

Safe Communities Canada

National Report Card

Report on survey findings

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1.0 Introduction

Safe Communities Canada developed the National Report Card Survey in early 2007. Six Safe Communities across the country pilot tested the survey in April 2007. Safe Communities Canada officially launched and distributed the survey among its designated safe communities in June 2007. During July and August of 2007, we analysed the data and compiled both this national report card and individual report cards for each community that completed the survey.

This report profiles the findings from the Safe Communities Canada National Report Card Survey 2007.

- 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.
- 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 information is presented using graphs and tables.
- Please refer to the National Report Card Question-by-Question Report for complete details.

The overall results paint a very positive picture of the designated safe communities and their Leadership Tables across the country. The results tell us that communities and their Leadership Tables are pragmatically engaged, and that they have a sense of pride and accomplishment. The communities and their Leadership Tables are passion driven. The rich open comments depict a portrait of care and commitment.

1.1 Survey Highlights

- 1) Twenty-five (69%) of the respondents estimated 200+ people participated in the safety programmes and activities developed and or championed by their Safe Community Leadership Table. Overall, over 5000 people participated in the safety programmes and activity in these twenty five safe communities.
- 2) Thirty-five (97%) of the communities can demonstrate their efforts in mobilizing their community. Please refer to Question37 in the National Report Card Question-by-Question Report for complete details.
- 3) Thirty-one (86%) of the respondents scored 70% or better on the Safe Communities Canada Attributes.
- 4) There were 26, 274 volunteer hours accumulated. In the past year, volunteers contributed 26,274 hours to the cause of injury prevention and safety promotion in Canada.
- 5) Eighteen (50 %) of the Leadership Tables function with less than \$25,000 annual budget.
- 6) Thirty-three (92%) of the communities consider and include the Social Determinants of Health when conducting their priority assessment.
- 7) Eight (22%) of respondents have a 20/20 (100%) Safe Community Canada Attribute score. These communities are ready to move on the World Health Organization (WHO) status.
- 8) Thirty-six of the forty-eight (75%) of the communities responded to the survey.

- 9) Leadership Tables have demonstrated that they are actively engaged in the life of their communities and with Safe Communities Canada.

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

- 1) Measuring their effectiveness and conducting evaluations in general.
- 2) Having full representation (based on the Safe Communities Canada Attribute of Leadership) at their Leadership Table. The new Community Action Plan requires that five key community stakeholders be members of a Safe Community's Leadership Table. Although this was identified as a challenge area, many Leadership Tables demonstrated a very broad, cross-sectional and widely representative membership (with some communities having 15 members around the table)

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 **66%**
Priority Setting **72%**
Sustainability **64%**
Community Engagement **97%**

Eight (22%) of respondents have a 20/20 (100%) Safe Community Canada Attribute score. These communities are ready to move on the World Health Organization (WHO) status.

2.0 Survey Findings

Survey Response Rate

Health Canada recommends a 50% or more response rate to ensure fair representation. Your organization has an excellent response rate of **75%**. Congratulations!

There were 48 safe communities across Canada at the time of the survey. We received 36 survey responses; twelve of the communities did not respond.

2.1 The Attribute of Leadership

Representation at the Safe Community Leadership Table (Question 2):

As most Canadian Safe Communities demonstrate that they have widely representative and deeply committed membership at their leadership tables, it is fair to conclude that the two themes of your movement—reducing injury and promoting safety-- are deeply embedded in your communities. This also helps to explain the 97% score on the Attribute of Community Engagement which will be discussed below.

National Report Card

2007 Survey Findings

Eleven (31%) of the respondents have all 5 recommended members around their Leadership Table. (Municipal Government or Band Council or both, Police, Fire, Public Health and Emergency Services (EMS))

According to the scorecard, the member least common around the Leadership Table is Emergency Services (EMS) (17 or 47%) with the most common member being Public Health/Health Care (34 or 94%).

Overall, the most common member at the Leadership Table across the county is Public Health/Health Care (34 or 94%).

