

## Priority Setting Results – Rankings of Injury Prevention Priorities

On January 30, 2009 over sixty community stakeholders participated in a Priority Setting Exercise organized by Safe Community Wood Buffalo. Participants at this exercise reviewed injury statistics and perception statements to identify through community consensus the top injury priorities for the Regional Municipality of Wood Buffalo.

**Quantitative Data:** Injury statistics for Regional Municipality of Wood Buffalo and the Northern Lights Health Region were reviewed with participants and given a ranking based on frequency per 100,000.

**Qualitative Criteria:** Participants ranked the injury issues according to their perception of the issue as it related to 7 defined qualitative statements.

**Overall Ranking:** determined from Sum Score of Quantitative and Qualitative Criteria.

**Top 3 Injury Prevention Priorities** identified through a documented, community consensus:

1. Motor Vehicles
2. Falls
3. Suicide/Self Injury

## Priority Setting Exercise – 29 January 2009

### Evaluation Summary – 29 returned

**1. *After completing the exercise, I understand how the community has set its injury prevention priorities.***

Agree- 28, Disagree – 1

Comments:

- Disagree - I only disagree because this was the first time this strategy has been used
- Agree -It is not a disagreement but in the table sharing I thought it could be shortened by alternating table responses (i.e. Table 1 question 1...)

**2. *After completing this exercise, I accept that the priorities we have established demonstrate a community consensus***

Agree -28, Disagree -1

Comments:

- Agree -I think we need to keep an eye on the violence & Suicide numbers to ensure these remain and get the attention they deserve
- Agree -I would have liked to see OHV a higher priority in this region
- Agree -It was great to hear opinions from other areas of the community and see that many people are working on improving the community
- Agree, however, no representation from outlying areas?
- Disagree -Those representing today's session are not all subgroups of our community. i.e. all are employed, all are within certain income brackets

**3. As a result of taking part in this exercise, I have expanded my knowledge of the injury situation in my community.**

Agree - 25, Disagree -2, Neutral or n/a – 2

Comments:

- Agree – It was good to hear other people’s perceptions
- Neutral – I have had a good idea with current knowledge however agree because it confirmed my understanding
- Not applicable – not my community
- Disagree – This is not my community
- Disagree – I had knowledge prior to exercise, however the process was very enlightening

**4. From the initial communication about this exercise until its conclusion today, this Priority Setting Exercise was well planned and well organized.**

Agree- 29, Disagree - 0

Comments:

- Thought that it was exceptionally well executed. Great work. I would actually like to use this process in my work.
- Yes!
- I wasn’t sure what to expect this morning but the exercise was everything I hoped for.

**5. The Facilitator was able to communicate the objectives for each part of the exercise clearly and effectively.**

Agree- 28, Disagree -0, Neutral -1

Comments:

- Very well, thank you
- He was very good
- Neutral – speak more slowly/summarize or paraphrase

**6. *The Facilitator kept us on schedule without rushing the process***

Agree – 27, Neutral – 2

Comments:

- Very good job
- We had time for discussion and/or clarification without being rushed
- The lunch could have been served faster
- Overall yes but it all seemed rushed because of comments

**7. *Please take a few minutes to tell us what you liked best about this exercise.***

- Structured exercise produced results in a timely fashion. The feedback mechanism is excellent.
- I like the manner in which we were able to come to our priorities through both a qualitative and quantitative manner in an environment that was productive and unbiased.
- Small group discussions
- It was a great opportunity to discuss specific issues with other members of the community who have different expertise. I really enjoyed learning about what is currently being done to help the community and feeling a part of the solution in a very direct way. A great introduction to regular priority setting exercises.
- The qualitative assessment group work. Also the food was delicious!
- Discussion/networking
- Cross-section information – other points of view. Networking, who's who
- Well organized, interactive
- I am very glad that I was able to attend and hope that I will be able to become more involved. Thanks for the great day!
- Networking. Being part of collective qualitative data
- Appreciated that everyone had an equal voice. Great food. Good opportunity to network and meet lots of Fort McMurrayites!
- Raised awareness
- Good mixture/variety of attendees – industry, non-profit, business, etc. Very well planned. Great food! Day flowed very well.
- The awareness of the stats and the injuries
- The opportunity for networking was very valuable. The cross sections represented from the community and industry was impressive. Good representation.
- This was very good information

- I heard information that was not presented as a subcategory that gave me a greater understanding of what we need to concentrate on.
- The interaction and knowledge that was brought forth from the different levels
- Very good learning opportunity. Great discussion!
- Network, education.
- The networking with other agencies. The opportunity for input into this topic.
- It was very interesting. The stats were surprising in some areas. Made us aware that there is lots of work to be done. This was a good beginning.
- I have really expanded my knowledge of the community. I have had the opportunity to learn about many organizations within the community that are concerned with our current injury stats.
- Identification of priorities. Scope of organizations in attendance. Lunch was awesome. Great work – way to go!
- Great opportunity to meet with other professions and hear about their strengths & weaknesses
- The opportunity to meet new people and network
- The involvement of key community stakeholders. The organizing and coordination was excellent

**8. *If you believe that any part of this exercise could be improved, please take a few minutes to tell us your concerns.***

