28 A PUBLIC HEALTH MODEL FOR INJURY SURVEILLANCE AND CONTROL: PERSPECTIVE FROM THE FIELD

doi:10.1136/injuryprev-2012-040580b.28

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Background Many public health jurisdictions experience difficulty developing a public health model to rapidly detect, investigate, and control injury incidents and hazards. As a result, severe injuries and disabilities from unsafe home, work, traffic, and public environments are seldom reported to medical health officers (MHOs) and health authorities, resulting in failure of reporting and control.

Objectives To consider roles of regional health authorities, provincial authorities and ministries, and university units in the context of the regulatory reporting framework and multisectorial ownership for public health injury surveillance and control.

Methods Typical accountabilities, models of surveillance and control, regulations, ownership/accountability, and resources were contrasted for injury and communicable diseases (CD) at regional and provincial levels in a large Canadian province.

Results MHOs are accountable for prescribed conditions associated with injury and illness. Unlike for CDs, there is no regulated prescribed conditions list for injury to identify and control health hazards. Hence, health authorities do not have designated injury units with licensed professionals to receive reports, monitor, and investigate injuries, and reporting of even severe incidents is rare. For CDs, licensed nurses and environmental health officers in each of five health regions monitor incidents and outbreaks of main agents, from laboratories, infection control, and physicians. MHOs are notified immediately of cases and potential outbreaks requiring action within their region of jurisdiction, as regulated by the public health act. Provincial support is available from hundreds of skilled professionals in the provincial disease control agency and laboratories; outbreaks affecting multiple regions are coordinated. CD surveillance and control are largely within the health sector, while for injury multiple sectors and accountabilities are involved.

Significance Reporting, investigation, and control of injury hazards is limited, even in jurisdictions with advanced CD surveillance. Injury reporting, including a prescribed conditions list and associated regulations, surveillance capabilities, methodologies, and multisectorial accountabilities require development and funding within jurisdictions with MHOs accountable for control. University units provide research on issues of concern, but lack jurisdiction to replace regional surveillance and control by licensed staff, as for CDs. Provincial health authority/ministry expert support and coordination for regions is essential.