

2010 - 11 Gap Analysis & Improvement Plan: Prevention of Violence, Abuse & Neglect Core Public Health Program

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**2010-11 Gap Analysis & Improvement Plan:
Prevention of Violence, Abuse & Neglect
Core Public Health Program**

Prepared for Lydia Drasic by:
Ian Pike & Tannis Cheadle

In collaboration with the PHSA Centre for
Injury & Violence Prevention and other key
PHSA staff

For further information please contact:

Tannis Cheadle

Manager, Centres for Population &
Public Health

Provincial Health Services Authority

700-1380 Burrard St.

Vancouver, BC

V6Z 2H3 Canada

www.phsa.ca/PopulationHealth

Introduction

In 2005, the BC Ministry of Health released a policy framework to support the delivery of effective public health services. *The Framework for Core Functions in Public Health* identifies 20 core programs that a renewed and comprehensive public health system must provide. Evidence reviews are conducted for each core program to inform Model Core Program Papers, against which each health authority is responsible to perform a gap analysis and develop an improvement plan.

The specific objectives of the Prevention of Violence, Abuse & Neglect core program are to:

- Increase healthy interpersonal relationships in families, schools, workplaces and health care environments;
- Strengthen the healthy development, resiliency and self-esteem of children and youth;
- Strengthen cultural norms and attitudes that reflect social and gender equality and equity, to empower women and men of all ages, abilities, races, cultures and sexual orientation;
- Enhance community involvement in caring for, supporting and protecting seniors;
- Prevent or reduce vulnerabilities, risks and inequities which represent threats to the physical, emotional, sexual, or mental health of children, youth, women and men, older persons, including those with disabilities and mental disorders, people from diverse cultural backgrounds, and people who are gay, lesbian, bisexual and transgendered.

The program outlines four core components through which health authorities can support the objectives listed above. These are:

- Leadership and advocacy;
- Health promotion;
- Early identification, prevention and protection;
- Surveillance, monitoring and program evaluation

The purpose of this document is to present PHSA's gap analysis and multi-year improvement plan in relation to the Prevention of Violence, Abuse & Neglect core program.

Background

PHSA's Strategic Plan 2010-2013 identifies 1) Creating Quality Outcomes and Better Value for Patients, 2) Promoting Healthier Populations and 3) Contributing to a Sustainable Health Care System as the three key strategic directions. The PHSA's Population & Public Health initiatives support mainly the Promoting Healthier Populations strategic direction.

In 2009, the PHSA Centres for Population & Public Health were launched as a coordinating mechanism to support the commitment made by PHSA's Executive Leaders Council and Board to advance population and public health in BC. The Centres provide a venue to leverage expertise across PHSA agencies and programs, facilitate knowledge exchange and collaboration, and coordinate PHSA's response to the Core Public Health Functions requirements.

The Centres for Population & Public Health consist of nine Centres focused on key issues and outcomes related to population and public health. The Centres provide a mechanism for PHSA to internally coordinate primordial and primary prevention activities and link with external agencies to address issues across the province. The Centres are responsible for:

- Leveraging the expertise and knowledge of key agencies.
- Developing gap analyses and performance improvement plans for Core Public Health Programs and to report on the progress of those plans.
- Collaboration on planning, implementation and evaluation of population and public health primary prevention projects funded by PHSA.
- Being a point of contact for external groups, including health authorities, government, community groups, aboriginal groups and other stakeholders; offer, and provide support to those groups in addressing province-wide needs through knowledge synthesis, transfer and exchange, coordination/facilitation of surveillance, consistent messaging, support for healthy public policy and expert advice.
- Being a point of contact for academic institutions and a venue for coordinating and expanding academic initiatives in population and public health.

The Centre for Injury & Violence Prevention together with several other key PHSA staff has undertaken the responsibility for developing the gap analysis and improvement plan for the Prevention of Violence, Abuse & Neglect core program.

