

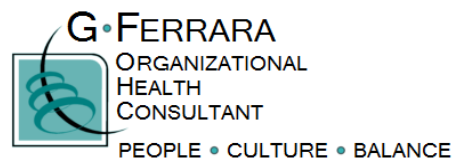
# Safe Communities Canada National Report Card 2009 Report on Findings

October 7, 2009



This report has been prepared for Safe Communities Canada,  
#201- 64 Charles Street East, Toronto, Ontario M4Y 1T1  
The contents of this report represent the data gathered from  
the National Report Card Survey administered in June 2009.

For more information please contact:



1204 - 2285 Lake Shore Blvd  
Toronto, ON M8V 3X9  
416.253.6077  
[gioferrara@sympatico.ca](mailto:gioferrara@sympatico.ca)

## TABLE OF CONTENTS

1.0 INTRODUCTION .....	2
2.0 GENERAL FINDINGS .....	2
3.0 SPECIAL REPORTS .....	10
4.0 GENERAL FEEDBACK .....	17
5.0 CONCLUUSION .....	17



## 1.0 INTRODUCTION

The Safe Communities Canada National Report Card Survey has just completed its third (and last) assessment within a three year implementation cycle. The 2009 National Report Card Survey has been tailored to provide a more comprehensive measure of the last two Attributes of Canadian Safe Communities: Sustainability and Community Engagement. In addition, this year's survey includes Special Reports where relationships and trends are correlated.

This report profiles the findings from the Safe Communities Canada National Report Card Survey 2009.

- 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 2009 Question-by-Question Report** for complete data, and to **The National Scoring System 2009** for a detailed explanation of the scoring methodology for the Attributes of Canadian Safe Communities and the Indicator for International Communities.

## 2.0 GENERAL FINDINGS

### 2.1 SURVEY HIGHLIGHTS

- 1) All forty three (100%) Leadership Tables of Safe Communities Canada responded to the survey.
- 2) In the past year, 3,805 volunteers contributed 60, 274 hours to the cause of Injury Prevention and Safety Promotion in Canadian Safe Communities.
- 3) In the past year, over 315,000 citizens participated in Injury Prevention and Safety Promotion initiatives championed by their Leadership Tables.
- 4) Thirty five (81%) of the respondents estimated that 4,431 Injury Prevention and Safety Promotion programmes were offered in their communities.
- 5) Overall improvements were noted for the Attributes of Canadian Safe Communities community scores: overall, fifteen (35%) communities improved their score from 2008; thirty-eight (88%) communities achieved over 70% on their Attribute score (This is up 5.5% from 2008); eighteen communities (42%) achieved 100% on their Attribute score (This is up 12% from 2008).
- 6) Overall improvements were noted for the Indicators of International Safe Communities community scores: overall, twenty-nine (67%) communities improved their score from last year, twenty-seven (63%) communities achieved over 70% on their Indicator score (This is up 18% from 2008); one (2%) community achieved 100% on their Indicator score. (This is up 2% from 2008).



- 7) The average Attribute score is 17.8/20. This is up slightly from 2008 average of 17.2/20; the average Indicator score is 21.5/30. This is up from 2008 average of 17.7/30.
- 8) Forty-two (98%) of the Leadership Tables consider the Social Determinants of Health when conducting their Priority Setting Exercise. This is a 20% increase from 2008.
- 9) The thirty (30) top performing communities consider 7 or more Social Determinants of Health when conducting their Priority Setting Exercise.
- 10) Thirty-five (81%) of the respondents indicated that they have conducted and Priority Setting Exercise in the last three years.
- 11) Thirty-two (74%) of the respondents indicated that they have incorporated credible local injury data in their Priority Setting Exercise.
- 12) Twenty-nine (67%) of the Leadership Tables stated that the Safety Promotion and Injury Prevention programmes they championed match their safety priorities. This finding points to a strategic approach being taken to address these communities' injury challenges.

## 2.2 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 43 Safe communities across Canada at the time of the survey. We received 43 survey responses.

## 2.3 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.

<b>Leadership</b>	67.4%	2008: 67.5%	2007: 66%
<b>Priority Setting</b>	84%	2008: 65%	2007: 72%
<b>Sustainability</b>	70%	2008: 90%	2007: 64%
<b>Community Engagement</b>	97.67%	2008: 100%	2007: 97%

Eighteen (42%) of respondents have a 20/20 (100%) Safe Community Canada Attribute score. This is up 12% from last year.

## THE ATTRIBUTE OF LEADERSHIP

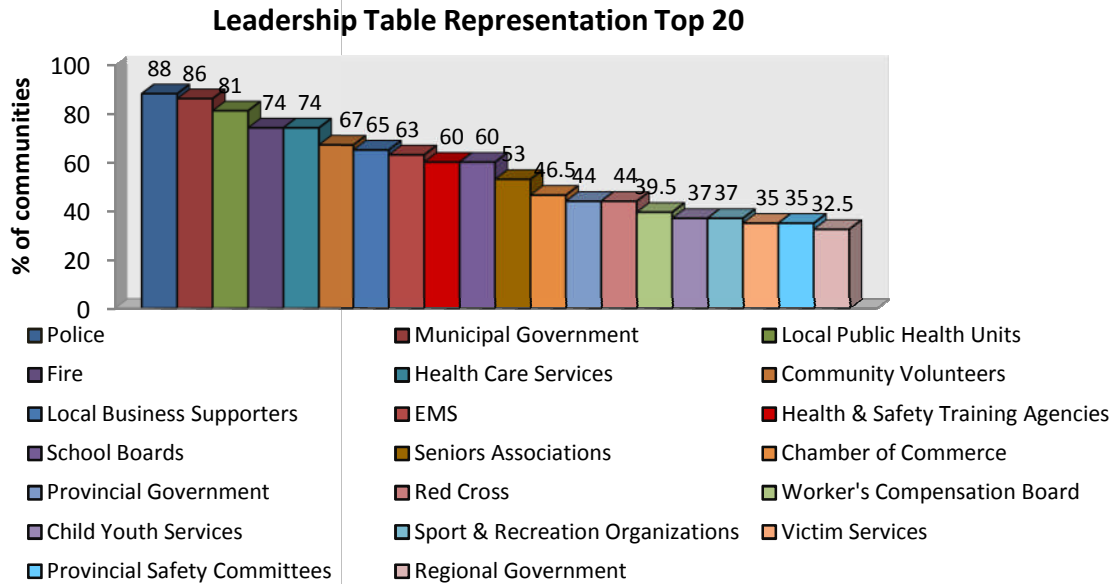
Representation at the Safe Community Leadership Table: Twenty-four (56%) of the respondents have all five specified members around their Leadership Table. (Band Council, Municipal, Regional or Provincial Government, Police Department, Fire Department, Local Public Health Units/Health Care Services and Emergency Medical Services (EMS)).