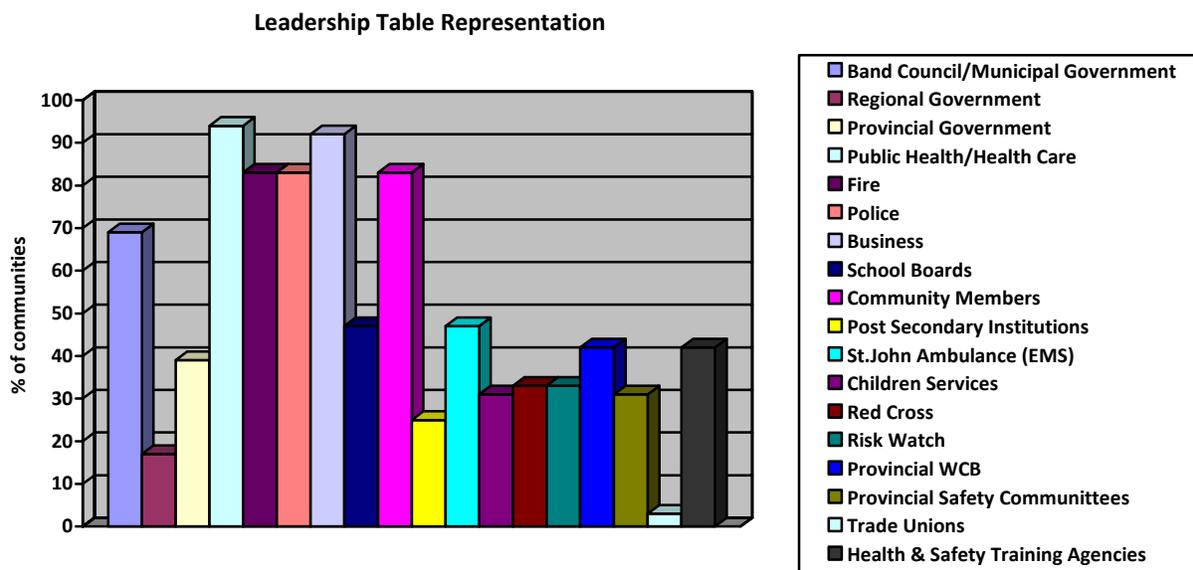


Figure 1: Question 2 Which of the following has had representation at your Safe Community Leadership Table in the last year?

Thirty two (89%) of respondents indicate that their Leadership Tables have formal Terms of Reference and thirteen of them (36%) indicate that they have a succession plan.

Twenty-seven (75%) 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” , 32 (89%).

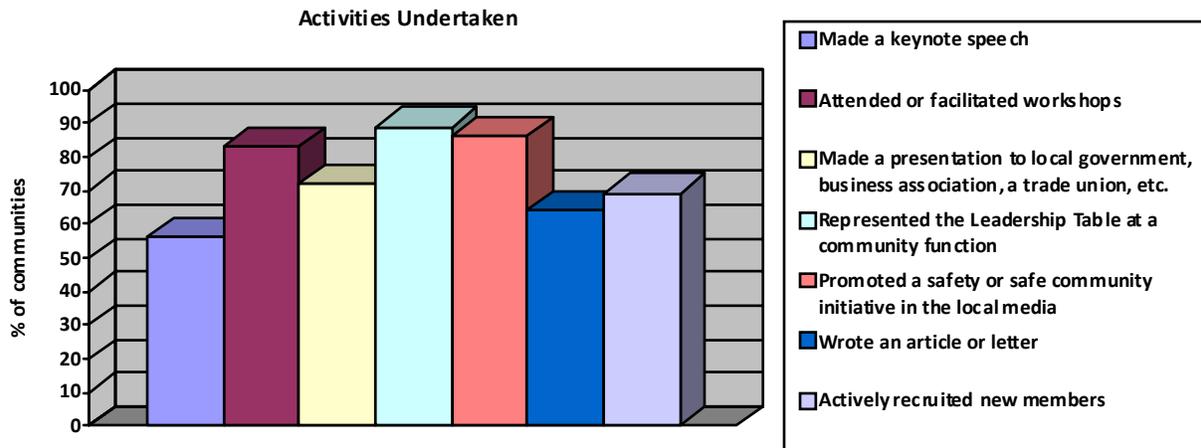


Figure 2: Question 8 In the past 12 months, aside from attending meetings, did any member of your Safe Community Leadership Table do any of the following to promote safety and or raise the profile of the Leadership Table in the community?

Twenty-six (72%) of the respondents place most of its Leadership Table’s priority and energy on public relations and community engagement. This result accurately coincides with and depicts one of the reasons why Community Engagement is the most successful Attribute score.

Twenty-two (61%) of the respondents place the least amount of priority and energy on governance and administration. Programming and or evaluation falls in the middle with thirteen (37%) respondents.

Eleven (31%) of the respondents have evaluated the effectiveness of their Leadership Table.