- It would be great if the contact information can be shared with all participants. It will be beneficial to have progress reports or updates.
- Involve other “subgroups” in our community
- Statistics 50%, Qualitative 50%. Less focus on data more focus on qualitative information. Representation from outlying communities may have changed outcomes? Definitions of questions – i.e . political – would like to see some action
- Wonderful exercise, look forward to seeing change
- I was very satisfied!!! Thank you for all the work
- No ideas – very well organized
- A bit more time for discussion during exercise #2. Could have been helpful in understanding the view of other participants
- Slightly longer lunch
- Data issue but limitations understood
- No – it was a good venue

- More current stats I possible & more cohesion to the stats
- As always it's a pleasant venue
- Motor vehicle stats on a per capita population (not vehicle #'s). Subset of motor vehicles sent to NLRHC. Subset of the NLRHA MVC. Education and awareness of costs to society, business & families with injuries/deaths.

# Injury Prevention Priority Setting January 29, 2009

*Making History in Injury Prevention*



# Welcome...

## *Today's Agenda*

9:00–9:30	Introductions, Background & Objectives
9:30–10:45	Quantitative Data (RMWB Statistics)
10:45–11:00	BREAK
11:00– 12:30	Qualitative Analysis & Ranking of Top Injury Issues
12:30– 1:00	Lunch
1:00–1:15	Ranking Results, Summary & Next Steps
1:15–1:30	Evaluations & Door Prizes



# Safe Community Wood Buffalo

## *What are today's objectives?*

To establish community injury priorities based on 3 pillars:

1. **Quantitative Data** on community injuries
2. **Qualitative Assessment** of injury issues
3. **Documented community consensus** about injury priorities