Of the 5 recommended Leadership Table members, the member least common around the Leadership Table is Emergency Medical Services (EMS) (27 or 63%). The most common member is Local Public Health Units/Health Care Services (39 or 91%). Overall, the top 3 members at the Leadership Table across the county are the Local Public Health Units/Health Care Services (39 or 91%), Governmental Support\*



(38 or 88%), and the Police Department (38 or 88%).\* this total is calculated from Band Council, Municipal, Regional or Provincial Government respondents.

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

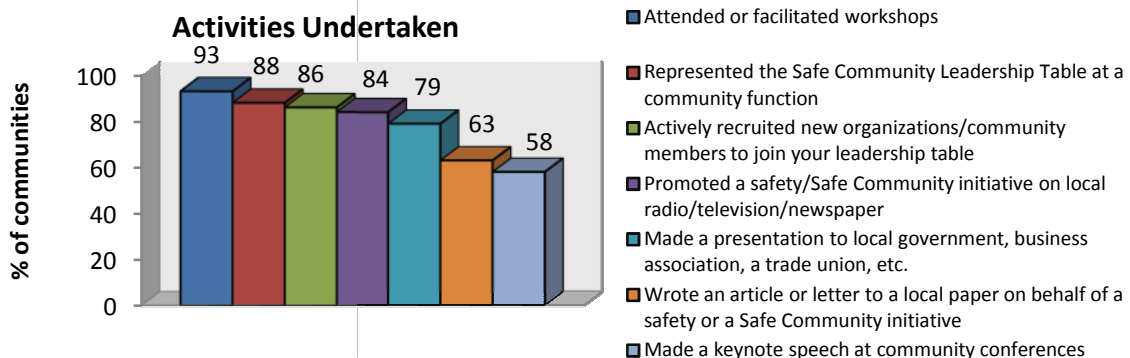


Thirty-nine (91%) of respondents indicate that their Leadership Tables have formal Terms of Reference. This is up 4% from 2008.

Twenty-eight (65%) of the respondents indicate that they have a succession plan. This is up 15% from last year.

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 “attend or facilitate workshops”, 40 (93%). This is a shift from 2008 where “represent the Safe Community Leadership Table at a community function” was the most common activity, 39 (97.5%). Overall activity in this category is up from 2008.

**Figure 2: Question 4: 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?**



Nineteen (44%) of the respondents have evaluated the effectiveness\* of their Leadership Table. This is down 14% from 2008 data. \* *Effectiveness: The ability to achieve stated goals judged both in terms of output and impact.*

Twelve (30%) of the respondents have a Charitable Registration number issued by Revenue Canada.

### THE ATTRIBUTE OF PRIORITY SETTING FOR PROGRAMMES

Twenty-four (56%) (6 (15%) in 2008) of the respondents have conducted an Injury Prevention Priority Setting Exercise less than a year ago. Eleven (25.5%) of the respondents have conducted a Priority Setting Exercise in the last 1-3 years. Two (5%) of the respondents are currently conducting a Priority Setting Exercise.

Thirty-two (74%) of the respondents have used relevant injury data gathered from credible data sources while conducting the Priority Setting Exercise. This is up 6.5% from 2008.

Twenty-nine (67%) of the respondents stated that the Safety Promotion and Injury Prevention programmes they championed match their safety priorities.

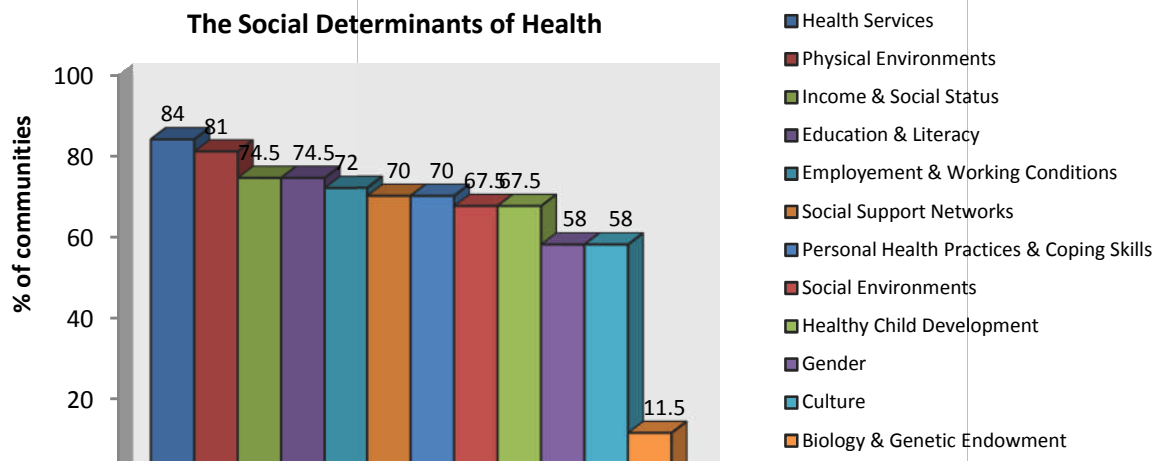
Thirty five (81%) of the respondents estimated that 4,431 Injury Prevention and Safety Promotion programmes were offered in their communities.

Thirty-six (83.72 %) of the respondents have evaluated their safety programmes and initiatives.

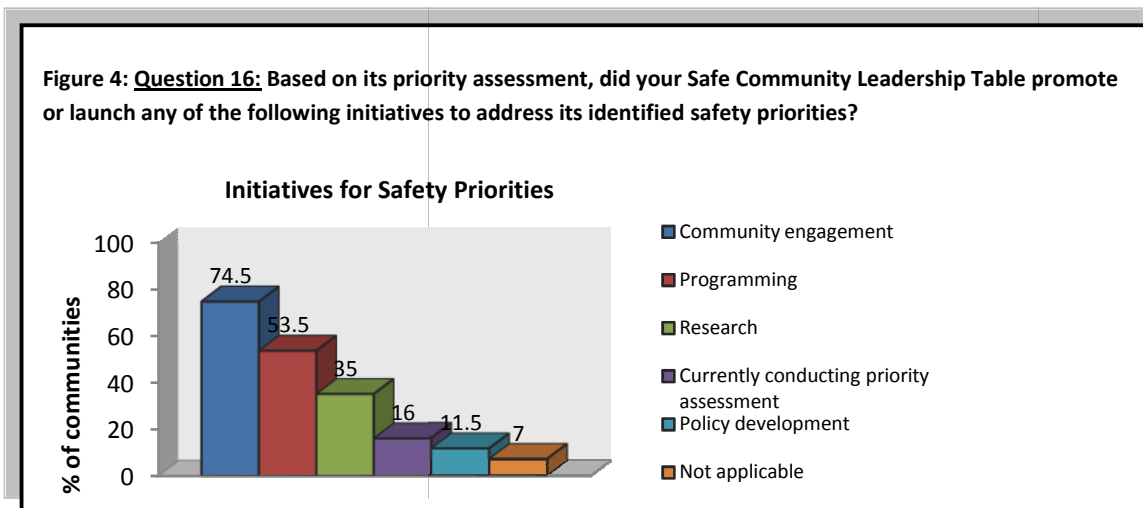
The top three Social Determinants of Health considered when conducting their Priority Setting Exercise for determining their programme offerings are health services, physical environment, and income and social status and education and literacy equally.