Context

The Provincial Health Services Authority (PHSA) is responsible for ensuring that high-quality specialized services and programs are coordinated and delivered within the regional health authorities. PHSA operates eight provincial agencies including: BC Mental Health & Addiction Services, BC Children's Hospital, BC Women's Hospital, BC Centre for Disease Control, BC Cancer Agency, BC Renal Agency, BC Transplant and Cardiac Services BC.

One of PHSA's four key strategic directions is *Promoting Healthier Populations*, which includes objectives relevant to improving population and public health (PPH), and elements of health promotion and prevention. A steering committee consisting of representation from all PHSA agencies and programs oversees PPH activity across PHSA. Due to the provincial scope of PHSA's mandate, a dual role for PHSA has emerged: improvements aimed at streamlining PPH activities within PHSA agencies and programs, as well as potential provincial coordination in areas such as surveillance, consistent messaging, expert advice, and supporting development of healthy public policy. The role(s) for PHSA could include: convene and coordinate provincial dialogue; facilitate the identification of common needs and joint problem solving; collaborate with and support regional and provincial partners to meet common needs; and jointly identify available resources for common initiatives.

PHSA Role & Strengths

PHSA's ROLE & STRENGTHS IDENTIFIED FOR THE CORE PROGRAM

In the area of prevention of violence, abuse and neglect, there are many factors outside the direct control of health authorities; as a result, they must work closely with partners and other sectors so as to influence the building of an effective prevention approach in this field.

Support to the NGO Sector

In approaching this gap analysis, the Centre for Injury & Violence Prevention conducted a brief environmental scan to determine the level of activity and to understand who is active in this area. In doing so, it became clear that stakeholders in the community-based non-governmental (NGO) sector seem to have some of the more major roles to play. Since 1997, the Woman Abuse Program at BC Women's Hospital and Health Centre has worked closely with community-based women, children and family NGO's and health services to provide core programs and services that include evidence-based training, community development and support, research and policy development to over 80 communities throughout BC. The program maintains ongoing relationships with these communities to support the implementation of prevention and intervention services focused on the safety, health and well-being of women and their children impacted by abuse.

There are many examples of NGO's leading work in violence and abuse prevention. For example, the Canadian Red Cross provides the RespectED program which is a nationally recognized, award-winning program that teaches children, youth and adults how healthy relationships look and feel, how to recognize the signs of abuse, dating violence and harassment, and how to get help. Youth learn skills to help them create healthy relationships. Adults gain knowledge to build safer relationships within their organizations and communities. Since 1984, RespectED has certified more than 7,800 volunteer Prevention Educators, educated over 3 million Canadian children and youth, and educated more than 1 million adults. The RespectED Program has been adapted for use by the National Department of Defense Canadian Cadet Organizations, including the Junior Canadian Rangers (rural and remote) as PHASE (Preventing Harassment and Abuse through Successful Education). Red Cross has worked with Hockey Canada, including BC Hockey, to develop the Speak Out! program, which educates and prevents bullying, harassment and abuse in hockey across Canada. Hockey Canada expects every parent, volunteer and staff member to take all reasonable steps to safeguard the welfare of its participants and protect them from any form of maltreatment.

The Canadian Red Cross has also partnered with PrevNet (Canadian national research network to stop bullying) and Essentialtalk (technology partner) in the Respect Group Inc. to create an online interactive program for coaches, parents and activity leaders called Respect in Sport (<http://www.respectinsport.com/index.html>). The program provides in-depth information on the subjects of bullying, abuse, harassment and neglect for all sports. The same partnership has also developed similar online programs, Respect in the Workplace (<http://www.respectintheworkplace.com/index.html>) and Respect in School (<http://www.respectinschool.com/index.html>)

The WITS Programs (Walk Away, Ignore, Talk it Out, Seek Help) bring together schools, families and communities to help elementary school children deal with bullying and peer victimization. WITS has two components: the WITS Primary Program for students in Kindergarten to Grade 3 and the WITS LEADS Program for Grades 4 to 6. WITS programs were created at the University of Victoria, but the program has spread to over 100 schools in BC, AB and Ontario. Their website offers lesson plans, handouts and multimedia resources to combat bullying, and the Rock Solid Foundation, a non-profit organization based in Victoria, works to disseminate the WITS programs to Canadian schools.

