/year/2013/BC-guiding-framework-for-public-health.pdf">http://www.health.gov.bc.ca/library/publications/year/2013/BC-guiding-framework-for-public-health.pdf</a></p> <p>Health Council of Canada (2011). <i>A Citizen's Guide to Health Indicators</i>. Toronto: Health Council of Canada. <a href="http://www.healthcouncilcanada.ca">www.healthcouncilcanada.ca</a></p> <p>McCrory, P., Meeuwisse, WH., Dvorak, J., et al. Consensus statement on concussion in sport: the 5th International Conference on Concussion in Sport held in Berlin, October 2016. <i>Br J Sports Med</i> 2017;0:1-10.  <a href="http://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097699.full.pdf">http://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097699.full.pdf</a></p> <p>Tremblay et al. (2015). Position statement on active outdoor play. <i>International Journal of Environmental Research &amp; Public Health</i>, 12, 6475-6505. <a href="http://www.mdpi.com/1660-4601/12/6/6475">http://www.mdpi.com/1660-4601/12/6/6475</a></p>
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**Module 2:**

<b>Web-based</b>	<b>Sept 10- Oct 13</b>	
<p>Lesson 2: Risk and Protective Factors: Understanding the Key Determinants for Injury</p> <p>Lesson 3: Selecting an Intervention</p> <p>Activity 2 – Injury Prevention Journal Article Critique (Sept 22)</p> <p>BCIRPU Webinar: September 21, 10-11am, Road safety (Note: for students who cannot attend the</p>	Tarek Sayed	<p><u>Required Readings:</u></p> <p>Pike, I., Richmond, S., Rothman, L., &amp; Macpherson, A. (Eds.). (2015). <i>Canadian Injury Prevention Resource</i>. Toronto, ON: Parachute.</p> <p><u>Read the following:</u></p> <ul style="list-style-type: none"> <li>• 2.3.2 Identifying Risk and Protective Factors</li> <li>• 2.3.3 Selecting or Designing an Intervention</li> <li>• Section 3 Key Determinants of Injury</li> <li>• 3.1 Socioeconomic Status</li> <li>• 3.2 Education and Literacy</li> <li>• 3.3 Employment and Working Conditions</li> <li>• 3.4 Social Environment</li> <li>• 3.5 Physical and Built Environments Introduction (along with any sections of interest)</li> </ul>



<p>webinar at this time, it will be recorded and posted on Blackboard Connect)</p> <p>Live classroom webconference (TBC): Public health implications of accidents vs. injuries</p> <p>Live classroom webconference (Oct 4): Live 5 2 1 0</p> <p>Live classroom webconference (Oct 11): Injury prevention casebook</p> <p>Activity 3 – Haddon’s Matrix (Oct 6)</p>	<p>Varinder Badh</p> <p>Shazhan Amed</p> <p>Ian Pike</p>	<ul style="list-style-type: none"> <li>• 3.6 Healthy Child Development (Sections 3.6.1 through to 3.6.4)</li> <li>• 3.7 Biological and Genetic Endowment (Sections 3.7.1 and 3.7.2)</li> <li>• 3.8 Gender</li> <li>• 3.9 Health Services – Access to Trauma Care</li> <li>• 3.10 Culture (Sections 3.10.1 and 3.10.2)</li> </ul> <p><u>Recommended Readings:</u></p> <p>Davis, R. M. &amp; Pless, I. B. (2001). BMJ bans “accidents.” <i>BMJ</i>, 322, 1320.</p> <p>Parachute. (2015). <i>The cost of injury in Canada</i>. Toronto, ON: Parachute.  <a href="http://www.parachutecanada.org/downloads/research/Cost_of_Injury-2015.pdf">http://www.parachutecanada.org/downloads/research/Cost_of_Injury-2015.pdf</a></p> <p>Rajabali, F., Turcotte, K., Pike, I., &amp; Babul, S. (2016). The burden of concussion among children &amp; youth in British Columbia (update). Vancouver, BC: BCIRPU  <a href="http://www.injuryresearch.bc.ca/wp-content/uploads/2017/01/Concussion-in-BC-CY-DEC-2016-FINAL.pdf">http://www.injuryresearch.bc.ca/wp-content/uploads/2017/01/Concussion-in-BC-CY-DEC-2016-FINAL.pdf</a></p> <p>Doll, L.S., Saul, J. R., &amp; Elder, R. W. (2007). Injury and violence prevention interventions: An overview. In Doll, L.S., Bonzo, S.E., Mercy, J.A. &amp; Sleet, D.A. (Eds). <i>Handbook of Violence and Injury Prevention</i> (pp 21-36). New York, New York: Springer Science+Business Media.</p> <p>Jansson, B., Ponce de Leon, A., Ahmed, N. &amp; Jansson, V. (2006). Why does Sweden have the lowest childhood injury mortality in the world? The roles of architecture and public pre-school services. <i>Journal of Public Health Policy</i>, 27(2), 146-165.</p> <p>Resource on inequality: <a href="http://www.equalitytrust.org.uk">www.equalitytrust.org.uk</a></p>
<p><b>Face to face</b></p>	<p><b>Saturday, Oct. 14</b></p>	
<p>9:00-10:30 Fall prevention</p> <p>10:45-12:00 Policy and</p>	<p>Fabio Feldman</p> <p>Adrienne</p>	<p><u>Required readings:</u></p> <p>Pike, I., Richmond, S., Rothman, L., &amp; Macpherson, A. (Eds.). (2015). <i>Canadian Injury</i></p>