2.2 The Attribute of Priority Setting

Twenty (56%) of the respondents have conducted a priority assessment in the last 1-3 years.

Ten (28%) are currently conducting a priority assessment. In light of this score, the information received from some of the subsequent questions was limited to the twenty two respondents who have conducted priority assessments.

Twenty-seven (75%)* of the respondent’s championed programmes match their priority programs. *(Note: this number is slightly skewed because the question includes program plans)*

The top three social determinants of health considered when conducting priority assessment are physical environment, employment and working conditions, and education and literacy.

Five (14%) of the respondents intend to consider the social determinants of health in the next priority assessment.

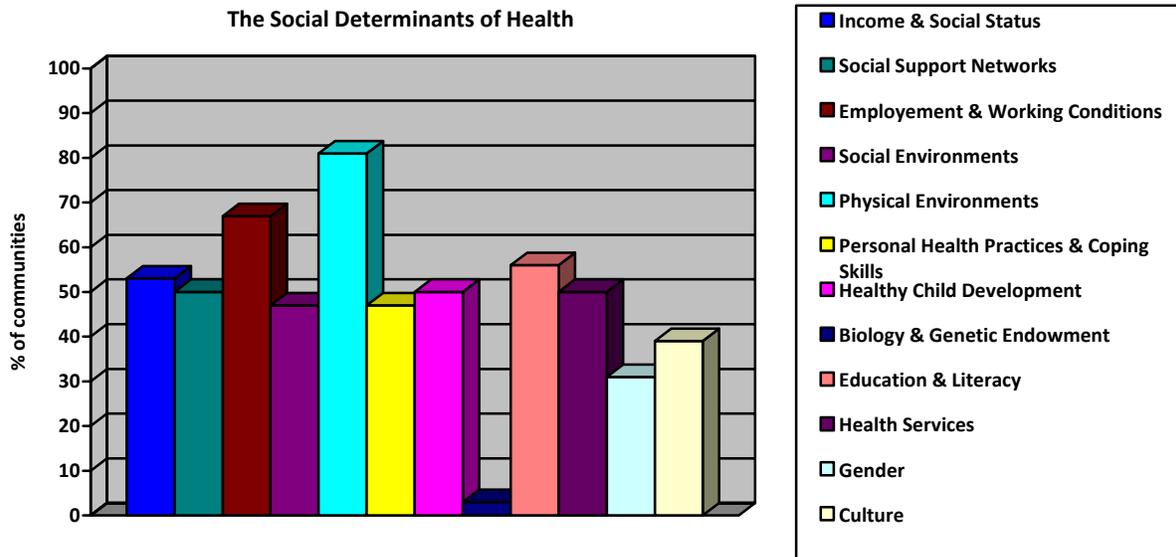


Figure 3: Question 17 In recent years, the theory of The Social Determinants of Health has assumed enormous importance in shaping public health and related public policy throughout the world. Health Canada recommends that all public health policies account for the twelve Social Determinants of Health. 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:

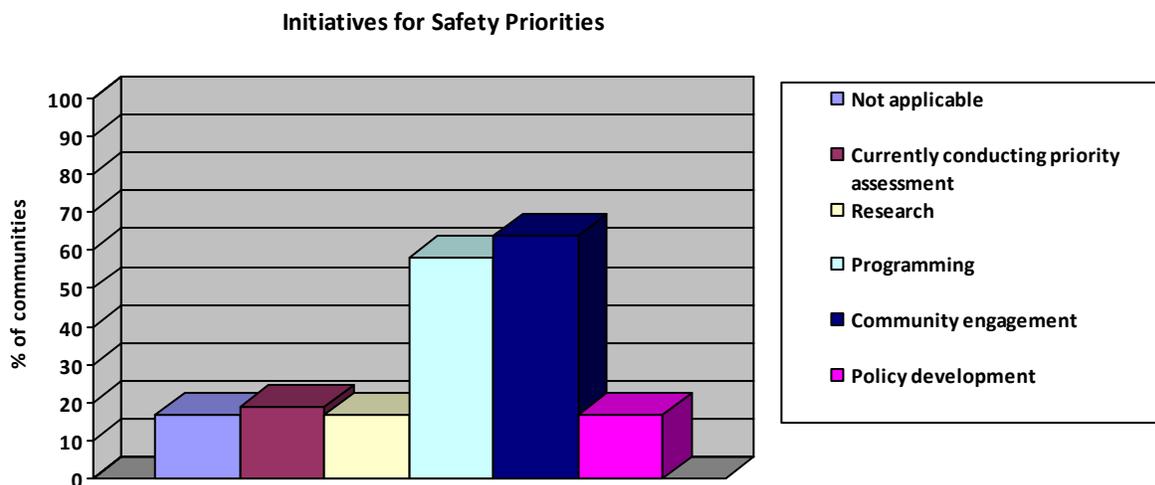


Figure 4: Question 18 Based on its priority assessment, did your Safe Community Leadership Table promote or launch any of the following initiatives to address its identified safety priorities?