The Salt Spring Women Opposed to Violence and Abuse (SWOVA) was awarded a grant to develop "Freedom From Fear; The How-To Guide on Violence Prevention Inspired by Teens for Teens". This program has been implemented and evaluated in communities around BC. This

hands-on guide for youth and adults to creating a schools/community violence prevention partnership, was co-created for SWOVA by a team of youth and adults. The book outlines the steps for teens and adults to work together to develop and facilitate workshops on violence prevention for students of all ages. The material includes instructions, philosophy, stories and sample workshops (http://www.swova.org/freedom_from_fear.php)

These are example programs from the NGO sector where PHSA is interested in exploring whether the NGOs see a contribution that PHSA could make, and, if so, what that contribution might look like. Some possibilities might include support through guidance, data and evaluation where appropriate, and on an as-requested basis.

PHSA-Based Prevention Activities

Even though prevention/promotion as it is described in the Prevention of Violence Abuse and Neglect model core program is not the primary mandate of a tertiary organization such as PHSA, there are, however, some pockets of significant activities related to this core program are occurring throughout the organization. The following major initiatives are examples of this type of prevention/promotion activity:

- **Prevent Shaken Baby Syndrome BC**, a program of BC Children's Hospital, has implemented a shaken baby syndrome and infant abuse prevention program called the *Period of PURPLE Crying*[®]. This initiative changes the way parents and caregivers are educated about normal infant crying and the dangers of shaking and abuse. The *Period of PURPLE Crying* is primarily funded by the BC Ministry of Children and Family Development. Other contributing partners include the BC Ministry of Health Services, Child Health BC, Perinatal Services BC and several others. Evidence-based education and materials (10 minute DVD and 11 page booklet) are delivered to parents of BC's nearly 45,000 annual births in three doses: 1) maternity services and midwifery clinics, 2) public health home visiting nurse services, and a 3) public education campaign. *PURPLE* program messages are reinforced by community agencies including pregnancy outreach, infant development, adoption, foster parent support and Aboriginal support. To date, over 650 foster parents and 800 MCFD support personnel have completed training. *PURPLE* has also been incorporated into the curriculum of several post-secondary institutions. The public education campaign included projection and street media, radio support and bus rack banners to educate the general public on the program messages. In November, 2010, over 4,000 knitted purple infant caps were collected from volunteer knitters across North America and distributed at birthing hospitals. BC has become the first province in Canada to implement the *Period of Purple Crying* province-wide.
- The **Child Protection Service Unit** located at BC Children's Hospital provides expert medical assessments for children in cases of suspected physical abuse, sexual abuse, emotional abuse and serious neglect. The unit is staffed by a multidisciplinary team consisting of four pediatricians, three full-time social workers, two full-time secretaries, a nurse, psychologist and a part-time psychiatrist. Even though their focus is on intervention, one of Child Protection Service's goals is to spread the word regarding the need to prevent violence against children. Their team does this via consultation and interaction with professionals throughout the province on child protection issues, including police, social workers, physicians, community health nurses and therapists.