Forty-two (97.67%) of the respondents consider the Social Determinants of Health when conducting their Priority Setting Exercise. Thirty (70%) of these respondents consider 7 or more.

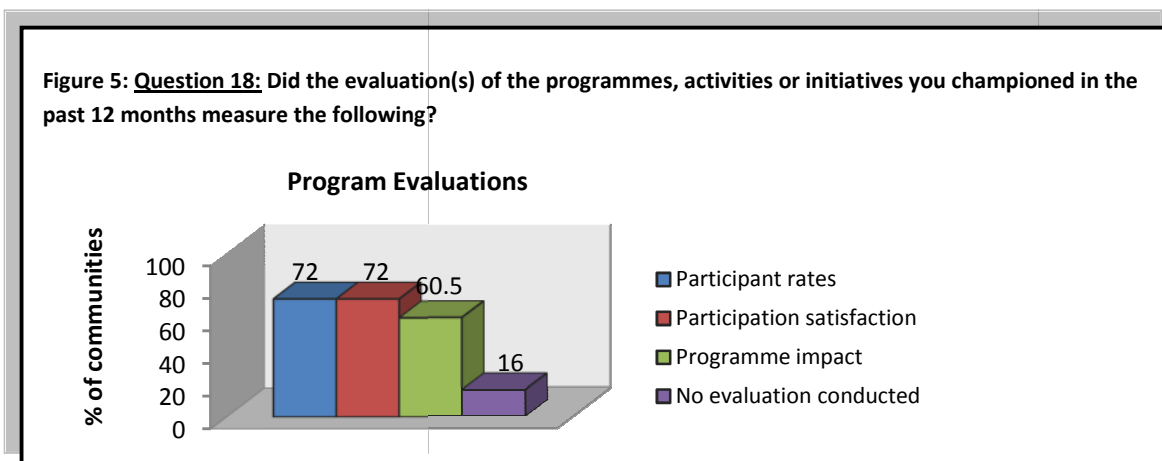
**Figure 3: Question 15:** In recent years, the theory of The Social Determinants of Health has assumed enormous importance in shaping public health and related public policy throughout the world. Health Canada recommends that all public health policies account for the twelve Social Determinants of Health. 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:



The two most common ways Leadership Tables demonstrate their role as champions in their community is “increased awareness of its safety priority” (33 or 77%) and “introducing a new programme, activity or initiate to address its safety priority” (28 or 65%) (This is down 20% from 2008).



The evaluations conducted (indicated above) have resulted in the following changes (Figure 6):

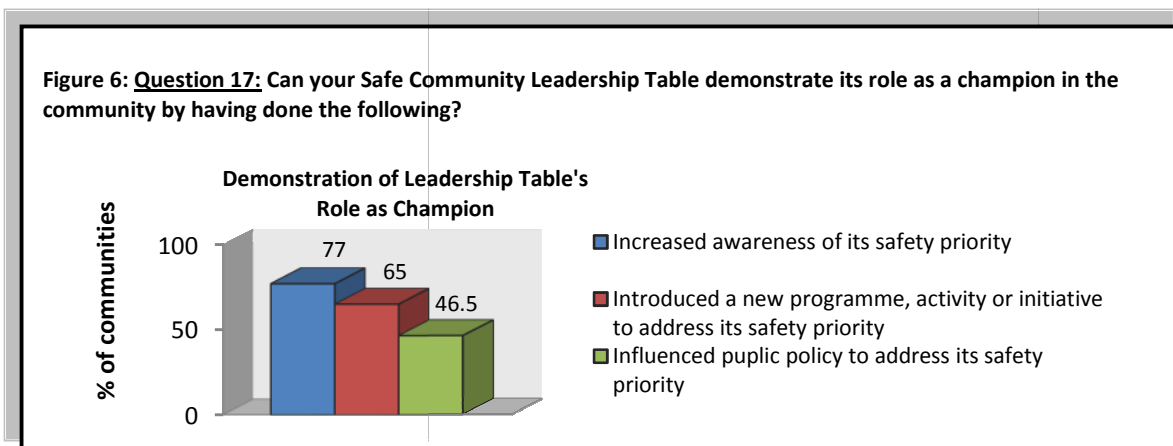


Figure 7: Question 21: Based on the evaluation conducted, can your Safe Community Leadership Table provide any information demonstrating that its efforts have had an impact on the following?

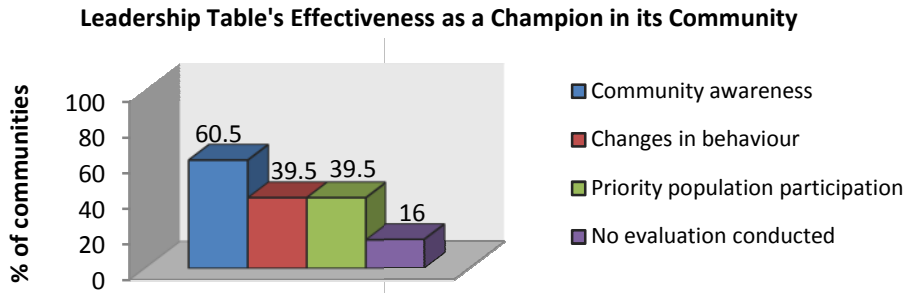
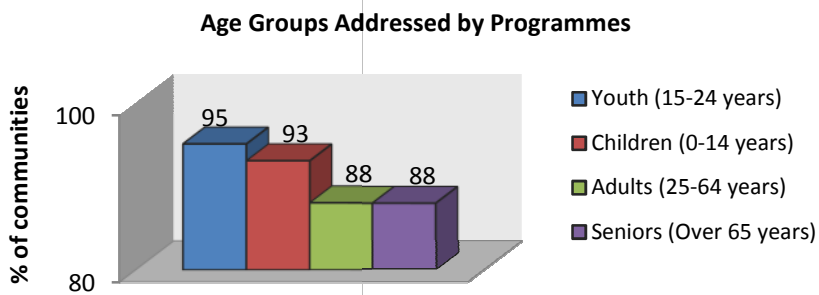
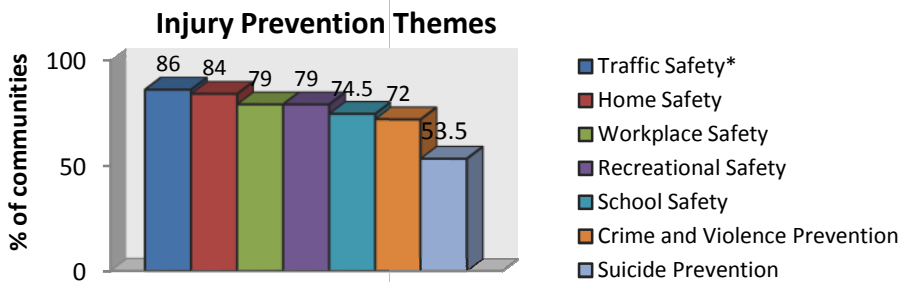


Figure 8: Question 13c: Of the programmes running in your community please indicate which age groups they address.



