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Submitted to: Safe Communities Canada

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## INTRODUCTION

The Safe Communities Canada National Report Card Survey was developed in 2007. The results of the 2007 survey created benchmarks that can be used as a measuring point for future success, progress and monitoring. The 2008 National Report Card Survey has been tailored to provide a more comprehensive measure of the first two Attributes of Canadian Safe Communities: Leadership and Priority Setting for Programmes. In addition, this year's survey includes information about the Indicators of International Safe Communities established by the World Health Organization Collaborating Centre on Community Safety Promotion.

This report profiles the findings from the Safe Communities Canada National Report Card Survey 2008.

- This profile report is based on the data gathered from the Safe Community Leadership Tables across Canada.
- This profile report contains information on the Attributes of Canadian Safe Communities and the Indicators of International Safe Communities.
- The intention of the survey is to measure the function level and activity of designated safe communities across Canada.
- The survey is not designed to assess or address injury rates among designated safe communities across Canada.
- This profile report does not provide individual community profiles.
- This information is presented using graphs and tables.
- Please refer to the National Report Card Question-by-Question Report for complete data.

## SURVEY FINDINGS

### 1. SURVEY HIGHLIGHTS

- 1) Twenty-two (87%)\* of the respondents estimated 200+ people participated in the injury prevention and safety promotion programmes developed and or championed by their Safe Community Leadership Table.  
\* This is out of twenty-seven respondents to the question.
- 2) Thirty-seven (93%) of the respondents can demonstrate their efforts in mobilizing their community.
- 3) Thirty-three (82.5%) of the respondents scored 70% or better on the Safe Communities Canada Attributes.
- 4) In the past year, volunteers contributed 24, 787 hours to the cause of injury prevention and safety promotion in Canada.
- 5) Twenty-four (60 %) of the Leadership Tables function with less than \$25,000 annual budget.
- 6) Thirty-one (78%) of the respondents consider and include the Social Determinants of Health when conducting their priority assessment.
- 7) Twelve (30%) of respondents have a 20/20 (100%) Safe Community Canada Attribute score.
- 8) All forty (100%) of the designated safe communities responded to the survey.
- 9) Twenty-one (58%) of the Leadership Tables evaluate their own effectiveness and change agents in their community.
- 10) Twenty-seven (68%) of the Leadership Tables stated that their safety priorities match the programmes they championed.
- 11) Seventeen (46%) of the Leadership Tables improved their 2007 score.
- 12) Fourteen (35%) communities have demonstrated that they are ready to apply for a second designation as an International Safe Community if they choose to do so.

The biggest challenges noted among the communities and their Leadership Tables include the following:

- 1) The Attributes of Canadian Safe Communities
  - *Leadership (The biggest challenge is recruiting representation from Band Council, Municipal, Regional or Provincial Government and Emergency Medical Services (EMS))*
  - *Priority Setting*
  
- 2) Indicators of International Safe Communities
  - *Long Term Sustainable Programmes*
  - *Programmes for Vulnerable Populations*
  - *Ongoing Participation*

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## 2. SURVEY RESPONSE RATE

Health Canada recommends a 50% or more response rate to ensure fair representation. Your organization has a response rate of **100%**. Congratulations!

There were 40 safe communities across Canada at the time of the survey. We received 40 survey responses.

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## 3. THE ATTRIBUTES OF CANADIAN SAFE COMMUNITIES:

The following percentages represent the communities which have demonstrated 80% or better in their overall Safe Community Canada Attribute score.

Leadership	67.5%	2007: 66%
Priority Setting	65%	2007: 72%
Sustainability	90%	2007: 64%
Community Engagement	100%	2007: 97%

Twelve (30%) of respondents have a 20/20 (100%) Safe Community Canada Attribute score. This is up 10% from last year.