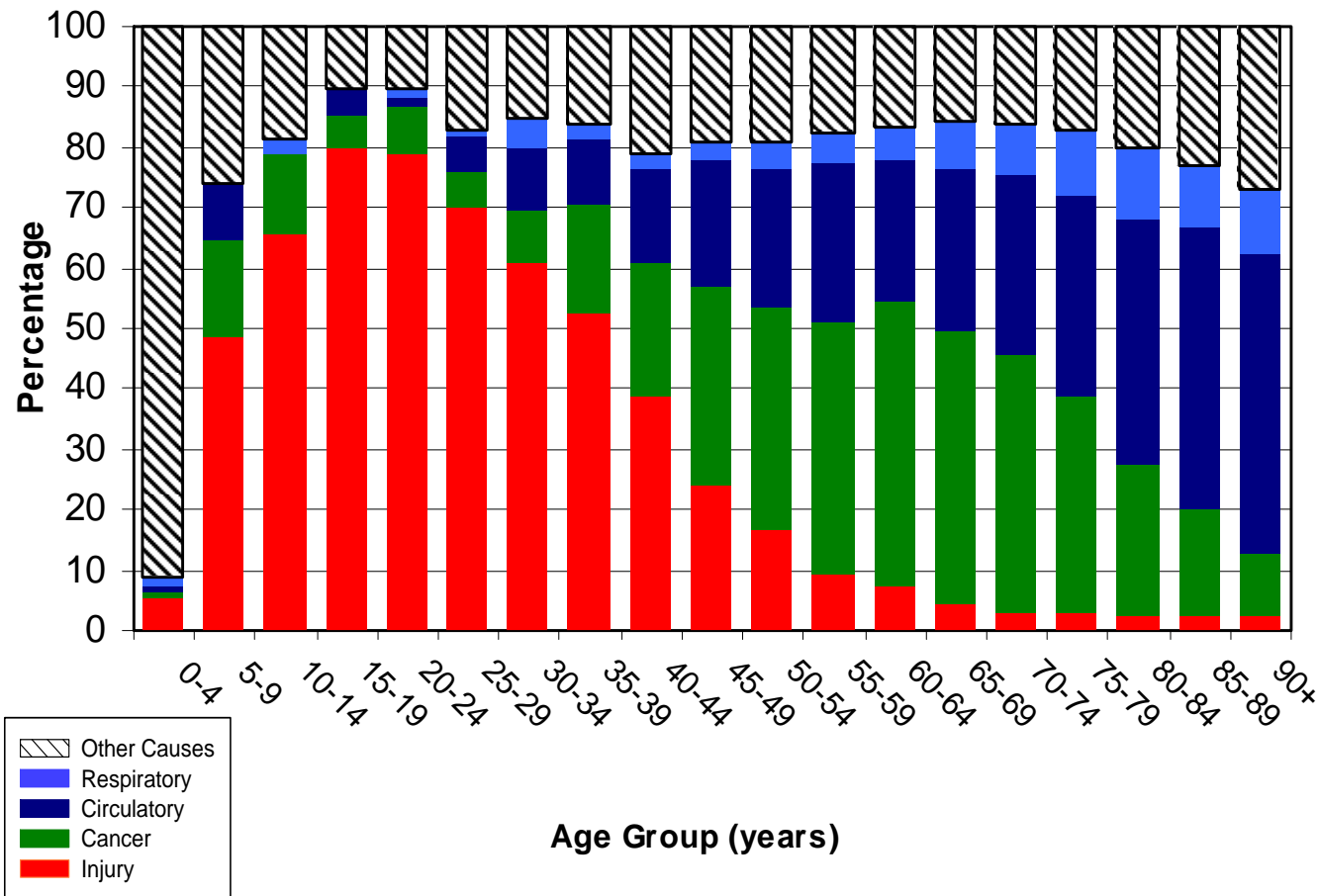


# Injuries Are Not Accidents!

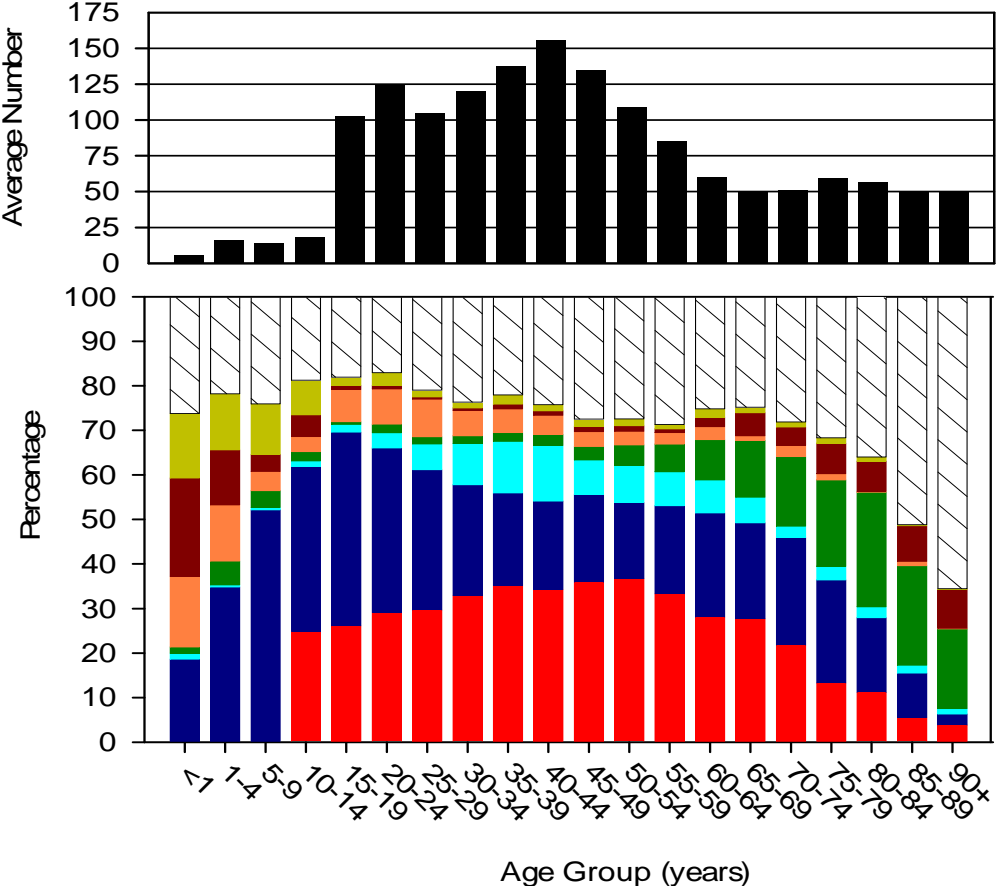
95% of all injuries are the result of predictable and preventable events