All communities have programmes that address almost all of the common safety themes. The following graph (Figure 9) shows the results.

Figure 9: Question 13d: Of the programmes running in your community please indicate which ones address these common themes:

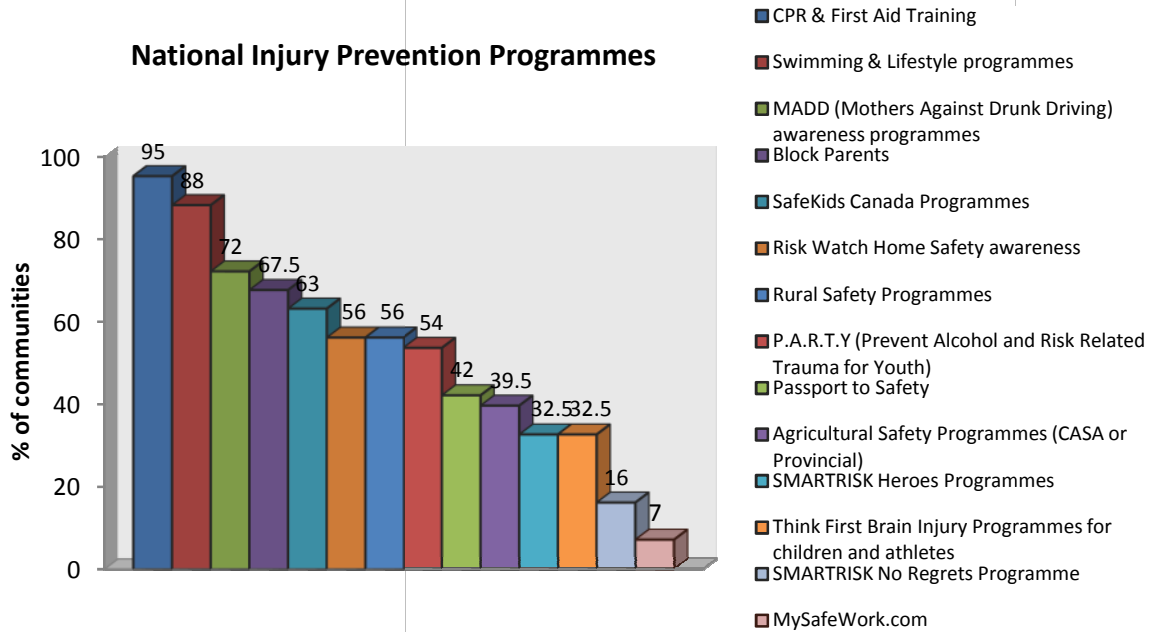


\*Traffic Safety includes all transportation safety.



Of the list of National Injury Prevention programmes, the top two are CPR and first aid training (41 or 95%) and swimming and lifestyle programmes (38 or 88%). See Figure 10 below.

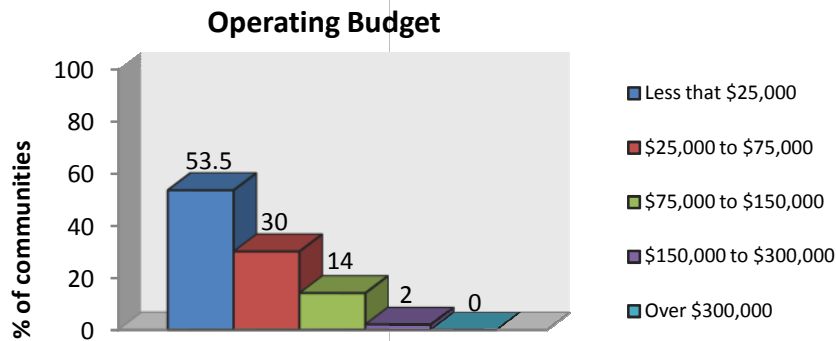
**Figure 10: Question 14:** Please select from this list of National Injury Prevention programmes, which ones are currently running in your community.



### THE ATTRIBUTE OF SUSTAINABILITY

Twenty-three (53.5%) of the Leadership Tables have an operating budget of less than \$25,000. This is how it compares to the other operating budgets:

**Figure 11: Question 22:** What is the annual operating budget for your Safe Community Leadership Table?



Twenty-nine (67.5%) of the respondents receive grants. Twenty-one (49 %) of the respondents receive sponsorships.

In the past year, 3,805 volunteers contributed 60,274 hours to the cause of injury prevention and safety promotion in Canadian Safe Communities. This is 1500 more volunteers than was reported last year.

The average number of volunteers per community is 88 for 2009 (21 more than 2008).

Thirty-five (81 %) of the respondents have businesses involved in their Safe Community both by having members at the Safe Community Leader Table, and donations from in-kind supports. Thirty-one (72 %) of the communities have businesses sponsor community safety events.

### THE ATTRIBUTE OF COMMUNITY ENGAGEMENT

Over 315,000 community members across Canada have participated in the Leadership Tables' safety programs and activities. This is over 130, 000 more than 2008.

Twenty-six (60.5%) of the respondents have a website address. Five (11.5 %) of the respondents plan to create one in the next year. Twenty-four (56 %) of the respondents have a process which ensures that their web site is regularly updated.

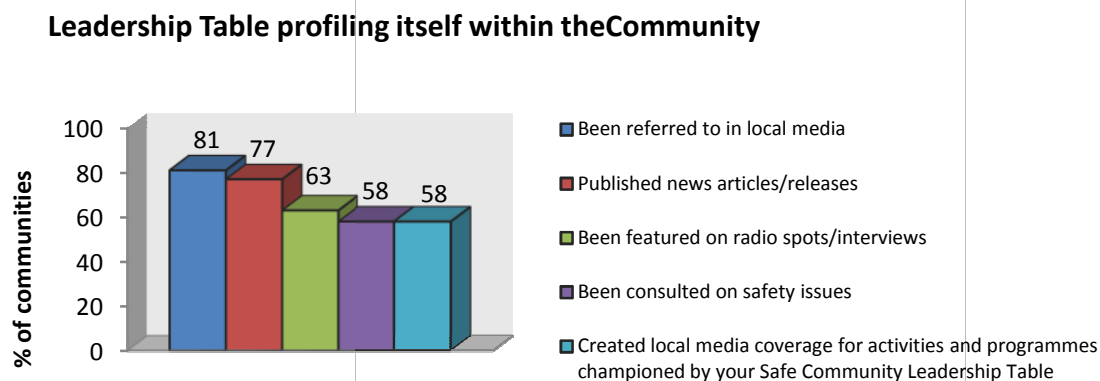
Forty-one (95 %) of the respondents used newspapers to promote participation and awareness in their community.

