

Program/Service Information Report

Injury Prevention: Safe Communities Wellington County 2018

TO:	Board of Health
MEETING DATE:	November 7, 2018
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Key Points

- Safe Communities Wellington County is a leadership table that aims to make Wellington County a safe and healthy place to live.
- In 2017, Wellington-Dufferin-Guelph Public Health supported Safe Communities Wellington County through a priority setting exercise to choose updated injury prevention priority areas for Wellington County.
- Priority areas established were: motor vehicle collision prevention (on and off road), falls prevention and intentional self-harm prevention. Priority Action Groups were formed by the executive table to focus on each priority area established during the exercise to address injury prevention in Wellington County.

Strategic Directions & Goals

Building Healthy Communities:

We will work with communities to support the health and well-being of everyone.

Operational Plan Objectives

- To participate at the Safe Communities Wellington County Leadership table.
- To support the Priority Action Groups (PAGs) within Safe Communities by providing data, sharing best-practice strategies and facilitating planning initiatives.

Summary of OPHS Program Requirements

OPHS Program: Substance Use and Injury Prevention

Goals:

- To reduce the burden of preventable injuries
- Community partners are aware of healthy behaviours associated with the prevention of injuries
- Community partners have knowledge of and increased capacity to act on the factors associated with the prevention of injuries, including healthy living behaviours, healthy public policy, and creating supportive environments.
- There is increased public awareness of the impact of risk and protective factors associated with injuries.

Strategy:

- Health Promotion and Policy Development
- Disease Prevention
- Program Evaluation

Requirements:

- The board of health shall collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities related to injuries and substance use and report and disseminate the data and information in accordance with the Population Health Assessment and Surveillance Protocol, 2018.
- The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses risk and protective factors to reduce the burden of preventable injuries and substance use in the health unit population.

a) The program of public health interventions shall be informed by:

i. An assessment of the risk and protective factors for, and distribution of, injuries.

Accountability Indicators:

- N/A

Performance variance or discrepancy identified:

- N/A

Highlights

A Safe Communities designation publicly recognizes a community's aspiration and commitment to create a safer life for its citizens.¹ Parachute Canada provides the Safe Communities designation to communities that have demonstrated this commitment by assembling community leaders, undertaking a priority-setting process, and developing an action plan. Wellington County was designated as a Safe Community in June, 2013.¹

Safe Communities Wellington County (SCWC) is the leadership table that is responsible for developing and acting on injury prevention priority areas under the Safe Communities designation. It consists of stakeholders from municipal councils, emergency services, school boards and other organizations that share an interest in making Wellington County a safe place to live. Wellington Dufferin Guelph Public Health (WDGPH) has been highly involved in the Safe Communities designation process since 2012. WDGPH assists SCWC by providing research evidence, local data, facilitation, and evaluation support.

Priority Setting Exercise for SCWC

Parachute Canada requires each Safe Community to engage in a priority setting exercise every five years in order to maintain its designation.² The prioritization exercise helps communities establish local injury-prevention priorities that align with current community needs. Parachute Canada provides communities with standard guidelines and facilitation materials to facilitate priority setting.² In 2017, WDGPH supported SCWC to complete the priority setting exercise for Wellington County.

The priority setting exercise for Wellington County was a one day facilitated event which consisted of three parts: 1) a review of local data, 2) a review of community survey results, and 3) a facilitated qualitative priority setting exercise, all relating to seven injury categories (**Figure 1**). The injury categories were selected based on an analysis of local data, including emergency department visits, hospitalizations and mortality statistics.³ Sixty-two individuals, representing over 30 Wellington County organizations and service agencies participated in the priority setting exercise. The purpose of the exercise was to establish the top three injury prevention priorities, from the categories considered, within Wellington County³.

Figure 1: Injury Categories

1. Accidental Poisonings
2. Agricultural, Machinery and Tools
3. Falls
4. Intentional Self-Harm
5. Motor Vehicle Collisions (on and off road)
6. Sports and Recreation
7. Pedestrians and Cyclists

Local Injury Data

WDGPH gathered and presented local data on each injury category at the priority setting exercise. Each injury category was assessed using five indicators (deaths, potential years of life lost, emergency department visits, hospitalizations, and length of hospital stay) that describe the burden of injuries in Wellington County. Overall and gender-specific data were presented for each local municipality. The sources for these data included the National Ambulatory Care Reporting System (NACRS 2010-2015), the Discharge Abstract Database (DAD 2010-2015) and the Mortality database (2010-2012).³