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### 3.1 THE ATTRIBUTE OF LEADERSHIP

Safe Communities Canada's Community Action Plan specifies the composition and structure of a candidate community's Leadership Table. The Leadership Table in a safe community is comprised of community leaders who set the priorities for its injury prevention and safety promotion programmes. Almost all of them are already deeply involved in injury prevention and safety promotion activities in the community. The goal of specifying its composition is to ensure that the Safe Community Leadership Table will evolve into a collaborative, cross-sectional, and sustainable leadership infrastructure which is responsible for setting the community's injury prevention priorities, for promoting a culture of safety for each of its citizens, and for evaluating the effectiveness of its interventions.

For communities that are already designated members of Safe Communities Canada, this term refers to whatever organizational structure is currently in place. Last year’s report card demonstrated that many designated communities’ organizational structures closely conform to the specifications outlined in The Community Action Plan.

The first questions in this year’s survey probe the composition, structure and activities of Safe Community Leadership Tables across the country so that we may better understand how each of them functions.

Representation at the Safe Community Leadership Table:

Canadian Safe Communities continue to demonstrate cross-representative and deeply committed membership at their leadership tables.

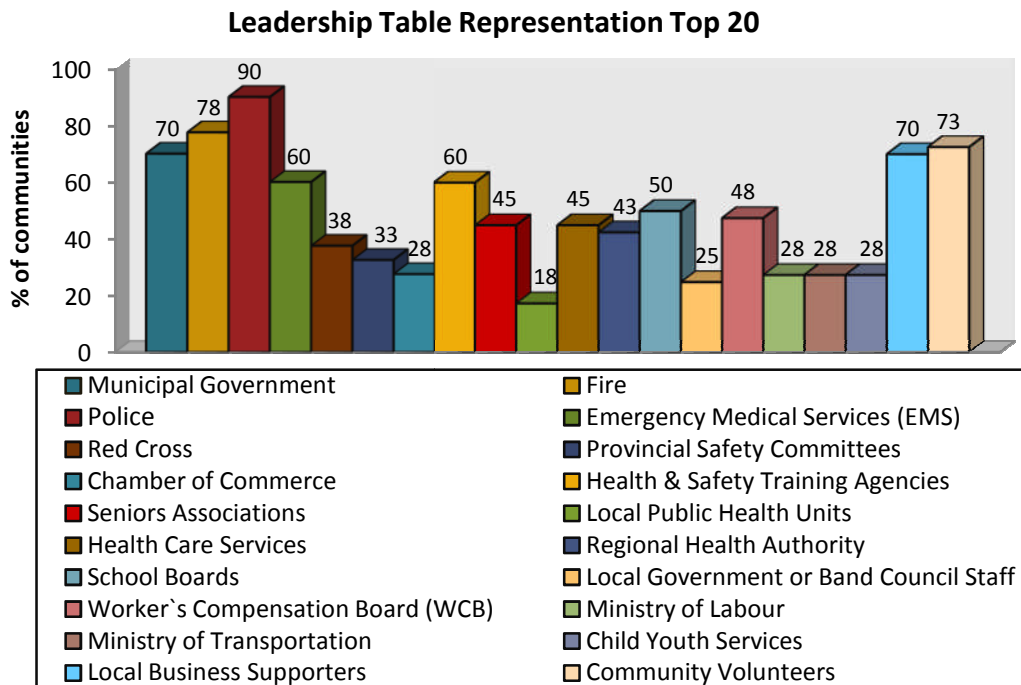
Fifteen (37.5%) of the respondents have all five specified members around their Leadership Table. (Band Council, Municipal, Regional or Provincial Government, Police Department, Fire Department, Public Health and Emergency Medical Services (EMS)).

Of the 5 recommended Leadership Table members, the member least common around the Leadership Table is Emergency Medical Services (EMS) (25 or 62.5%), although this is up from last year’s 60%. The most common member is Public Health/Health Care Services (37 or 92.5%), as it was in 2007.

Overall, the top 3 members at the Leadership Table across the county are the Police Department (36 or 90%), Public Health/Health Care Services (33 or 82.5%) and the Fire Department (31 or 77.5%).