# Percentage of Death by Cause Alberta, 2005



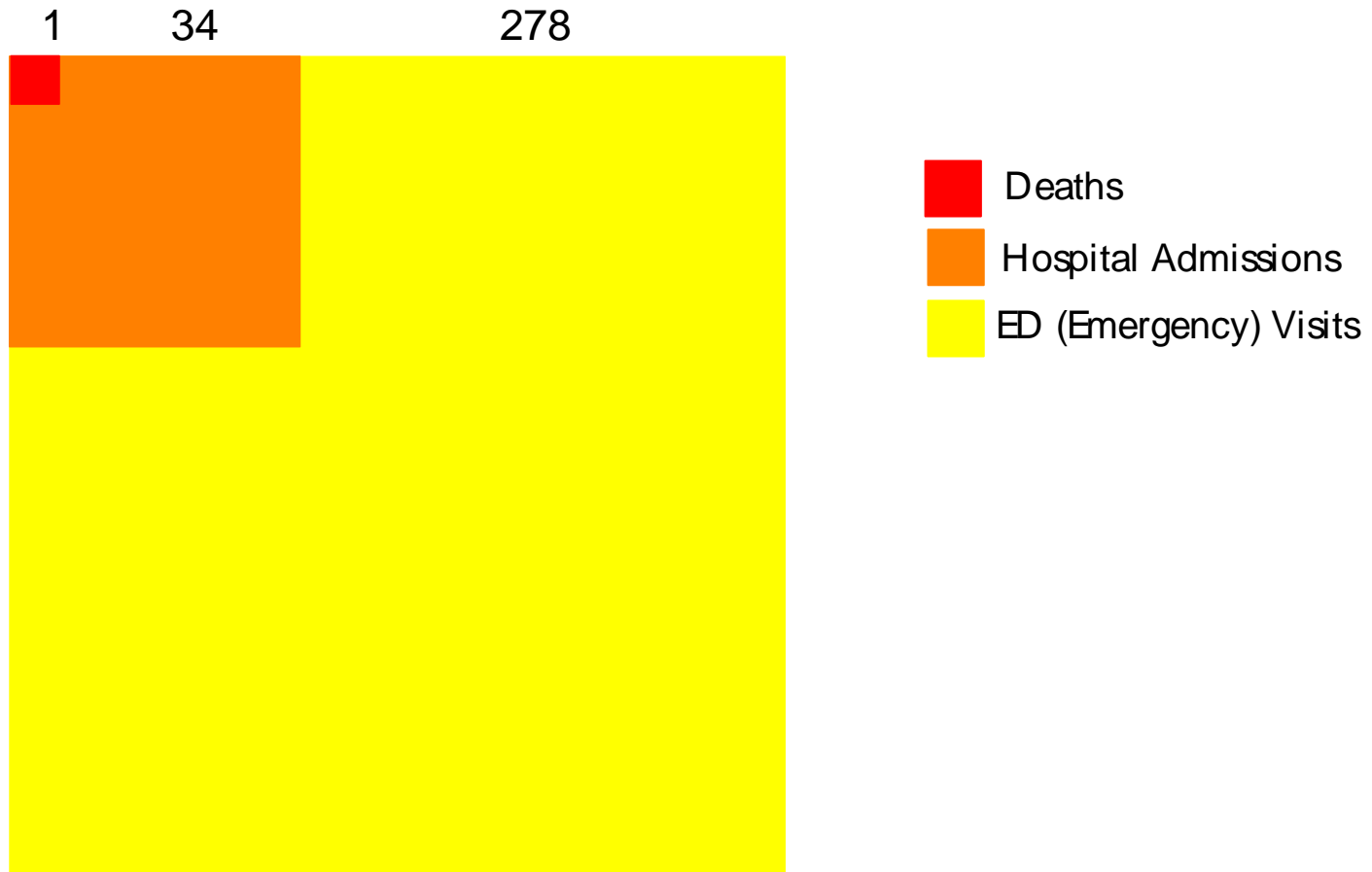
# Injury Deaths by Age Group and Mechanism of Injury Alberta, 1997-2006



- Suicide
- MVC
- Poisoning
- Falls
- Violence/Injury Purposely Inflicted
- Suffocation/Choking
- Drowning
- All Other Injuries



# Injury Deaths, Hospital Admissions and Emergency Department Visit Ratios Alberta, 1998-2006



\$1 spent on smoke alarms saves \$69  
\$1 spent on bicycle helmets saves \$29  
\$1 spent on child safety seats saves \$32  
\$1 spent on road safety improvements saves \$3  
\$1 spent on prevention counselling by  
pediatricians saves \$10  
\$1 spent on poison control services saves \$7

*2000 US Center for Disease Control*



# Pillar 1: Quantitative Data

*How Injury Profile has been assembled*

## Criteria:

1. Frequency: highest rates of injury
2. Capacity: Capacity or mandate of an organization to make changes to injury frequency

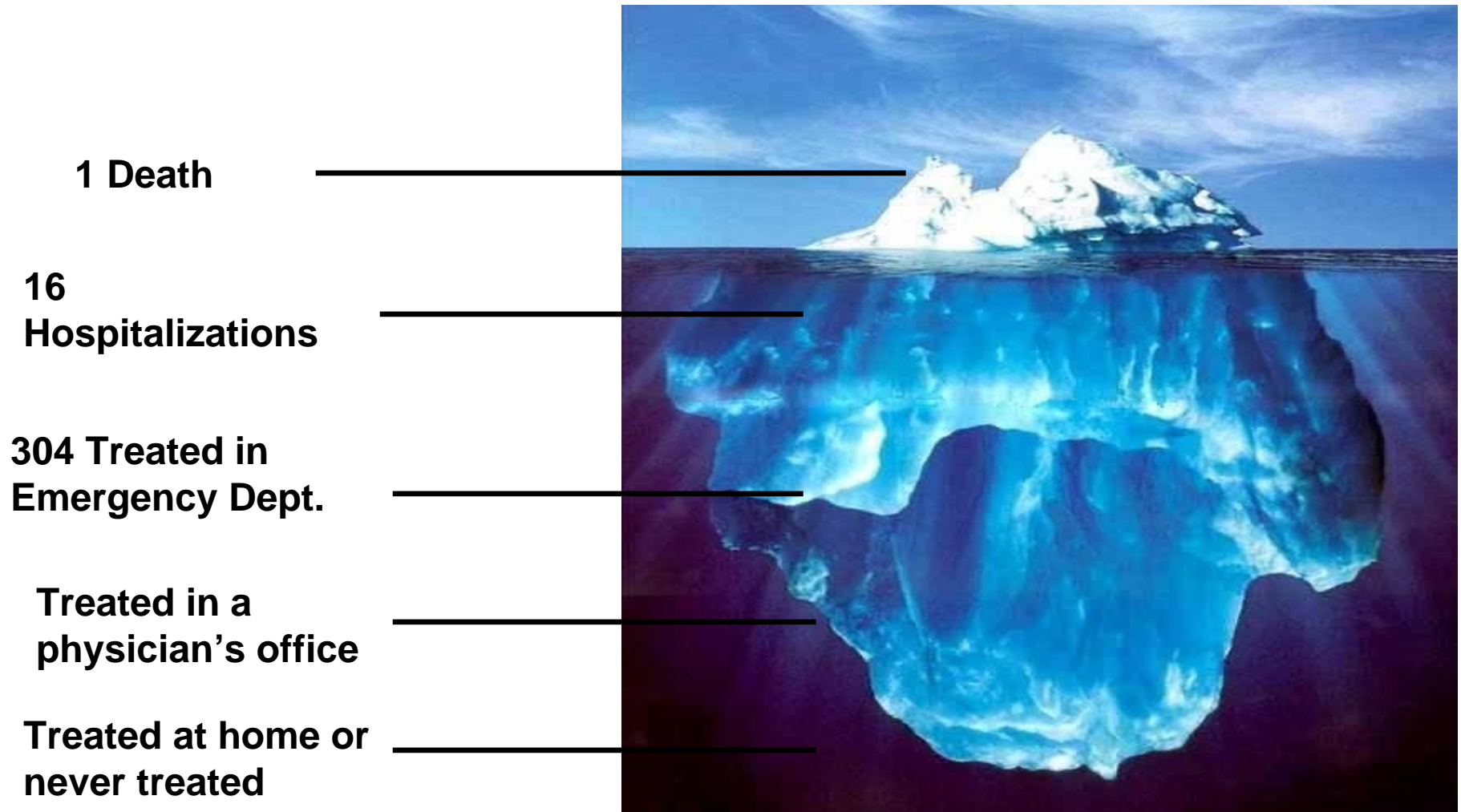
## Process:

1. Reviewed stats from NLHR, WCB & RCMP
2. Reviewed trends and limitations
3. Prepared an Injury Data Chart with the highest frequency injuries that had capacity to change

# Health Region Map



# Injuries: Below the Surface



Source: Alberta Injury Data: Comparison of Injuries in Alberta's Health Region's, 2006

# Health Region Stats

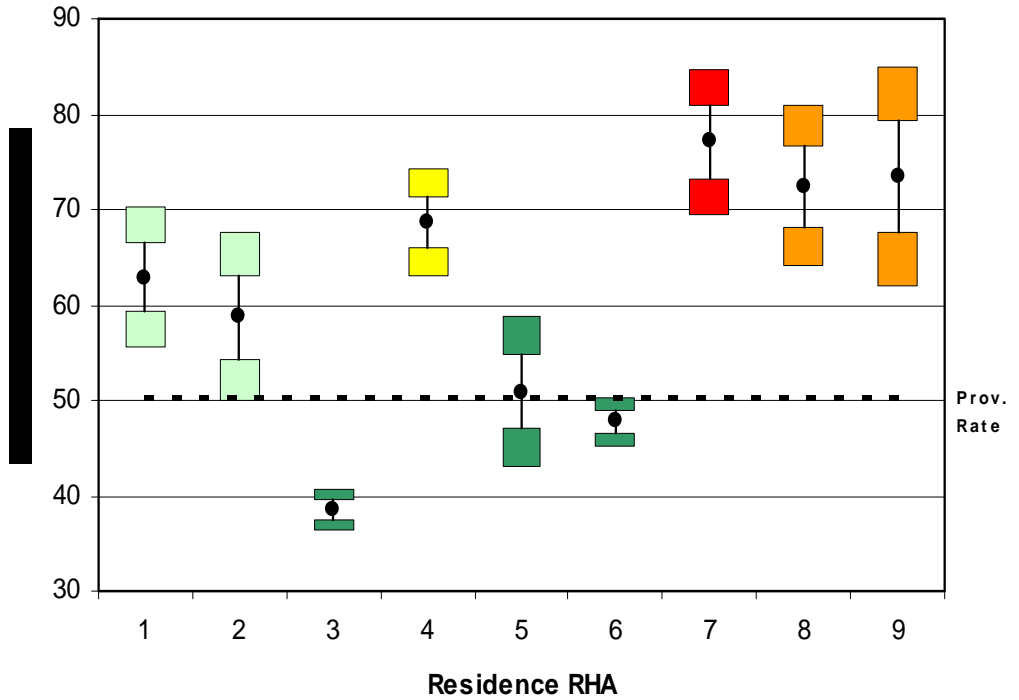
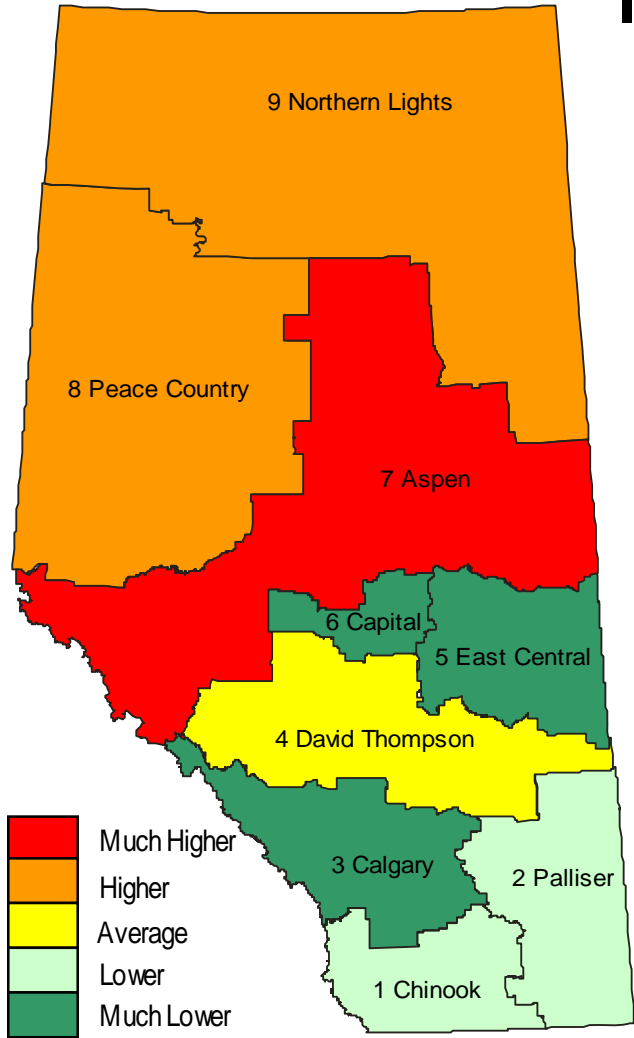
## DEATH RATES