WDGPH provided a summary of key data indicators under each injury category for Wellington County which is provided here in **Appendix A**. This data was then ranked by the facilitator to establish the top three priority areas (**Appendix B**). Each indicator under each injury category was ranked from 1-7 based on the number of counts, with a higher number of counts producing a lower score.⁴ For example, the number of deaths within the falls category were the highest (48) so the falls category received a ranking of 1 or “most important”. The rankings for each indicator in a category were then added together and assigned an average rank (Ranking $4+5+6+7 = 22 / 4 = 5.5$). Based on the ranks, the injury categories were prioritized from (1 to 7). For example, the sum of ranks within the falls category was $(1+3+1+1+1=7)$. Falls had the lowest sum of ranks (7) therefore it was ranked 1 or “most important” (**Appendix B**). Following this method, the top three injury categories in order of importance based on local data were:

1. Falls (at any age)
2. Motor Vehicle Collisions (all on and off-road vehicles)
3. Intentional Self-Harm (includes all purposefully self-inflicted injuries)

Community Survey

A community survey was conducted before the priority setting exercise to gauge public opinion on injury priorities. The survey was developed by WDGPH in consultation with SCWC and Parachute Canada. Survey participants were asked to: (i) rate the importance of different injury prevention issues and (ii) rate the importance of potential injury prevention strategies. The survey was administered online via Qualtrics over a five week period between September and October of 2017, and paper copies were also made available in all 14 public library branches in Wellington County. The survey was promoted through the social media accounts of local community partners in Wellington County as well as in the *Wellington Advertiser*³. The results of the community survey were presented to priority setting exercise participants during the priority exercise to help inform the qualitative priority setting discussion.

A total of 288 survey responses were received, out of which 208 were valid and used in the analysis and priority setting exercise. The 80 invalid responses were responses from people that did not live in Wellington County, or surveys that were incomplete or did not have consent indicated.³

The three most important injury categories according to the community survey were:

1. Motor Vehicle Collisions (all on and off-road vehicles)
2. Falls (at any age)
3. Pedestrian & Cyclist (collisions involving people walking and/or biking)

The survey also asked the respondents to rank the importance of the following injury strategies: enforcement (developing policies and laws), engineering (building or making changes to the environment) and education (increasing community safety awareness). Participants were asked to rank each injury prevention strategy from 1 to 5 (1 being “not important” to 5 being “very important”). About half of the respondents (49.8%) felt that enforcement was “very important” as 44.9% felt that education was “very important”, and 40.5% felt that engineering was “very important”.³

Qualitative Priority Setting Exercise

A facilitated, qualitative assessment exercise took place during the priority setting event (**Appendix C**). After the local data and community survey data were presented, table captains guided participants through a series of discussion questions to help them interpret and contextualize the data. This activity aided participants in making evidence-based decisions around local injury priorities. The qualitative assessment discussion questions explored participants’ knowledge of injuries within their communities, their personal experiences, and their opinions on areas for improvement.³ Table captains documented major themes. Subsequently, each table was randomly assigned two of the seven injury categories (**Figure 1**)

to rate using a series of statements to complete the prioritization exercise. These statements assessed awareness of the injury category in the community, the need for supportive interventions to address this category, and whether or not citizens would be receptive to programs and/or policies to address these issues. Participants ranked each statement for each category on a Likert scale from 1 to 7 with 1 representing “strongly disagree” and 7 representing “strongly agree” with the statement (**Appendix C**). The top three injury categories identified through the qualitative priority setting exercise were:

1. Motor Vehicle Collisions
2. Intentional Self-Harm
3. Falls

Results

The local injury priority areas were chosen at the end of the priority setting exercise by combining the results of the community survey, the local data and the results of the qualitative exercise. The results from all three components of the exercise were weighted as prescribed by Parachute Canada, with the local data making up 40% of the final total and the community survey and qualitative exercise making up 30% each.⁴ As a result, the top three local injury prevention priority areas were determined to be:

1. Motor Vehicle Collisions
2. Falls
3. Intentional Self-Harm

Current updates on Priority Action Groups within SCWC

Priority Action Groups (PAGs) were established to focus on the injury priority areas. These include the Road Safety PAG (including motor vehicle collision prevention both on and off road), Falls Prevention PAG and the Intentional Self-Harm PAG. Currently, WDGPH supports the Road Safety PAG and the Falls Prevention PAG by attending their committee meetings as well as providing research and local data.

The **Road Safety PAG** is currently working to make school zones safer within Wellington County. They are partnering with Parachute Canada to implement strategies to encourage parents to walk their children to school, to teach children about SafeWalk (walking with a buddy or adult) and to raise awareness around school zone safety. They attended Safe Communities Day, a local event held in September 2018 for Grade 6 students within Wellington County, to teach children about helmets and bike safety.