- The **Sunny Hill Health Centre for Children** offers specialized services to children with disabilities, their families and communities throughout BC. Sunny Hill serves children from birth to age 19 with interdisciplinary assessment, diagnosis, consultation, referral, and, in select cases, treatment for children with complex disabilities. It has a section in its family resource library which is dedicated to materials that inform children and parents about normal sexual behaviour and health, but is also aimed at preventing abuse amongst children with disabilities, who are particularly vulnerable in this regard.
- **Child Health BC** is a network that links PHSA, the regional health authorities, health professionals and care facilities through a collaborative approach to improve services and resources. It is an information conduit that not only informs all the participating agencies, but also informs the office of the Representative for Children and Youth (which in turn supports children, youth and families who need help in dealing with the child welfare system, provides oversight to the Ministry of Children and Family Development and advocates for improvements to the child welfare system).
- BC Women's Hospital & Health Centre's **Woman Abuse Response Program** offers training, resource development, consultation and clinical support to health care providers across BC, including mental health and addictions and a wide variety of community-based NGO's across diverse sectors working with women and their families. In response to research over the past ten years, the program authored the *SHE Framework, Safety and Health Enhancement Framework for Women Experiencing Abuse*, funded by the Canadian National Crime Prevention Centre. The SHE Framework responds to the recent WHO and other international bodies' call for a comprehensive health sector response which addresses woman abuse within the larger social and political context rather than a focus on routine screening and across the continuum of prevention to intervention. The SHE Framework includes two models, *Compounding Harms* model and *Safety and Health Enhancement* model, an Evidence Paper and a Toolkit. The Toolkit gives health-care and community partners an evidence-based process for uncovering practices and policies that may compound the dynamics of abuse or, conversely, that enhances women's safety and health and prevents further harm.

Current program activities include a provincial cross-sector research and consultation process (Building Bridges) with 460 service providers representing 82 communities across BC and 140 women impacted by abuse in order to understand the service needs of women impacted by abuse, trauma, substance use and/or mental ill health. This data is being used to develop an integrated prevention and intervention policy and service framework to address the needs of this vulnerable population of women.

- **Perinatal Services BC**, a program of PHSA, distributes the Obstetrical Guideline for BC health care providers on Intimate Partner Violence during the perinatal period.
- **BC Mental Health and Addiction Services** oversees the delivery of a number of mental health literacy programs, as well as specialized services. It has a comprehensive strategy for use as a resource for all organizations to support employee and organizational health, including activities to improve organizational culture and employee/manager understanding of mental health in the workplace, and reduce risk or increase protective factors among employees at risk for mental health problems. These initiatives are intended to create more supportive environments as a whole and therefore

contribute in part to the success of several core programs (i.e. they are not specific to the prevention of violence, abuse and neglect core program, but do contribute to it).

- PHSa has a **Respectful Workplace Policy**, which, in November, 2010 was merged with the Human Rights Policy. The policy covers the more than 12,000 staff and health care professionals employed by PHSa and some of its aims are to:
 - promote and maintain a work environment in which all persons are treated with respect and dignity and that is free from discrimination and harassment;
 - Encourage timely resolution of disrespectful conduct through collaborative conversation(s); and,
 - Provide formal resolution processes where collaborative conversations do not resolve the disrespectful conduct or discrimination.
- PHSa passed its **Preventing Violence in the Workplace Policy** in November, 2008 which outlines violence prevention responsibilities for PHSa. Agencies and workplaces within the PHSa must develop their own site-specific procedures to meet the requirements of the policy. The policy applies to all persons accessing PHSa facilities, including employees, students, fellows, medical staff, physicians, residents, volunteers, suppliers, contractors, visitors, clients and employees of academic institutions in partnership with PHSa. The Woman Abuse Response Program contributed to aspects of the policy that relate to patient and staff safety in cases of targeted violence to safeguard clients and staff from further harm from an abusive partner.