		2002	2003	2004	2005	2006	TREND
INJURY	Falls	<5	<5	9	<5	0	Decreasing
	Motor Vehicles	24	14	20	16	29	Increasing
	Violence	<5	5	5	<5	<5	Increasing
	Suicide and Self Injury	13	10	9	11	12	Increasing
	Off Highway Vehicles	7	0	<5	<5	0	Decreasing
	Sports Injuries	0	0	0	0	0	Flat
	Unintentional Suffocation / Choking	0	0	<5	0	<5	Increasing
	Unintentional Poisoning	11	<5	<5	0	0	Decreasing
	Drowning	<5	5	<5	0	0	Decreasing

INJURY	Cutting / Piercing	0	0	0	0	0	Flat
	Overexertion / Strenuous Movement	0	0	0	0	0	Flat
	Struck By or Against Object	0	0	0	0	<5	Increasing

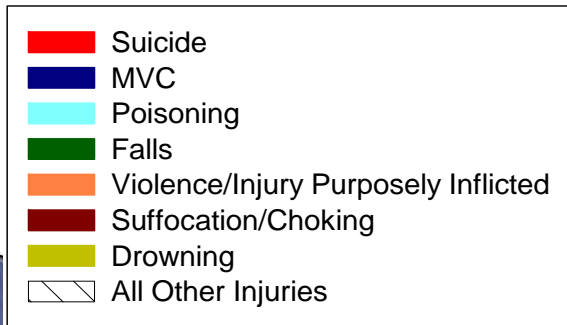
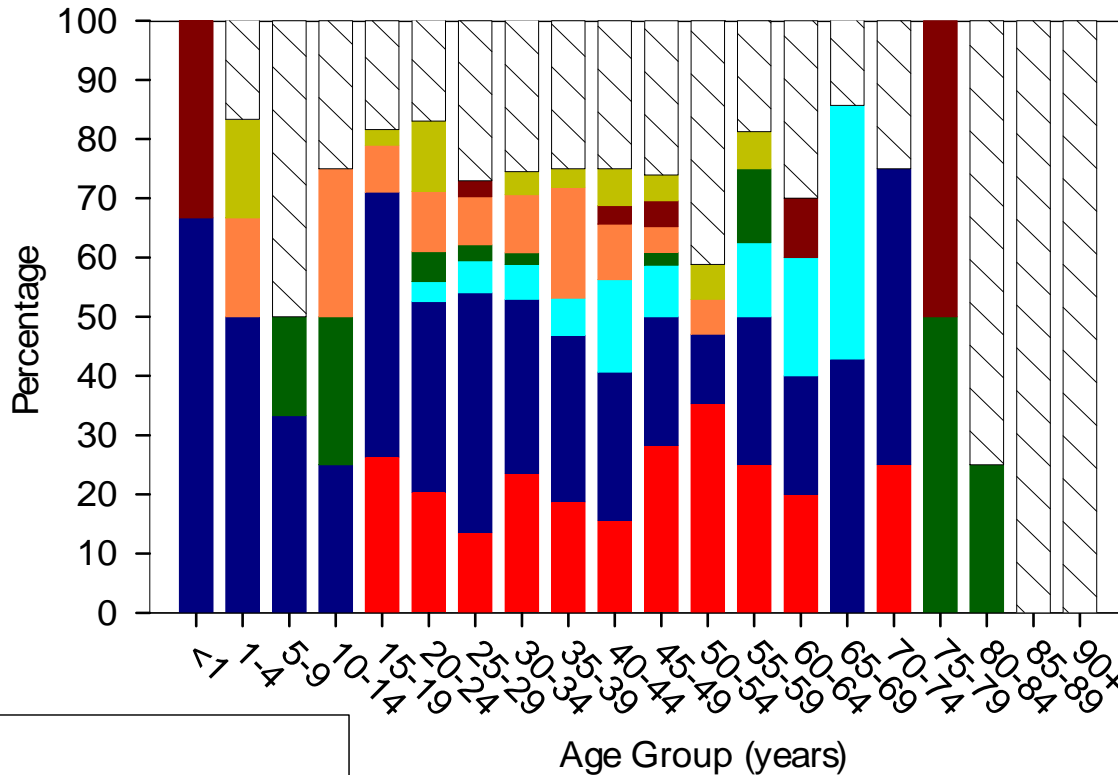