A total of 4 communities (10%) report that band councils have members at their Leadership Tables.

Figure 1: **Question 2:** Which of the following has had representation at your Safe Community Leadership Table in the last year?



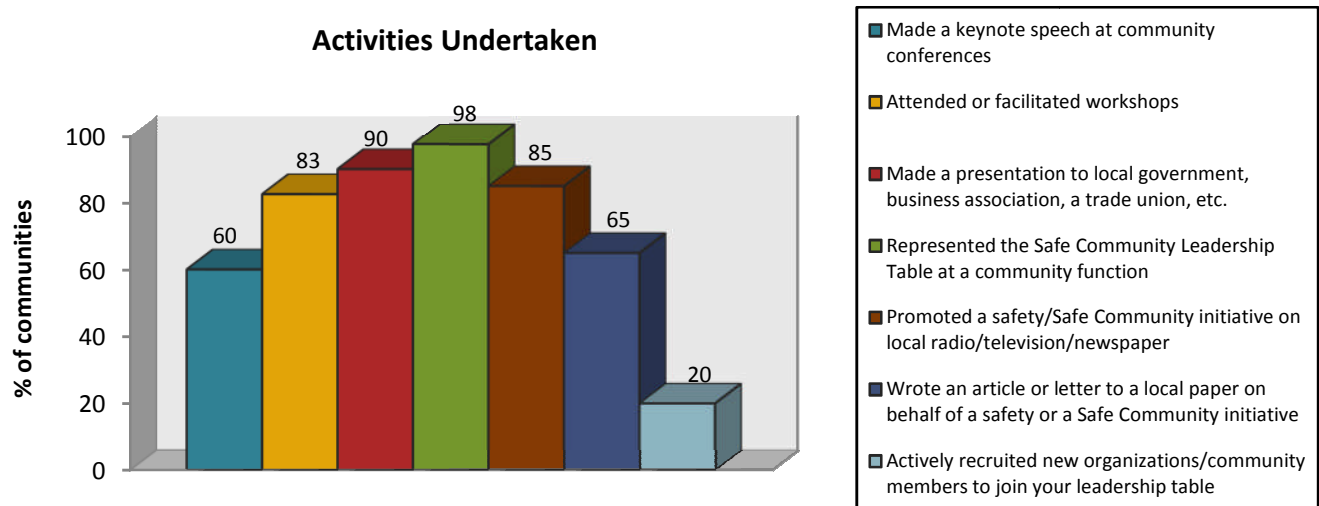
Thirty-three (87%) of respondents indicate that their Leadership Tables have formal Terms of Reference.

Eighteen (50%) of the respondents indicate that they have a succession plan. This is up 14% from last year.

Twenty-nine (72.5%) of the respondents describe their Leadership Table structure as a “collective with sub-committees”.

The most common activity a member of the Leadership Table undertook in the last twelve months to promote safety and or raise the profile of the Leadership Table in the community was to “represent the Safe Community Leadership Table at a community function” , 39 (97.5%). This is up 8.5% from 2007 data.

**Figure 2: Question 7: In the past 12 months, aside from attending meetings, did any member of your Safe Community Leadership Table do any of the following to promote safety and or raise the profile of the Leadership Table in the community?**



Twenty-one (54%) of the respondents place most of its Leadership Table’s priority and energy on public relations and community engagement. This is down 18% from 2007 data. Fourteen (36%) of the respondents place the least amount of its priority and energy on governance and administration. Priority Setting and Evaluation both fall in the middle with ten (26%) respondents.

Twenty-one (58%) of the respondents have evaluated the effectiveness of their Leadership Table. This is up 27% from 2007 data.

### 3.2 THE ATTRIBUTE OF PRIORITY SETTING FOR PROGRAMMES

Six (15%) of the respondents have conducted an injury prevention priority setting exercise less than a year ago. Sixteen (40%) of the respondents have conducted a Priority Setting Exercise in the last 1-3 years. Five (13%) of the respondents are currently conducting a Priority Setting Exercise.