Thirty (70 %) of the respondents estimated in-kind reach and twenty-three (53.5 %) estimated purchased reach using the circulation or audience data provided by the media they were using.

Seventeen (39.5 %) of the respondents indicated that the majority of advertising used in the past 12 months focused on both a single event and an ongoing programme.

The Safe Community Leadership Table or an operating committee of the Leadership Table has engaged in the following ways to profile itself in the community:

**Figure 12: Question 42: In the past 12 months, has your Safe Community Leadership Table or an operating committee of your Leadership Table engaged in any of the following as a way to profile itself in the community?**



## 2.4 RELATIONSHIP WITH SAFE COMMUNITIES CANADA

The respondents found the following areas of training would be most useful during the next 12 months:



Twelve (28%) of the respondents have made changes to the way in which they keep track of their data during the year.

Twenty-eight (65 %) of the respondents have shared their previous National Report Card and/or Community Report Card with their community partners.

The National Report Card and/or Community Report Card has generated a story in the local media of nine (21 %) communities.

Twenty-four (56 %) of the Leadership Tables have used the National Report Card and/or Community Report Card to demonstrate the credibility of both Safe Communities Canada and their Safe Community Leadership Table in their community.

## 3.0 SPECIAL REPORTS

This year we have been able to add a Special Reports section to the National Report Card. Here particular trends/reasons that begin to appear in the third year of implementation have been graphed. There are five groups of trends/reasons considered.

Group 1: The Attribute of Leadership Table membership, the Social Determinants of Health considered, and the overall Attribute and Indicator score. See [Figure 14 to 17](#).

Group 2: Volunteer numbers, Succession Plan, overall Attribute Score and overall Indicator Score. See [Figure 18 to 19](#).



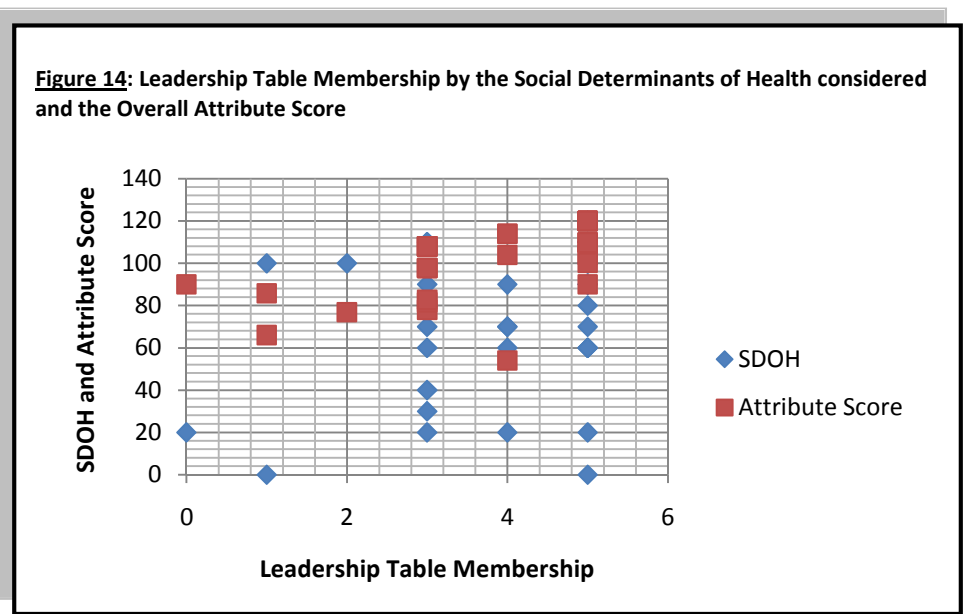
Group 3: Budget, overall Attribute score and the Social Determinants of Health Considered. See [Figure 20 to 21](#).

Group 4: The Attribute and Indicator Score year to year comparison. See [Figure 22 to 23](#).

Group 5: Other Findings See [Figure 24 to 25](#).

**GROUP 1 THE ATTRIBUTE OF LEADERSHIP TABLE MEMBERSHIP<sup>1</sup>, THE SOCIAL DETERMINANTS OF HEALTH CONSIDERED<sup>2</sup> AND THE OVERALL ATTRIBUTE SCORE: [FIGURE 14-FIGURE 17](#)**

Figure 14: shows that there is some relationship between Leadership Table membership (0-5), the Social Determinants of Health and the overall Attribute score. Most of the diamonds and squares on the graph are for those Leadership Tables who have 3/5 to 5/5 of the specified members around their table. What is particularly interesting in this graph is the strong correlation between 5/5 members and the highest Attribute scores. When we looked at those Leadership Tables that considered 7 or more Social Determinants of Health (Figure 15) the relationship is more significant where the trend did meet a correlation point. As the members around the table increase to the specified 5, the Attribute score increases. Also, those Leadership Tables who have all 5 specified members at their table are also



considering 7 or more SDOH when programme planning. In Figure 16 and 17 the *x-axis* has been changed to the Attribute Score (Figure 16) and the Indicator Score (Figure 17). These final 2 graphs in this grouping show very strong relationships to the SDOH and the Leadership Table

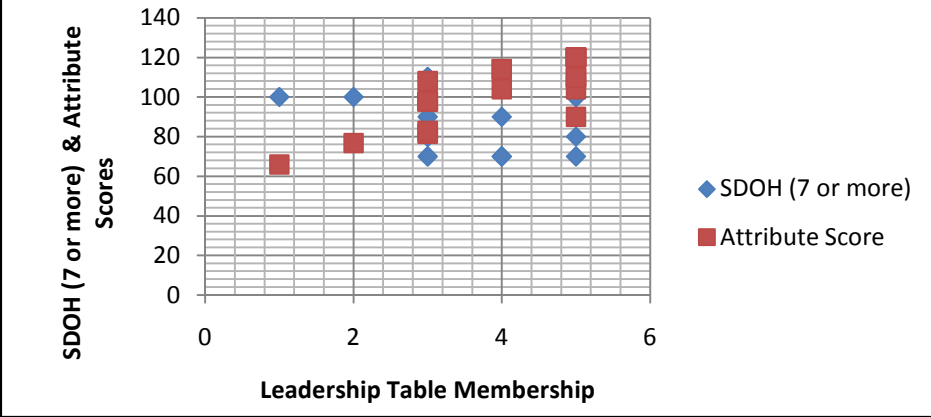
membership with Figure 17 demonstrates to strongest findings: the higher the Indicator Score the more likelihood of all 5 specified members around the Leadership Table and the more SDOH considered when programmes planning.