National Report Card

2007 Survey Findings

The two most common ways Leadership Tables demonstrate their role as champions in their community is “increased awareness of its safety priority” (25 or 69%) and “introducing a new programme, activity or initiative to address its safety priority” (24 or 67%).

Twenty four (67%) of the Leadership Tables have evaluated participant satisfaction. Eighteen (50%) of the Leadership Tables have evaluated programme impact.

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

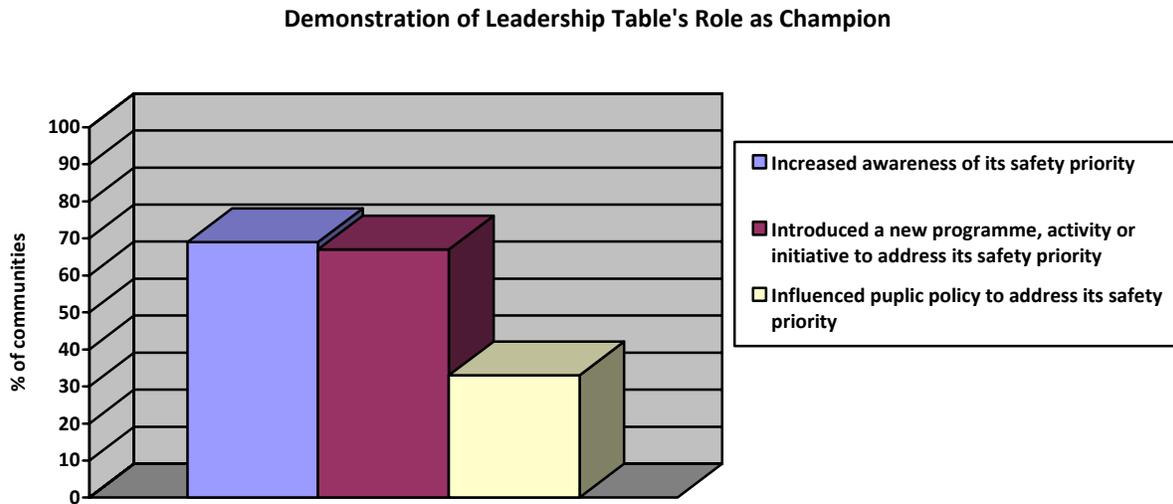


Figure 5: Question 19 Can your Safe Community Leadership Table demonstrate its role as a champion in the community by having the following?

2.3 The Attribute of Sustainability

Eighteen (50%) of the Leadership Tables have an operating budget of less than \$25,000. This is how it compares to the other operating budgets:

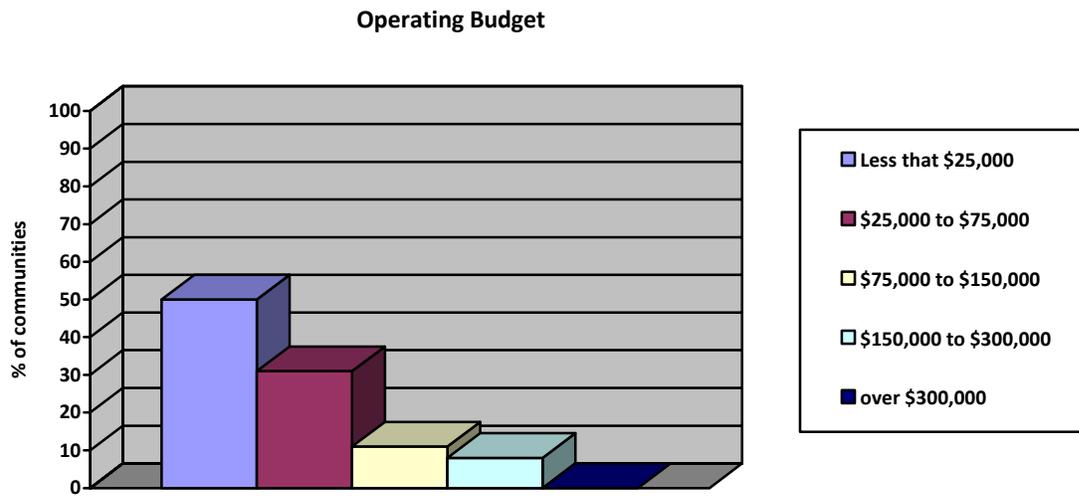


Figure 6: Question 25 What is the annual operating budget for your Safe Community Leadership Table?