Twenty-seven (67.5%) of the Leadership Tables have used relevant injury data gathered from credible data sources while conducting the Priority Setting Exercise.

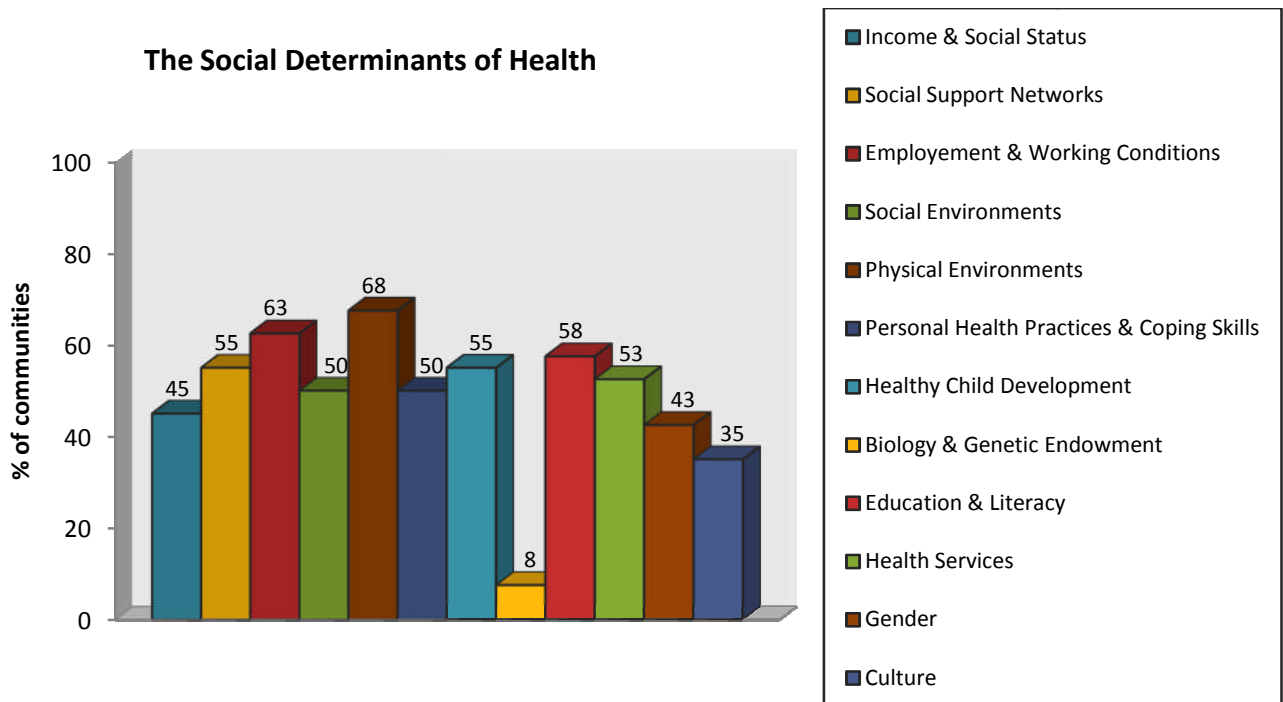
Twenty-six (65%) of the Leadership Tables have completed an inventory of programmes that are currently running in their community.

Twenty-seven (67.5%) of the Leadership Tables have evaluated their safety programmes and initiatives.

The top three Social Determinants of Health considered when conducting their Priority Setting Exercise are physical environment, employment and working conditions, and education and literacy.