# Injury Deaths by Residence RHA



# Injury Deaths by Age Group and Mechanism of Injury

## NLHR, 2004-2006



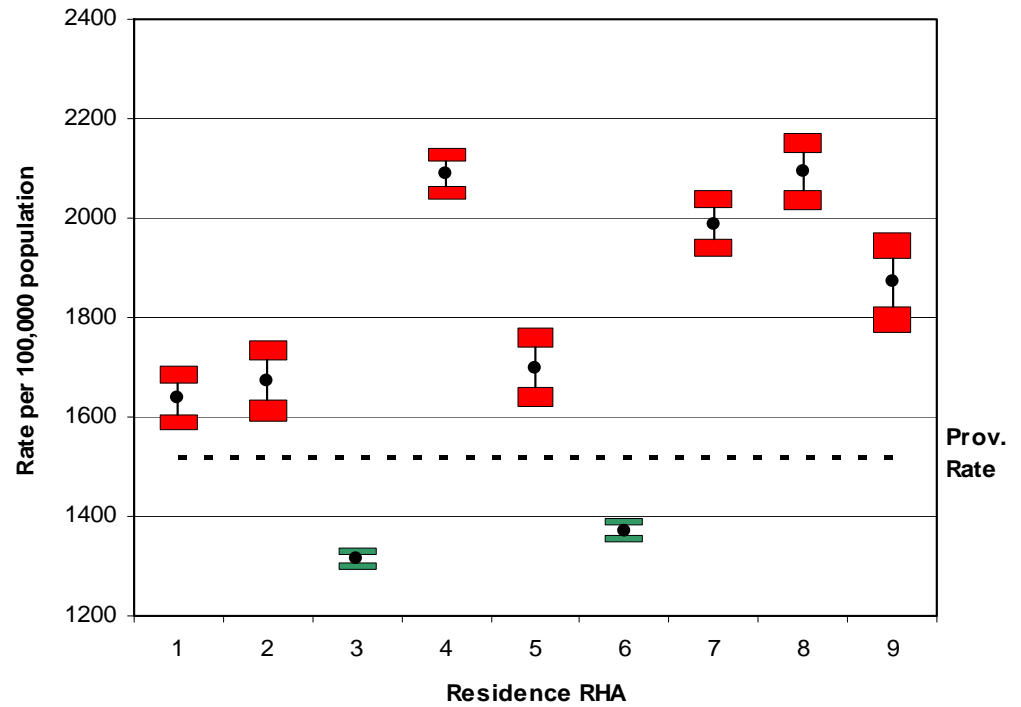
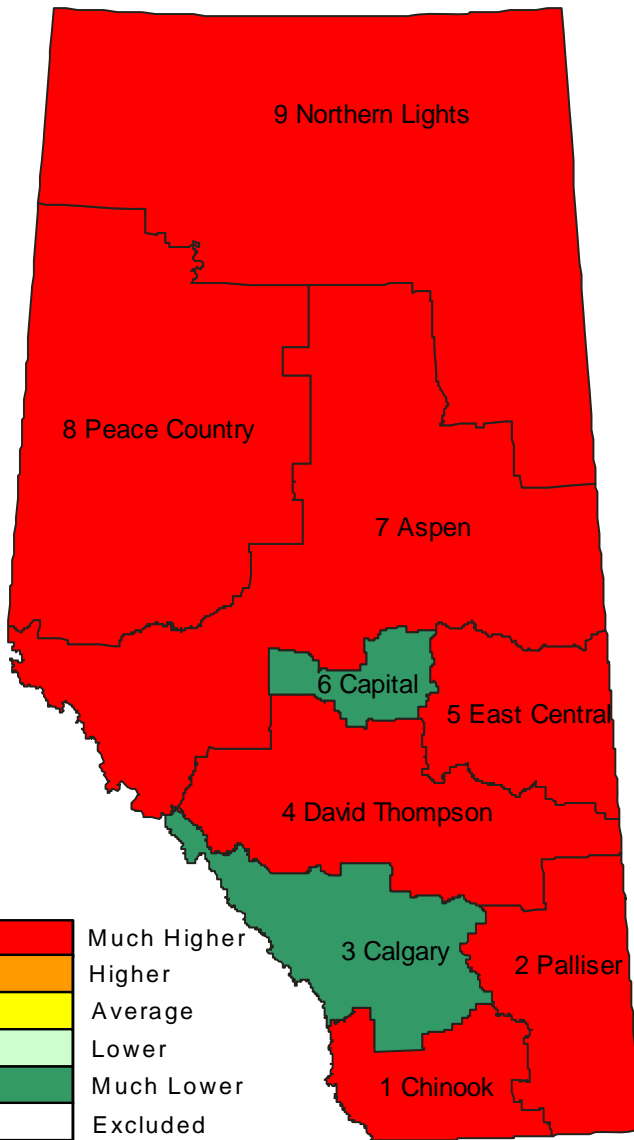
# Health Region Stats