<sup>1</sup> There are five specified members around their Leadership Table. (Band Council, Municipal, Regional or Provincial Government, Police Department, Fire Department, Local Public Health Units/Health Care Services and Emergency Medical Services (EMS)).

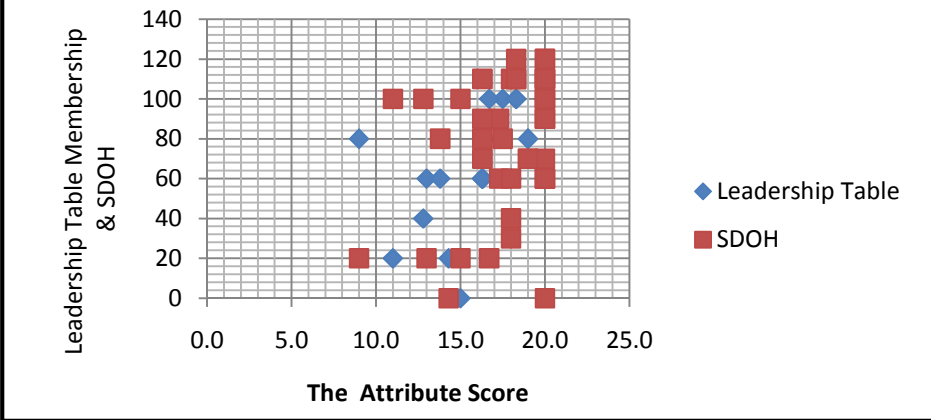
<sup>2</sup> SDOH considered when planning Injury Prevention and Safety programmes and initiatives.



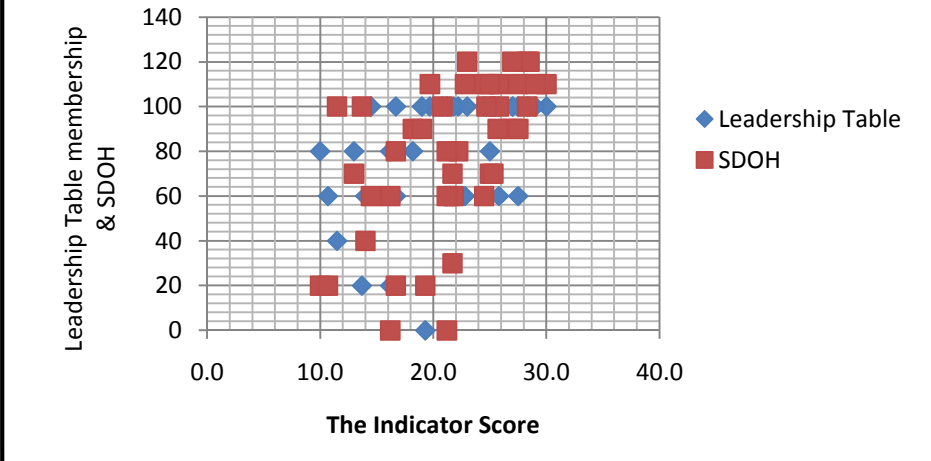
**Figure 15: Leadership Table membership by the Social Determinants of Health considered (7 or more) and overall Attribute Score**



**Figure 16: The overall Attribute Score by Leadership Table membership and the Social Determinants of Health considered**

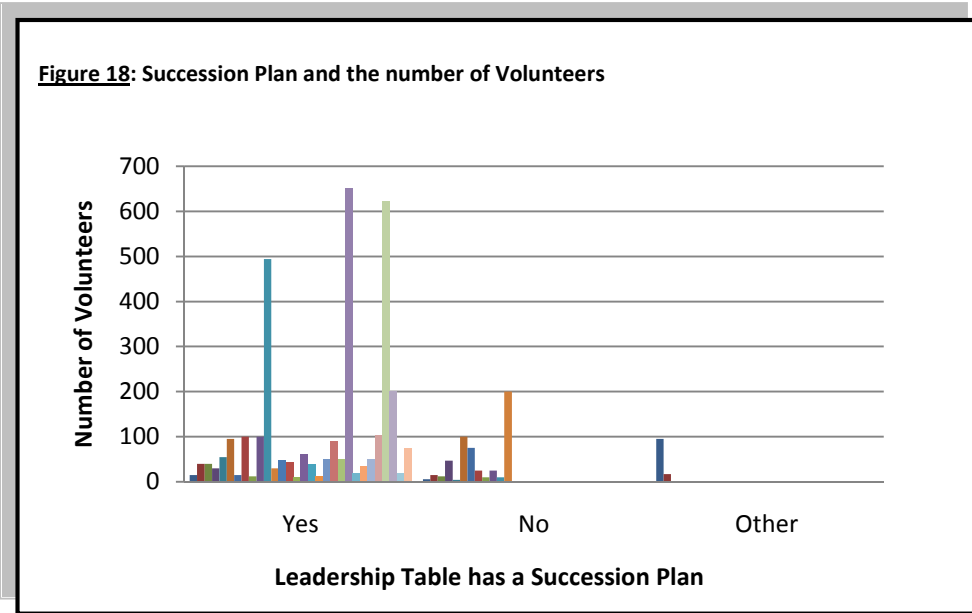


**Figure 17: Indicator Score by the Leadership Table membership and the Social Determinants of Health considered**



**GROUP 2: VOLUNTEER NUMBERS, SUCCESSION PLAN, OVERALL ATTRIBUTE SCORE AND OVERALL INDICATOR SCORE: FIGURE 18- FIGURE 19.**

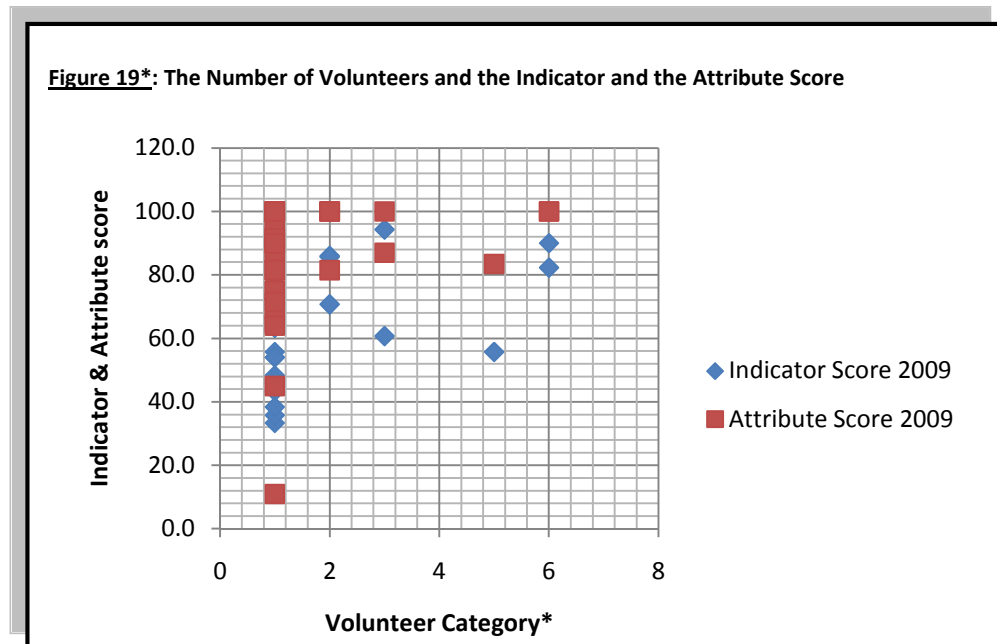
We took a closer look at volunteer numbers to determine any interesting relationships to particular variables. Two findings are graphed below. Figure 18 compares Leadership Tables who have a succession plan to Leadership Tables who do not have a succession plan in relationship to the number of volunteers