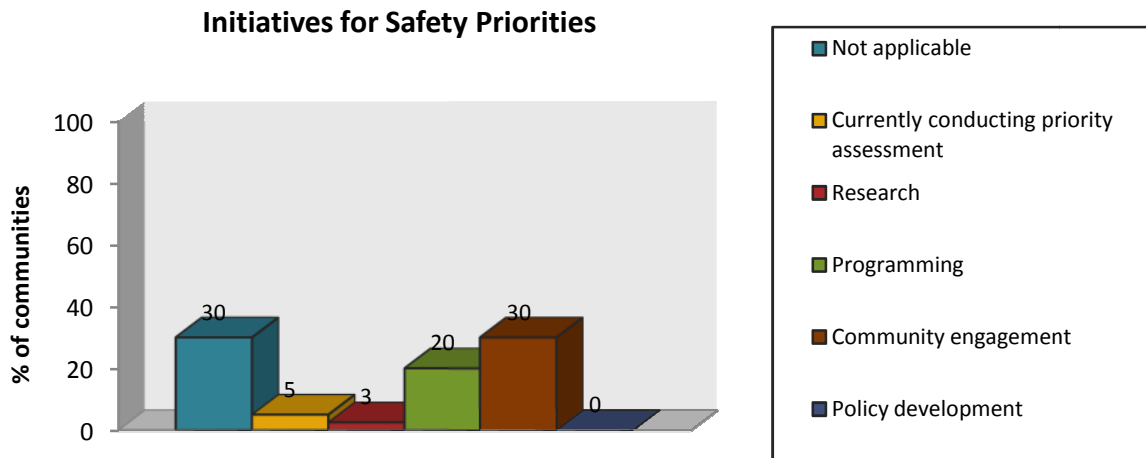
31 (77.5%) of the Leadership Tables consider the Social Determinants of Health when conducting their Priority Setting Exercise. Four (10%) of the nine respondents who do not consider the Social Determinants of Health intend to consider them in their next Priority Setting Exercise.

**Figure 3: Question 23:** In recent years, the theory of The Social Determinants of Health has assumed enormous importance in shaping public health and related public policy throughout the world. Health Canada recommends that all public health policies account for the twelve Social Determinants of Health. As you can see, the relationship between this list of Social Determinants and Injury Prevention is compelling. Please indicate which of these Social Determinants of Health have been included for consideration in either your most recent priority setting exercise or your program plans.



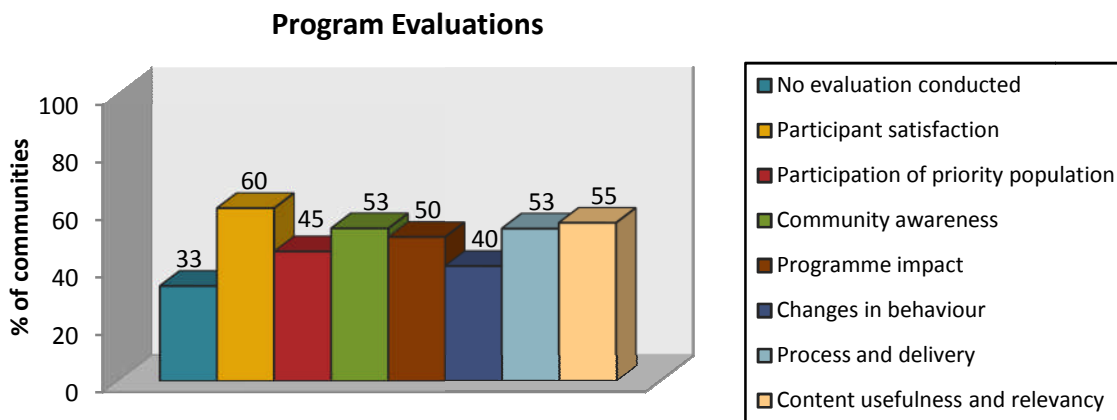
The two most common initiatives launched to address a Leadership Table’s identified safety priorities were community engagement and programming. This is how they compared to the other initiatives:

Figure 4: **Question 18:** Based on its priority assessment, did your Safe Community Leadership Table promote or launch any of the following initiatives to address its identified safety priorities?



The two most common ways Leadership Tables demonstrate their role as champions in their community is “introducing a new programme, activity or initiate to address its safety priority” (34 or 85%) and “increased awareness of its safety priority” (31 or 77.5%)

Figure 5: **Question 19:** Did the evaluation(s) of the programmes, activities or initiatives you championed in the past 12 months measure the following?