Participation on Provincial Initiatives & Processes

- PHSa Employee Wellness participated in the development of a new **Provincial Violence Prevention Curriculum**. This initiative is largely an online learning program with eight modules, and was developed for all BC Health Authorities to provide violence prevention education to their health care workers.
- **PHSa and British Columbia Centre of Excellence for Women's Health** representatives, in collaboration with the Ministry of Health Services and all Health Authorities are leading a project on "**trauma-informed**" **approaches for mental health & substance use (MHSU) services in BC**. The project is designed to increase capacity amongst MHSU practitioners and organizations to better serve people impacted by trauma and violence, and thereby improve outcomes for clients of MHSU services who face these co-existing health concerns.
- PHSa is participating on the **Provincial Violence Against Women in Relationships (VAWIR) Working Group**. In December, 2010, the Healthy Women, Children and Youth Secretariat, Ministry of Health, established a working group, including representatives from all health authorities, to build a consensus on appropriate policies and practices that would be applied to the issues of violence against women in relationships in the public health context. The requirement for this working group was identified during the development of the Core Model Program Paper for Prevention of Violence, Abuse and Neglect. The mandate of the working group is to:
 - Consider the evidence, expert opinion and knowledge, and the expertise of group members, in determining recommendations related to screening for VAWIR;

- Consider the health authority context, current practice, and implications of the recommendations related to supporting and responding to VAWIR in the public health setting; and,
- Provide a synopsis of those recommendations in a final report.

PHSA is participating actively on this working group through representatives from BC Women's Hospital & Health Centre, as well as through the facilitation of expert presentations.

Gap Analysis & Improvement Plan

GAPS IDENTIFIED FOR THE CORE PROGRAM & IMPROVEMENT PLAN ACTIVITIES

In completing the gap analysis & improvement plan (GA/IP) process, the Centre for Injury & Violence Prevention chose to focus the gap analysis exercise on achieving a high-level understanding of what PHSA agencies were doing towards this core program (i.e. PHSA's strengths in contributing to the core program), and to identify ways to build on those strengths in the improvement plan, rather than to identify an exhaustive list of gaps. As such, while the first improvement plan activity identifies a role for PHSA that does not currently exist, the remaining improvement plan activities build on existing work. See Improvement Plan chart below for more detail re: outcomes, performance targets, timeline and PHSA lead.

Environmental Scan & Exploration of Opportunities to Support NGOs

In conducting a brief environmental scan, the Centre for Injury & Violence Prevention members concluded that there was some knowledge of some of the bigger stakeholders and programs and services in the community-based NGO sector, and also some understanding of the fact that one of PHSA's role to-date has been to provide support through guidance, data and evaluation to the community-based sector on an as-requested basis. There was no comprehensive picture, however, of all the work being done in this area by the myriad of stakeholders, nor was there a strong understanding of where opportunities may exist for PHSA to further and more effectively support this work. This gap was identified as a significant one around which to frame an improvement plan action item.

The Woman Abuse Response Program has developed an extensive network of over 80 community-based NGO's whose mandates are focused on prevention and intervention of violence against women and their children. The program works closely with the two primary provincial umbrella anti-violence agencies in BC (Ending Violence Association of BC and BC Society of Transition Houses - includes all the Children Who Witness Programs), representing over 400 NGO's across BC. Given its extensive network and knowledge of the NGO anti-violence sector, the Woman Abuse Program is well-positioned to contribute to and/or lead an improvement plan for BC Women's/PHSA.

PHSA-Based Prevention Activities

As previously discussed, PHSA also has several major prevention/promotion initiatives within its purview. Some of this work will continue in its current form. Of those initiatives, two were highlighted for inclusion in the improvement plan because it was felt that these initiatives have the greatest opportunities to be built upon (i.e. through continued implementation and evaluation): 1) the *Period of PURPLE[®] Crying*; and, 2) the "Making Connections" project.

Participation on Provincial Initiatives & Processes

In addition to those PHSA-based improvement plan items just listed, PHSA will also continue to participate in the following two provincial initiatives/processes:

- PHSA and the BC Centre of Excellence for Women's Health representatives will continue to collaborate with the Ministry of Health Services and all Health Authorities to

lead a project on “trauma-informed” approaches for mental health & substance use (MHSU) services in BC.

- PHSA will also continue to participate on the Provincial Violence Against Women in Relationships (VAWIR) Working Group. In addition to the current work of the Woman Abuse Program, PHSA/BC Women’s Hospital will further explore an expanded role in this area in consultation with relevant stakeholders once the VAWIR Working Group has completed its review and subsequent recommendations.