involved in that community. Figure 18 shows that the Leadership Tables with the highest number of volunteers are those Leadership Tables who have a succession plan.

Figure 19 depicts the relationship between the number of volunteers and the overall Attribute and Indicator scores. This

finding shows that as the volunteer category increases, so does the overall Attribute and Indicator score.



**\*FIGURE 19 LEGEND**

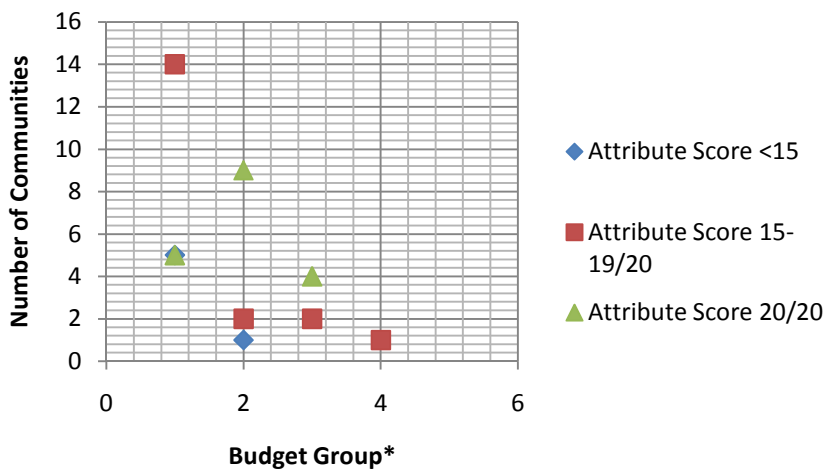
VOLUNTEER CATEGORY	NUMBER OF VOLUNTEERS
1	0-100
2	100-200
3	200-300
4	300-400
5	400-500
6	500-600+



**GROUP 3: BUDGET, OVERALL ATTRIBUTE SCORE AND THE SOCIAL DETERMINANTS OF HEALTH CONSIDERED: FIGURE 20 – FIGURE 21.**

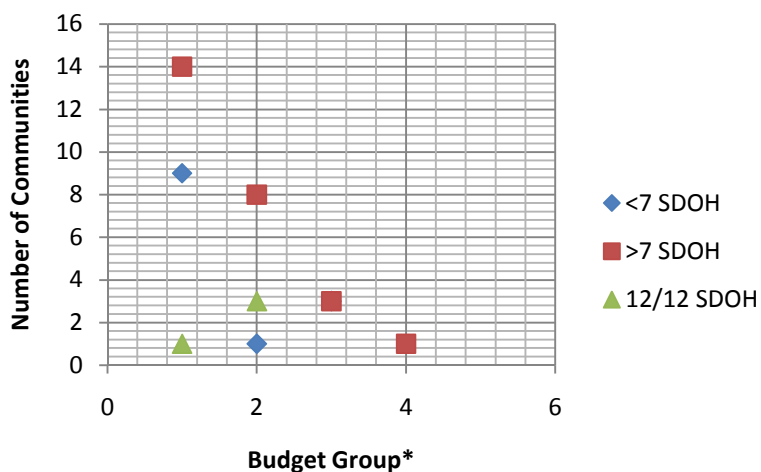
We took a closer look at budget to determine whether budget has any relationship to a specified variable. We considered many possible groupings and variables and no major relationship was identified. In particular budget showed no relationship to a community’s Attribute or Indicator Score. Two graphs have been included below for your interest.

**Figure 20: Budget Group\* by Attribute Score**



*FIGURE 20 LEGEND	
BUDGET GROUP	BUDGET RANGE
1	LESS THAN \$25,000
2	\$25,000 TO \$75,000
3	\$75,000 TO \$150,000
4	\$150,000 TO \$300,000
5	\$300,000+

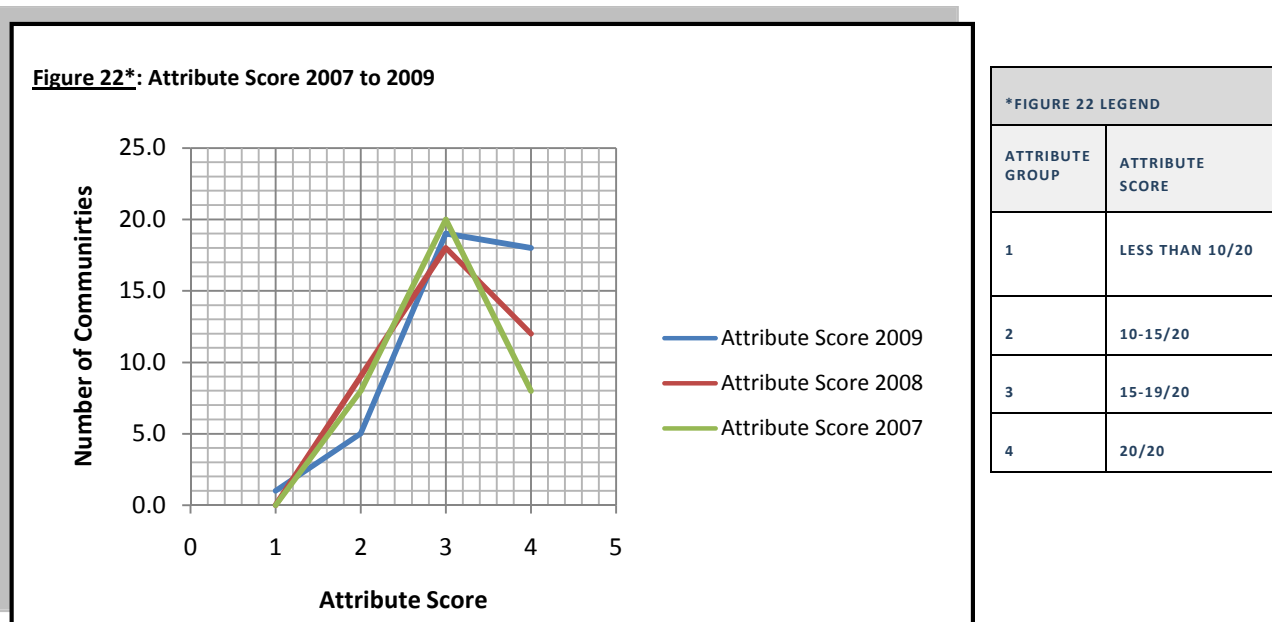
**Figure 21: Budget Group\* and the Social Determinants of Health considered**