The evaluations conducted (indicated above) have resulted in the following changes:

Figure 6: **Question 11:** Can your Safe Community Leadership Table demonstrate its role as a champion in the community by having done the following?

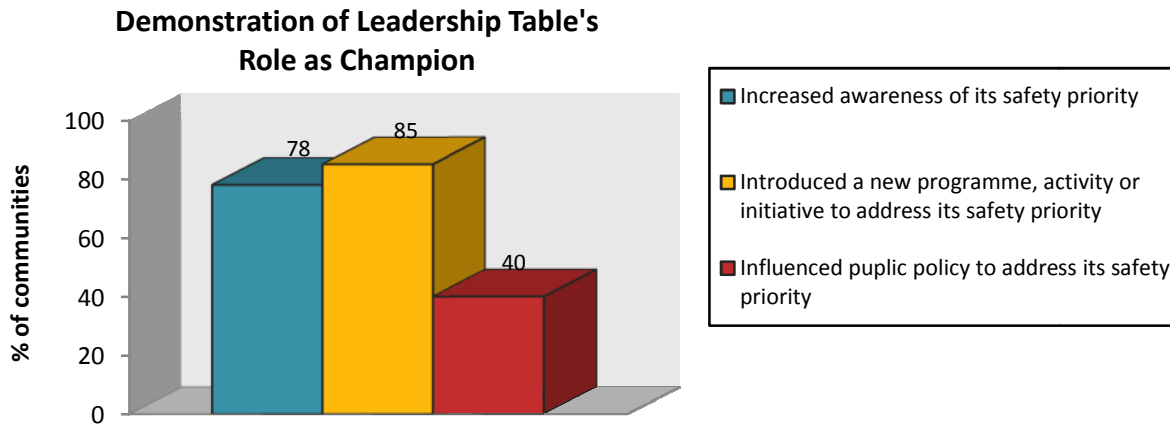
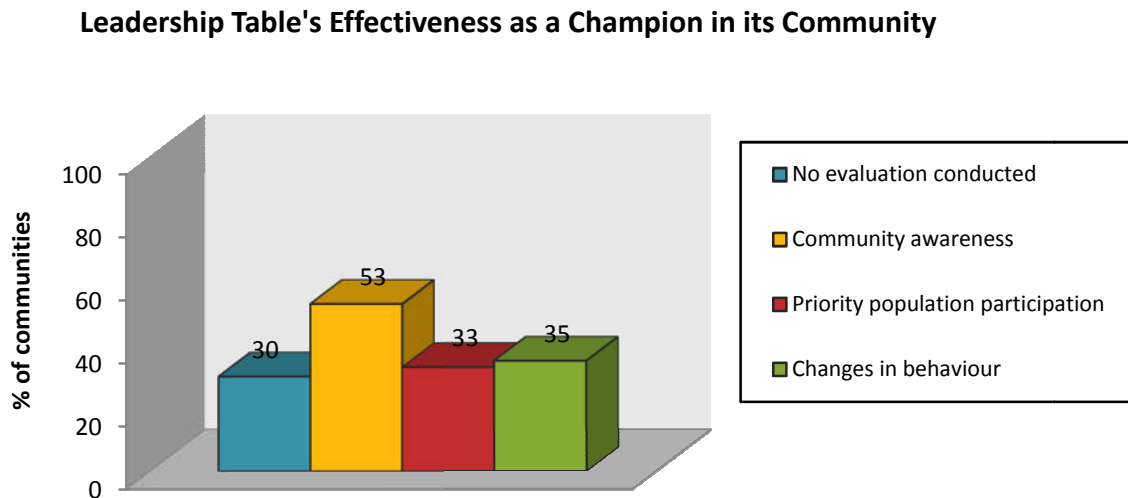