Twenty six (72%) of the Leadership Tables receive grants.

Budget allocation:

The following represent the most frequently indicated percentage for budget allocation.

Office Space: Twenty (69%) of the respondents indicated **In-kind**.

Administrative staff: Eleven (34%) of the respondents indicated **20%-40%**.

Administrative support: Thirteen (46%) indicated **10% or less**.

Program support: Fifteen (47%) of the respondents indicated **20%-40%**.

Media or advertising: Fourteen (47%) of the respondents indicated **10% or less**.

Transportation: Sixteen (64%) of the respondents indicated **10% or less**.

Identifying safety priorities: Thirteen (57%) of the respondents indicated **10% or less**.

Here is a matrix chart summarizing the allocation of budget.

	10% or less	20-40%	50%	60-80%	90% or more	In-kind	Did not answer (or n/a)
Office space	9 (25%)	0 -	0 -	0 -	0 -	20 (56%)	7
Administrative staff	8 (22%)	11 (31%)	3 (8%)	5 (14%)	0 -	5 (14%)	4
Administrative support	13 (36%)	6 (17%)	0 -	0 -	0 -	9 (25%)	8
Program support	2 (6%)	15 (42%)	6 (17%)	4 (11%)	1 (3%)	4 (11%)	4
Media or advertising	14 (39%)	6 (17%)	2 (6%)	0 -	2 (6%)	2 (6%)	6
Transportation	16 (44%)	3 (8%)	0 -	0 -	0 -	6 (17%)	11
Identifying safety priorities	13 (36%)	4 (11%)	0 -	0 -	0 -	6 (17%)	13
Other	5 (14%)	4 (11%)	1 (3%)	0 -	1 (3%)	1 (3%)	24

Figure 7: **Question 27** How is your annual operating budget currently allocated?

Seventeen (47%) of the respondents indicated staff positions as part time; eight (20%) indicated staff positions as full time, while twelve (33%) indicated not applicable.

All communities combined indicated 502 volunteers that sit at their Safe Communities Leadership Table, with an average of 14 volunteers per community.

All communities combined indicated an estimated 1,212 volunteers who gave their time in the last twelve months, with an average of 35 volunteers per community.

All communities combined indicated an estimated 26,274 volunteer hours in the last twelve months, with an average of 150 volunteer hours per community.

The most common services the Leadership Tables offer its volunteers are orientation (14 or 39%) and recognition programmes (14 or 39%).

Thirty-three (92%) of the respondents indicated donation of in-kind supports as the most common way businesses are involved with The Safe Community Leadership Table, while thirty (83%) of the respondents indicated that local businesses were members at the Leadership Table and were sponsors of community safety events.

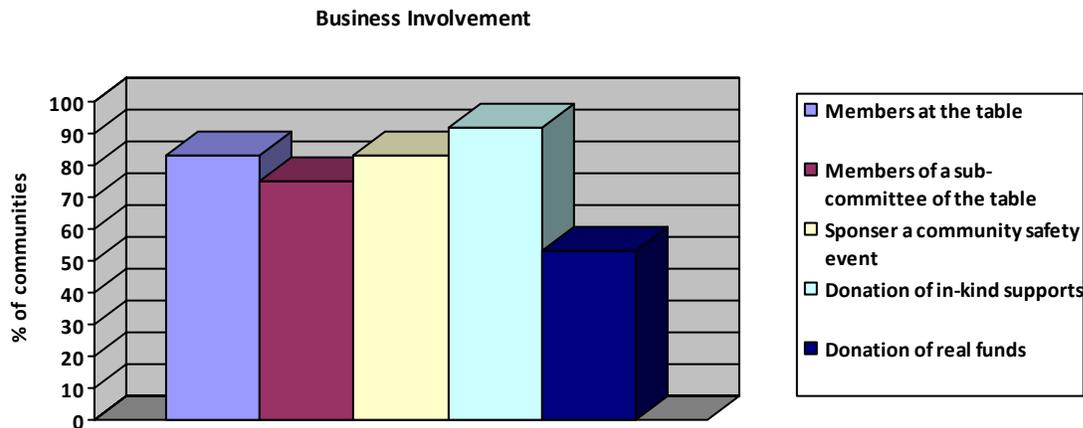


Figure 8: Question 36 Please indicate how businesses are involved in your Safe Community?