**GROUP 4: THE ATTRIBUTE AND INDICATOR SCORE YEAR TO YEAR COMPARISON: FIGURE 22 - FIGURE 23.**

Figure 22 depicts the Attribute score over a 3 year period. Two significant findings are shown. First, there were 9 communities who fell in Attribute Group 4 in 2007 and there are 18 communities who fall in Attribute Group 4 in 2009. Second, the number of communities within Attribute Group 3-4 in 2009 (the blue line does not drop from Group 3 to Group 4) is significantly greater than the previous 2 years. This also means that in 2009 there are fewer communities in Attribute Group 1-2 than there were in 2007 and 2008.

Figure 23 shows a similar upward trend. In 2009 there are fewer communities in Indicator Group 1 than there were in 2008 and more communities in Indicator Group 3 than there were in 2008.

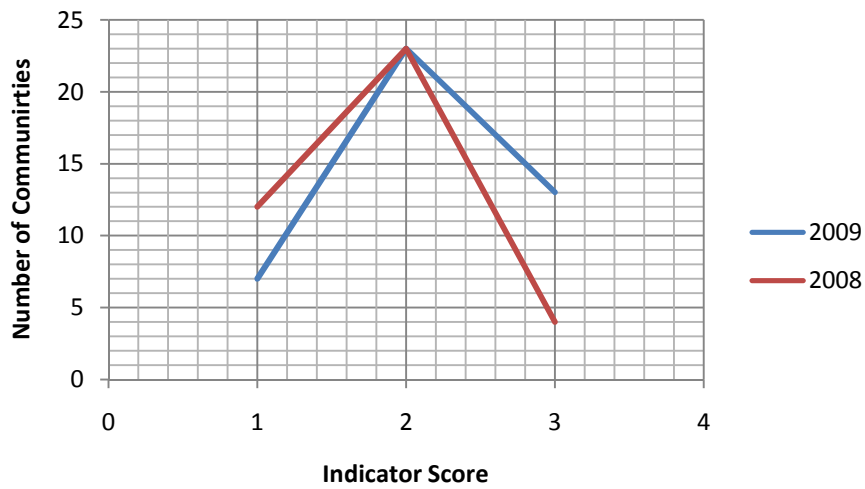


**FIGURE 22.1: Attribute Score 2007 to 2009**

	ATTRIBUTE SCORE	ATTRIBUTE SCORE		
		2009	2008	2007
1	<10/20	1	0	0
2	10-15/20	5	9	8
3	15-19/20	19	18	20
4	20/20	<u>18</u>	<u>12</u>	<u>8</u>
TOTAL COMMUNITIES		43	39	36



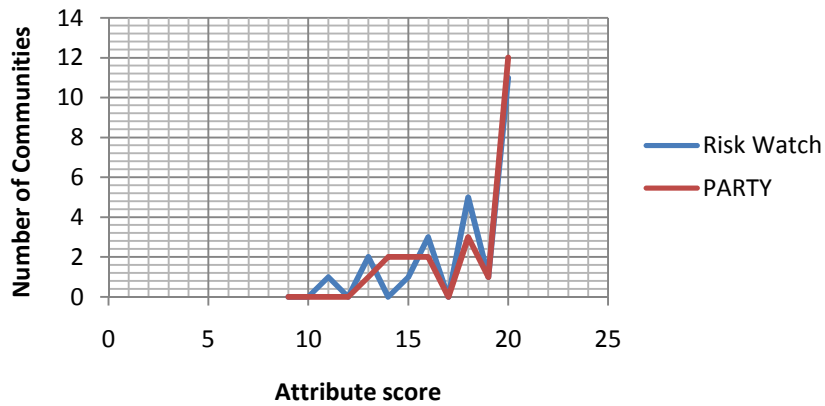
**Figure 23\*:** Indicator Score 2008 to 2009



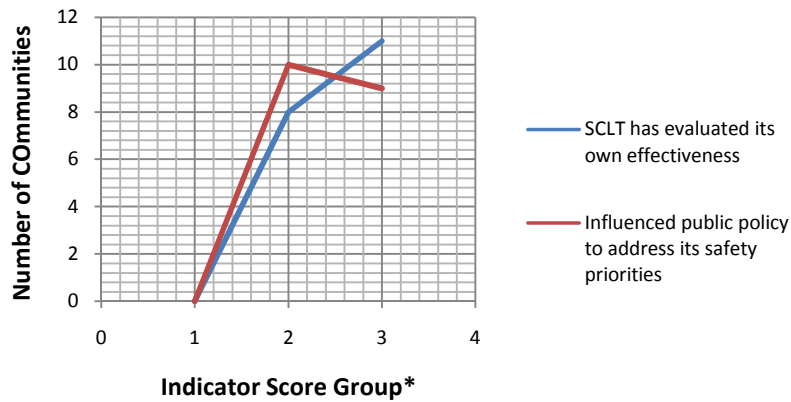
*FIGURE 23 LEGEND	
INDICATOR GROUP	INDICATOR SCORE
1	LESS THAN 15/35
2	15-25/30
3	26-30/30

*GROUP 5: OTHER FINDINGS: FIGURE 24 - FIGURE 25.*

**Figure 24:** Attribute Score and Safety Programmes Running



**Figure 25\*:** Indicator Score and Leadership Table who have Evaluated its own Effectiveness and Influenced Public Policy



*FIGURE 25 LEGEND	
INDICATOR GROUP	INDICATOR SCORE
1	LESS THAN 15/35
2	15-25/30
3	26-30/30

## 4.0 GENERAL FEEDBACK

Overall, Canadian communities spent 420.5 hours completing this years survey. On average each community spent 9.8 hours completing the survey.

## 5.0 CONCLUSION

The 2009 National Report Card Survey completes the three year assessment cycle begun in 2007. In 2010, as in 2007, the National Report Card Survey will focus equally on all four Attributes of Canadian Safe Communities. Overall, the last three years have shown many strong strides forward. The level of commitment and passion from the Safe Community Leadership Tables is evident. The last three years has also shown a level of commitment from Safe Communities Canada where communication with all designated safe communities across Canada has been instrumental in maintaining consistent messaging on the Attributes of Canadian Safe Communities and the Indicators of National Safe Communities.