<p>Advocacy (First Call)</p> <p>12:30-1:45 Alcohol &amp; marijuana &amp; driving</p> <p>2:00-3:00 Behaviour change models</p> <p>3:15-4:15 Aboriginal community injury prevention</p> <p>4:15-4:30 Course Q&amp;A, logistics</p>	<p>Montani</p> <p>Jeff Brubacher</p> <p>Takuro Ishikawa</p> <p>Ian Pike &amp; Mariana Brussoni</p>	<p><i>Prevention Resource</i>. Toronto, ON: Parachute.</p> <p>Read the following:</p> <ul style="list-style-type: none"> <li>• 2.4 Political and social context of injury prevention practice</li> <li>• 2.5 Engagement</li> <li>• Section 4: Injury Topics and Emerging Trends</li> <li>• 3.2.1. Risk perception and Risk Mitigation</li> <li>• 4.4.1 Falls – Older adults</li> <li>• 4.7 Alcohol</li> </ul> <p><u>Recommended readings:</u></p> <p>Robinovitch, S. N., Feldman, F., Yang, Y., et al. (2013). Video capture of circumstances of falls in elderly people residing in long-term care: an observational study. <i>The Lancet</i>, 381 (9860), 47-54.</p> <p>Korall, A. M. B., Feldman, F., Scott, V. J., et al. (2015). Facilitators of and barriers to hip protector acceptance and adherence in long-term care facilities: A systematic review. <i>JAMDA</i>, 16, 185-193.</p> <p>Sleet DA, Mercer SL, Cole KH, et al. (2011). Scientific Evidence and Policy Change: lowering the legal blood alcohol limit for drivers to 0.08% in the USA. <i>Global Health Promotion</i> 18:23-26 (<a href="http://ped.sagepub.com/content/18/1/23">http://ped.sagepub.com/content/18/1/23</a>)</p> <p>Yanchar, N. L., Young, J. B., Langille, D. B. (2015). Knowledge and practice of childhood motor vehicle restraint use in Nova Scotia: Phase II. <i>Accident Analysis &amp; Prevention</i>, 74, 150-156.</p> <p>First Call (2015) BC Child Poverty Report Card <a href="http://still1in5.ca/">http://still1in5.ca/</a> (Make sure to read Rebecca's story – page 33)</p> <p>Brussoni, M., Olsen, L. L., &amp; Joshi, P. (2012). Aboriginal community-centred injury surveillance: A community-based participatory process evaluation. <i>Prevention Science</i>, 13(2), 107-117.</p> <p>Ishikawa, T. Oudie, E., Desapriya, E., Turcotte, K., &amp; Pike, I. (2014). A systematic review of community interventions to improve Aboriginal</p>
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		child passenger safety. <i>AJPH</i> , 104(S3), e1-e8.  Sleet, D. A., Trifiletti, L. B., & Gielen, A. C. (2006). Individual-level behavior change models: Application to injury problems. In A. C. Gielen, D. A. Sleet & R. J. DiClemente (Eds.). <u>Injury and Violence Prevention. Behavioral Science Theories, Methods and Applications</u> (pp. 19-40). San Francisco, CA: Jossey-Bass.
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**Module 3:**

**Web-based**      **Oct. 15- Nov 17**

Lesson 4: Implementation and Evaluation  Activity 4: Injury prevention policy (Oct 20)  Live classroom web conference: Sports Injury Prevention (Nov 8)  Activity 5: Intervention & Logic Model (Nov 3)	Amanda Black	<u>Required readings:</u>  Pike, I., Richmond, S., Rothman, L., & Macpherson, A. (Eds.). (2015). <i>Canadian Injury Prevention Resource</i> . Toronto, ON: Parachute.  Read the following: <ul style="list-style-type: none"> <li>• 2.3.4 Program and Policy Implementation</li> <li>• 2.3.5 Evaluation and Monitoring</li> </ul> NORC Blueprint Logic Model Workbook. (2013). Retrieved from: <a href="http://norcblueprint.org/toolbox/">http://norcblueprint.org/toolbox/</a>
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**Face to face**      **Sat. Nov. 18**

9:00-10:45 Final Exam – covers all of the material up to this point  11:00-12:00 Social marketing & injury prevention  12:45 Student presentations and discussion	Ian Pike	
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**Web-based**      **Nov. 19 –Dec 1**

Final paper: <b>(Due Dec 1)</b>  Course wrap-up  Injury Prevention Post-test		
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August 9, 2017

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