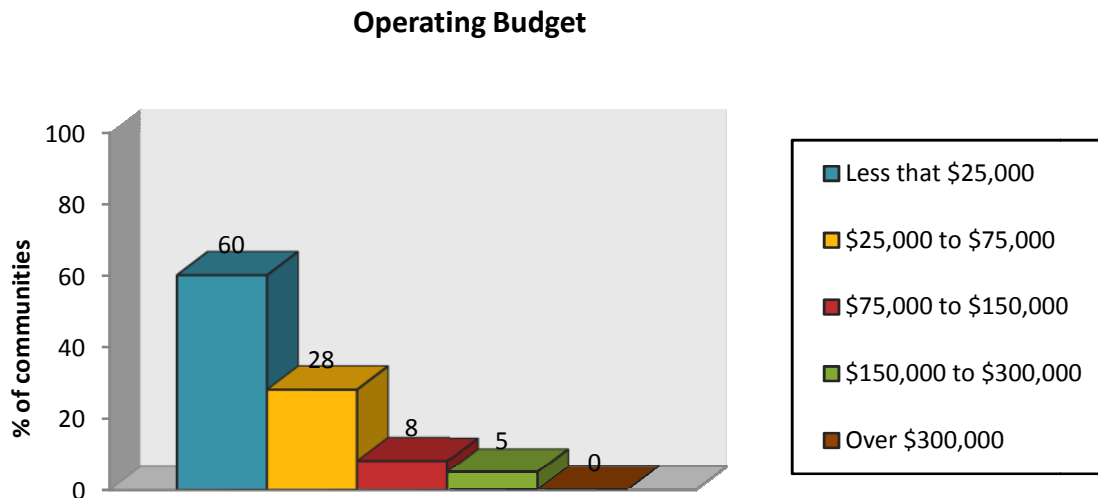
Figure 7: **Question 22:** Based on the evaluation conducted, can your Safe Community Leadership Table provide any information demonstrating that its efforts have had an impact on the following?



### 3.3 THE ATTRIBUTE OF SUSTAINABILITY

Twenty-four (60%) of the Leadership Tables have an operating budget of less than \$25,000. This is how it compares to the other operating budgets:

Figure 8: **Question 25:** What is the annual operating budget for your Safe Community Leadership Table?



Twenty-three (57.5%) of the Leadership Tables receive grants.

All communities combined indicated 2,266 volunteers sit at their Safe Communities Leadership Table. This is over 1,000 volunteers more than 2007 data.

The average number of volunteers per community is 57 for 2008.

All communities combined indicated an estimated 24, 787 volunteer hours in the last twelve months, with an average of 620 volunteer hours per community.

### 3.4 THE ATTRIBUTE OF COMMUNITY ENGAGEMENT

Twenty-two (87%)\* of the respondents estimated 200+ people participated in the injury prevention and safety promotion programmes developed and or championed by their Safe Community Leadership Table. \* This is out of twenty-seven respondents to the question.

Over 185,000 community members across Canada have participated in the Leadership Tables' safety programs and activities.

## GENERAL FEEDBACK

Overall, Canadian communities spent 200 hours completing this years survey. On average each community spent 5 hours completing the survey.

## CONCLUSION

The outlook for 2008 has been to tailor the National Report Card Survey to provide a more comprehensive measure of the first two Attributes of Canadian Safe Communities: Leadership and Priority Setting for Programmes. In 2009, the National Report Card Survey will be tailored to provide a more comprehensive measure the last two Attributes: Sustainability and Community Engagement. In 2010, as in 2007, the National Report Card Survey again will focus equally on all four Attributes of Canadian Safe Communities.

A key component of this exercise is the preparation of an individual report card for each community which completed the National Report Card Survey. This year, this means preparing an individual community report card for every designated Safe Community in Canada.

This report card, which is very different from this National Report on Findings, provides each community with specific feedback as to how it is performing, especially in the areas of Leadership and Priority Setting. The community report card also gives each community a numerical score which compares its performance to the national performance benchmark it has contributed to by completing and submitting the National Report Card Survey.