A chronology of failed advocacy and frustration

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The time is long overdue for genuine national leadership

In 1972 I published my first paper on injury prevention.¹ I did so in the context of a program of research, one goal of which was to implement what we believed to be proven methods for reducing injuries. In this case, the topic was child restraint use. Without fully realizing it at the time, I was taking the first step in a long and frustrating career of advocacy. This is a topic I have written about before²⁻⁴ but it is so important it deserves another airing. Besides, I need to ventilate.

Injury prevention is a worldwide problem and it seems that no country has developed a national system for dealing adequately with this issue. Consequently, wherever we look, advocates and advocacy groups continue to struggle. In some cases the struggle is to overcome opposition; in others the enemy is inertia and indifference. Unfortunately, as Chapman notes, too often even those in public health engage in the battle without adequate training or without even knowing what questions to ask.⁵ Most certainly my colleagues and I were ill prepared for the struggle, and our successors appear not to be much better equipped.

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Three years after my first publication, I returned to Canada and soon became involved in the creation of the Canadian Institute of Child Health whose mission included advocacy. After becoming chairperson of its board, I led efforts to create a Child Health Profile to guide the Institute's work.⁶ It was no surprise to discover that injuries were the leading health problem facing children in Canada at that time and the Profile set the stage for our future efforts. What we most wanted was a national body responsible for injury prevention. At each of two earlier conferences on child safety we invited the ministers of health, naively assuming that by exposing them to the data and the passion they would do what

was needed. Instead, they came; they said all the right things; and then went away with the status quo intact.

The same process occurred following personal meetings with subsequent health ministers and their deputies: responsive comments but no action. It occurred to me that one explanation for our failure was the exclusive focus on children, so we changed strategies to an all-age one, just as this journal has done. Subsequent lobbying was again for the creation of a National Centre for Injury Prevention modelled after what had emerged in the US. Still, nobody seemed to be listening.

In 1990, a Secretariat was created in Health Canada to coordinate efforts towards our objective and although its mandate was well short of what we wanted, it seemed one small step in the right direction. However, within a year it fell victim to staffing and funding problems and was effectively dissolved (though no-one in government described its demise in these terms).

In 1992, a new organization emerged (SMARTRISK) which attempted to position itself as the "lead organization" in the field. Its CEO successfully gained audiences with key figures in government. (In the interests of full disclosure, I acknowledge that I am not a fan of SMARTRISK. We have locked horns over some of its unproven approaches, especially its much vaunted Heroes program which I believe may prove to be ineffective or harmful.⁷ Our continuing disagreement over what constitutes evidence of effectiveness, is however, not relevant to this account).

In 2000, another important development was the establishment of the Canadian Injury Research Network (CIRNet). I was supportive, but torn and remain so. The primary goal of the Network was to promote research. For me the greater challenge is creating governmental structures that will increase chances that actions will follow any concrete research findings. To be sure, more research is needed in Canada as elsewhere. But the time is long overdue

for translating many of the findings into programs and policies.

In 2002, another opportunity arose to mobilize those who agreed that a National Centre was urgently needed. That opportunity was the Montreal Sixth World Conference on Injury Prevention and Control. I sent colleagues emails urging concerted action and, as one of the conference organizers, tried to place this issue on the agenda. Both failed.²

To its credit, in 2005 SMARTRISK issued a report "Ending Canada's Invisible Epidemic: A Strategy for Injury Prevention". The Strategy listed six pillars the first of which was national leadership. This was to include the "establishment of an Injury Prevention Centre of Canada (IPCC) as part of the new Public Health Agency ... with a distinct budget and mandate" and which was to be solely focused on promoting evidence-based strategies. To those who have been listening for 30 years those words will sound hauntingly familiar.

The good news is that for the preparation of this report SMARTRISK obtained the support of the Insurance Bureau of Canada to the tune of \$700,000. The bad news is that the key messages—the same as those uttered repeatedly over a quarter century—still failed to produce a response. Even an appealing website⁸ complete with buttons to click to "Fax a letter to the government" appears to have failed. It seems few were sent or no one bothered to read them.

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The website included a link to three other important safety organizations—Safe Kids Canada, Safe Communities Foundation, and Think First which came together to present the Strategy to a Commission on the Future of Health Care in Canada. This joining of forces is a healthy sign but two years later there is still no evidence that the federal government is paying attention.

No, I lie. There is evidence government is listening. Out of the blue, unbeknown to many, Public Works produced a website, Safe Canada.⁹ It covers everything from bullying to workplace safety. Any guesses how many government bodies the website proudly identified as having a stake in safety? I won't keep the reader in suspense—25! Thankfully the list includes Health Canada and the Privy Council Office. What more could one ask for? Well, for starters, how about genuine national leadership? Or are they still not listening?

Perhaps I am impatient. After all, 35 years is not long to wait for something really important. But I am discouraged and frustrated, especially so because I am convinced that this story, with which I am painfully familiar, is repeated over most of the world.

What is to be done? To begin with we all need to read Chapman's writings and think about the success advocates have had with tobacco control and may be on the verge of having with gun control. We need to learn how to play this role far

more effectively than I, my colleagues, or our successors have done. Finally, we need to share our experiences—successes or failures—in the pages of this journal.

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