Prevention of Violence, Abuse & Neglect Improvement Plan

Component	Priority Areas for Improvement	Outcomes/Objectives	Performance Targets (Indicators)	Timeline	PHSA Lead
Surveillance, Monitoring & Program Evaluation	Environmental Scan & Exploration of Opportunities to Support NGOs	<p>Identify appropriate resources to conduct environmental scan</p> <p>Conduct environmental scan, including identification of opportunities to support NGOs (e.g., guidance, data, evaluation). For example:</p> <ul style="list-style-type: none"> Utilize NGO partnerships developed by Woman Abuse Response Program in over 80 communities in BC who are providing violence prevention and intervention services for women and their children to inform environmental scan Draw on consultation findings from Building Bridges, a formal consultation with 460 service providers in 13 communities representing 82 communities in BC Work closely with the two provincial anti-violence umbrella organizations representing over 400 NGO's: EVA BC and BC Society of Transition Houses to inform environmental scan <p>Develop and implement workplan to support those opportunities</p>	<ul style="list-style-type: none"> Appropriate resources identified Remaining outcomes contingent upon identification of resources to conduct environmental scan 	<p>Nov 2011</p> <p>TBD</p>	<p>Ian Pike, BCIRPU</p> <p>&</p> <p>Jill Cory, Woman Abuse Response Program, BCWH</p>

Surveillance, Monitoring & Program Evaluation	Building Bridges: Linking Woman Abuse, Substance Use and/or Mental Ill Health	Health, Mental Health and Substance Use sectors integrate recommendations from Provincial Consultation Findings and Summary Report to reduce service barriers for women impacted by abuse, substance use and/or mental ill health and prevent secondary harms	<ul style="list-style-type: none"> • Health, Mental Health, Substance Use, MCFD and Anti-violence sectors received ongoing consultation, cross-sector training and support for implementing services 	Ongoing: Jan–Dec 2011 plans include training in 25 communities	Alexxa Abi-Jaoude, Woman Abuse Response Program, BCWH
Health Promotion	<i>Period of PURPLE[®] Crying</i>	<p>Implement Years 4-5 of program workplan:</p> <ul style="list-style-type: none"> • Continue implementation of Dose 1 and Dose 2 • Continue implementation of Dose 3 	<ul style="list-style-type: none"> • Maternity Services, Midwifery Clinics and PH received ongoing consultation, updates, training and materials for distribution • MCFD Personnel, Foster Parents, Social Workers and Contracted Family Support Workers received ongoing training with specifically designed online modules/CDs and materials for distribution • Community Groups received ongoing consultation and training (i.e. prenatal instructors, high schools, care giving courses, etc.) • Community Health Nurses, Federal Nurses, Band Nurses as well as community agencies, delegated agencies, Aboriginal foster parents and family support workers received ongoing training and materials • The public education campaign included 	Through to Mar 31, 2012	Marilyn Barr, Prevent Shaken Baby Syndrome BC, BCCH

			placement of tear decals in public establishments, an annual knitted caps event, the use of social media and website leverage (www.purplecrying.info).		
Health Promotion	<i>Period of PURPLE[®] Crying</i>	Conduct Evaluation (through quality improvement process measures as well as active and passive surveillance)	<ul style="list-style-type: none"> • PH nurse evaluation forms collected • Parent and maternity nurse surveys conducted • Incidence rates of SBS and other forms of physical abuse in 0-2 year olds collected from various sources • # of crying complaints presenting at ED of BCCH reviewed for trends and patterns • Ipsos-Reid polls of general public completed pre/post implementation 	Through to Mar 31, 2012	Ronald G. Barr, Head, Developmental Neurosciences & Child Health, BCCH
Early Identification, Prevention & Protection	“Trauma-informed” Approaches for Mental Health & Substance Use (MHSU) Services in BC	Participate on Provincial Project	<ul style="list-style-type: none"> • Increased capacity amongst MHSU practitioners and organizations to better serve clients impacted by trauma & violence • Improved outcomes for clients of MHSU services dealing with these co-existing health concerns 	March 31, 2012	Nancy Poole, BCWH
Early Identification, Prevention & Protection	Provincial Recommendations on Violence Against Women In Relationships (VAWIR)	Participate on Provincial VAWIR Working Group	<ul style="list-style-type: none"> • PHSA participants identified and attend meetings 	Dec 2010	Ian Pike, BCIRPU &