2.4 The Attribute of Community Engagement

The most common activity undertaken by a member of the Safe Community Leadership Table to engage the community in its priorities is distributed materials and information at community safety partner events (30 or 83%), and made a presentation to community organizations (29 or 81%).

Twenty one (58%) of the respondents have a website. Fifteen (71%) of these respondents have updated their website within the last 6 months.

Nineteen (54%) of the respondents deem their Safe Community Leadership Table as growing.

Twenty-five (69%) of the respondents estimated 200+ people participated in the safety programmes and activities developed and or championed by their Safe Community Leadership Table.

2.5 Relationship with Safe Community Canada

Twenty-eight (78%) of the respondents indicated members of their Leadership Table participated in national teleconferences; while seventeen (47%) of the administrative staff participated in national teleconferences. Here’s how the other activities compare:

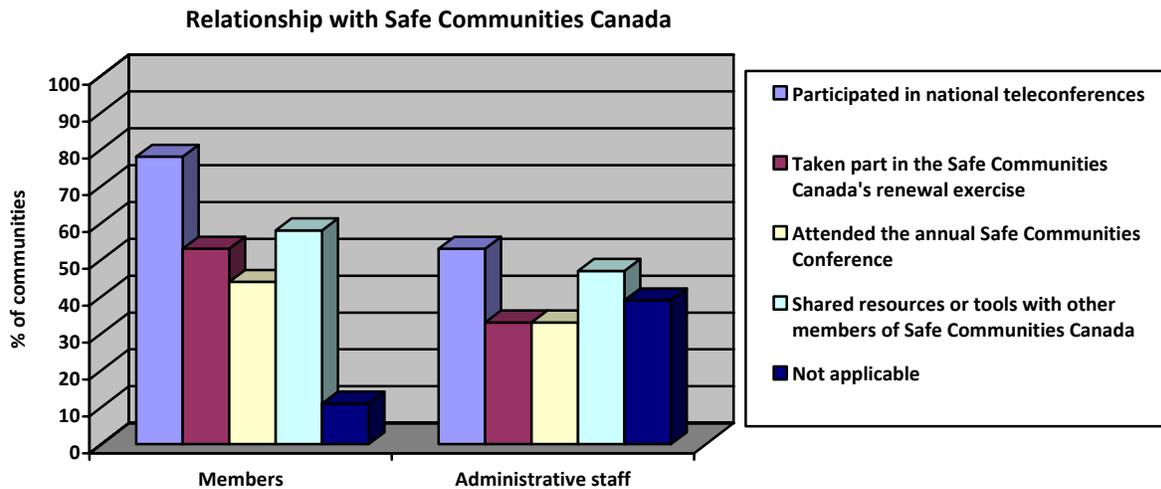


Figure 9: Question 46 & 47 In the past 12 months, have members or administrative staff of your Safe Community Leadership Table participated in any of the following?

Twenty-eight (80%) of the respondents indicated regular informal email as their preferred way of communicating with Safe Communities Canada ,followed by informal telephone calls (19 or 53%).

Nineteen (53%) of the respondents indicated that they have no relationships with other Leadership Tables, with fifteen (79%) of those expressing interest in establishing a relationship.

Twenty-three (64%) of the respondents would find training in fundraising most useful.

2.6 General Feedback

On average 2.97 members of the Safe Community Leadership Table participated in compiling the information needed to complete the survey.

On average 3.64 members of the Safe Community Leadership Table provided feedback and advice needed to complete the survey.

On average 3.68 hours were spent completing the survey.

3.0 Conclusion

This has been a successful evaluation. You now have benchmarks for 2007 that can be used as a measuring point for future success, progress and monitoring. The strengths of communities are many and they have been clearly identified. Safe Communities Canada may want to play a part in providing support or direction for those areas that have been identified as challenges. You will have an opportunity to provide this feedback on the Community Scorecards.

National Report Card

2007 Survey Findings

One of the next steps will be to give communities their individual scorecards. The scorecard measures something very different than the National Report Card, and provides specific feedback on each community's performance compared to the national benchmark.