The **Falls Prevention PAG** has partnered with the VON Canada SMART Program to implement safe exercise programs for the older adult population in Wellington County. The SMART

program is a community-based, volunteer led exercise program for seniors which aims to improve strength, balance, and cardiovascular health, and reduce social isolation and hospital visits relating to falls.⁵ Classes are held at local sites in Guelph and Wellington County.⁶ They have also purchased brochures called *exercises at the kitchen sink* and have been sharing them at seniors centres as well as family health teams within Wellington County. Lastly, the Falls PAG also participated in the Safe Communities Day event and raised awareness around safety in older adults while engaging in physical activity.

The **Intentional Self-Harm PAG** is currently in the process of setting its direction for 2019 as well as devising strategies to address self-harm among youth and the older adult population in Wellington County. They are planning to attend the next SCWC Leadership table meeting to brainstorm and share ideas. They also attended the Safe Communities Day event to speak to students about self-harm and coping strategies.

WDGPH will continue to participate at the SCWC Leadership table meetings and support the priority action groups in their upcoming initiatives to support the goals of Safe Communities Wellington County.

Related Reports

References

1. Parachute Canada. Safe Communities. [Internet]. 2018. [cited 2018 Oct 12]. Available from: <http://www.parachutecanada.org/networks/topic/C291>
2. Safe Communities Wellington County. [Internet]. 2018. [cited 2018 Oct 16]. Available from: <http://wellington.safecommunities.parachutecanada.org/>
3. Safe Communities Wellington County: Priority Setting Exercise: 2017 (Summary). Guelph: Ontario; 2017.
4. Parachute Canada. National Community-Based Injury Prevention Priority Setting Exercise. Facilitator's Manual October 2013. [Internet]. 2018. [cited 2018 Oct 23]. Available from: http://www.parachutecanada.org/downloads/networks/communities/SC-Facilitators_guide.pdf
5. VON Canada. Seniors Maintaining Active Roles Together (SMART). [Internet]. 2018. [cited 2018 Oct 11]. Available from: <http://von.ca/en/service/seniors-maintaining-active-roles-together-smart>
6. VON Smart Exercises Wellington County. Find Classes. [Internet]. 2018. [cited 2018 Oct 16]. Available from: <https://www.vonsmartexercise.com/find-classes.html>

Appendix A: Summary of Local Injury Data

Data Summary

	PEDESTRIANS & CYCLISTS	MOTOR VEHICLE - ON & OFF ROAD	AGRICULTURAL, MACHINERY & TOOLS	SPORTS & RECREATION	FALLS	ACCIDENTAL POISONINGS	INTENTIONAL SELF HARM
Deaths (count)	<5	14	<5	<5	48	<5	30
Potential Years Life Lost (PYLL)	112	437	73	29	119	30	638
Emergency Department Visits (count)	1203	2780	1832	4384	19709	997	429
Hospitalization (count)	76	277	63	141	1708	83	203
Length of Stay (days)	263	1639	294	542	15927	626	857



The sources for these data included the National Ambulatory Care Reporting System (NACRS 2010-2015), the Discharge Abstract Database (DAD 2010-2015) and the Mortality database (2010-2012).³

Appendix B: Local Data Ranking Chart

Quantitative Ranking: Chart

	P&C	MVC	A,M&T	S&R	F	AP	I S-H
Death (count)	15	14	15	15	48	15	30
Ranking	5.5	3	5.5	5.5	1	5.5	2
Potential Years Life Lost (PYLL)	112	437	73	29	119	30	638
Ranking	4	2	5	7	3	6	1
Emergency Department Visits (count)	1203	2780	1832	4384	19709	997	429
Ranking	5	3	4	2	1	6	7
Hospitalization (count)	76	277	63	141	1708	83	203
Ranking	6	2	7	4	1	5	3
Length of Stay (days)	263	1639	294	542	15927	626	857
Ranking	7	2	6	5	1	4	3
Sum of Ranks	27.5	27.5	27.5	23.5	23.5	26.5	26.5
Rank of Sums	6.5	2	6.5	4	1	5	3

Appendix C: Qualitative Assessment Score Sheet

<h1 style="margin: 0;">Safe Communities Wellington County</h1> <h2 style="margin: 0;">Qualitative Assessment Score Sheet</h2>				
Date: Participant's Name: Participant's Organization: Table Number:				
Statements	Injury Category			
	Category #1		Category #2	
	<i>Individual Score</i>	<i>Average Group Score</i>	<i>Individual Score</i>	<i>Average Group Score</i>
1. Citizens in the community are aware that this injury category is a problem.				
2. Citizens in the community will be receptive to programs or policies that address this injury category.				
3. Most key community partners will support interventions to address this injury category.				
4. There is a need for more community engagement and mobilization to address this injury category.				
5. According to what I know about my community, the occurrence of this injury does not seem to be improving over time.				
6. I think that Safe Communities Wellington County has the capacity, as a group, to facilitate change in this injury category.				