			<ul style="list-style-type: none"> • PHSA participants provided input into process • PHSA participants provided input into recommendations • In consultation with working group, PHSA explored and identified a potential future role on this topic, based on recommendations 	<p>Dec 2010 onwards</p> <p>TBD</p> <p>TBD</p>	Lenore Riddell, BCWH
Early Identification, Prevention & Protection	"Making Connections" Project	<p>Deliver low-barrier support groups for women impacted by abuse, substance use and/or mental ill health</p> <p>Increase women's safety and support</p> <p>Reduce women's mental health and substance use, based on pre- and post tests of Empowerment, Substance Use, Wellness Scales (UBC ethics approval), weekly feedback forms and post-group focus group evaluation.</p>	<ul style="list-style-type: none"> • Developed Guide for Facilitators: Support groups for women impacted by abuse, substance use and/or mental ill health • Completed a 3-day training workshop in Vancouver • Delivered low-barrier support groups for women in 7 pilot BC communities (Trail, Vernon, Squamish, North Vancouver, Port Hardy, Dawson Creek, Prince George) • Developed Self-Help Workbook • Disseminated the Facilitator's Resource Guide & Women's Self-Help Workbook 	<p>On-going training throughout BC health authorities</p> <p>Dec, 2009</p> <p>Completion July, 2011</p> <p>Expand to 10 new communities in 2011-2012</p> <p>August, 2011</p> <p>On-going access to workbook and facilitator training</p>	Jill Cory, Woman Abuse Response Program, BCWH

			electronically <ul style="list-style-type: none">• Evaluated all aspects of the project	On-going, final evaluation completed September, 2011	
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Appendix A – PHSa CENTRE FOR INJURY & VIOLENCE PREVENTION MEMBERSHIP & KEY INFORMANTS

CENTRE FOR INJURY & VIOLENCE PREVENTION MEMBERS	
Ian Pike	BC Injury Research & Prevention Unit (BCIRPU)
Shelina Babul	BC Injury Research & Prevention Unit (BCIRPU)
Vicky Scott	BC Injury Research & Prevention Unit (BCIRPU)
Jan Finch	BC Women's Hospital & Health Centre (BCWH)
Lenore Riddell	BC Women's Hospital & Health Centre (BCWH)
Karen Horn	BC Women's Hospital & Health Centre (BCWH)
Maureen O'Donnell	Child Health BC
Bob Brunham	BC Centre for Disease Control (BCCDC)
Tom Kosatsky	BC Centre for Disease Control (BCCDC)
Shannon Griffin	BC Mental Health & Addiction Services (BCHMAS)
Richard Simons	BC Trauma Registry
Nasira Lakha	BC Trauma Registry
Tracey Taulu	BC Trauma Registry
Debra Kent	BC Drug & Poison Information Centre (DPIC)
Leslie Varley	Aboriginal Health
Tannis Cheadle	Population & Public Health (PPH)
Lydia Drasic	Population & Public Health (PPH)
CORE PROGRAM KEY INFORMANTS	
Cheryl Davies	BC Women's Hospital & Health Centre (BCWH)
Jill Cory	BC Women's Hospital & Health Centre (BCWH)
Marilyn Barr	BC Children's Hospital (BCCH)
Ronald Barr	Developmental Neurosciences & Child Health (BCCH)