## HOSPITALIZATIONS

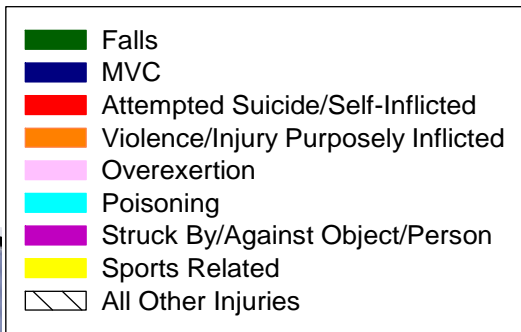
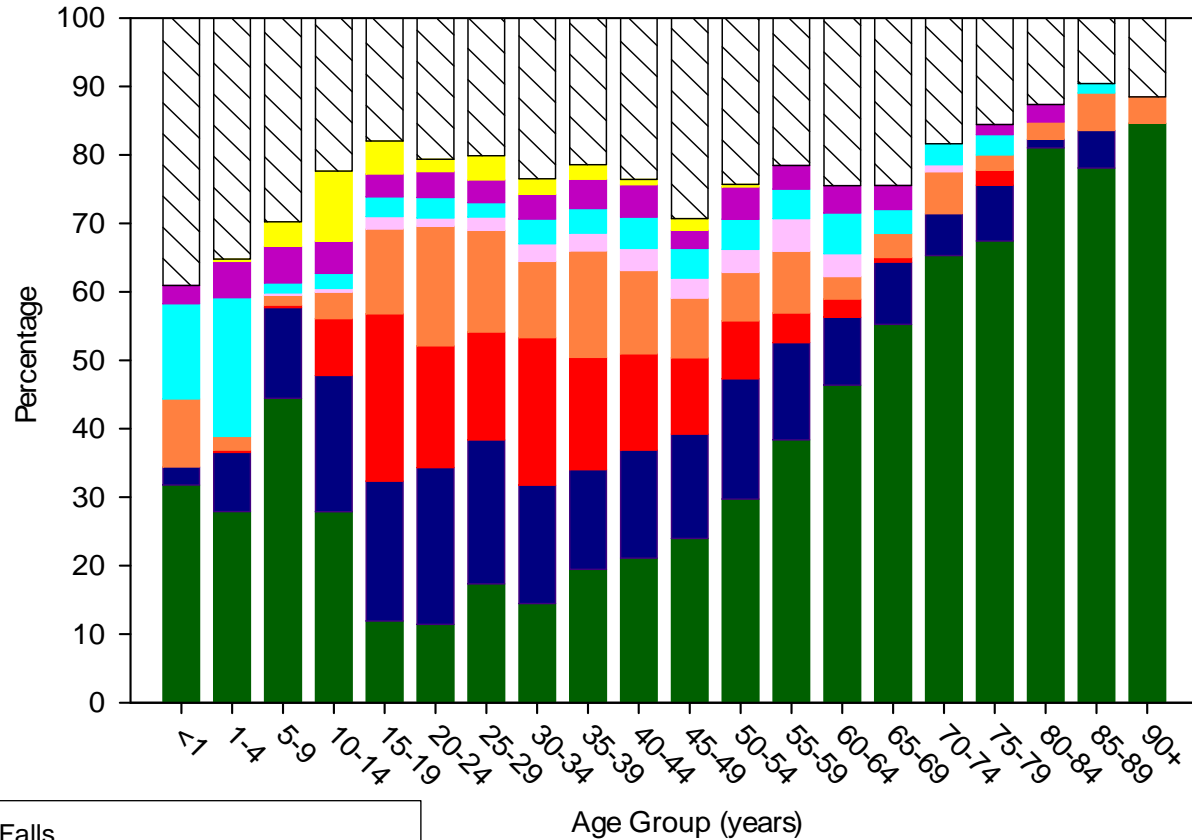
		2002	2003	2004	2005	2006	TREND
INJURY	Falls	481	332	416	473	377	Decreasing
	Motor Vehicles	140	154	137	147	159	Increasing
	Violence	76	91	96	93	130	Increasing
	Suicide and Self Injury	107	118	132	81	71	Decreasing
	Off Highway Vehicles	70	68	42	58	62	Decreasing
	Sports Injuries	16	30	18	23	19	Decreasing
	Unintentional Suffocation / Choking	10	19	18	13	32	Increasing
	Unintentional Poisoning	49	59	42	35	39	Decreasing
	Drowning	0	0	0	0	<5	Increasing
INJURY	Cutting / Piercing	21	10	16	23	22	Increasing
	Overexertion / Strenuous Movement	14	23	14	10	19	Decreasing
	Struck By or Against Object	36	34	38	28	23	Decreasing



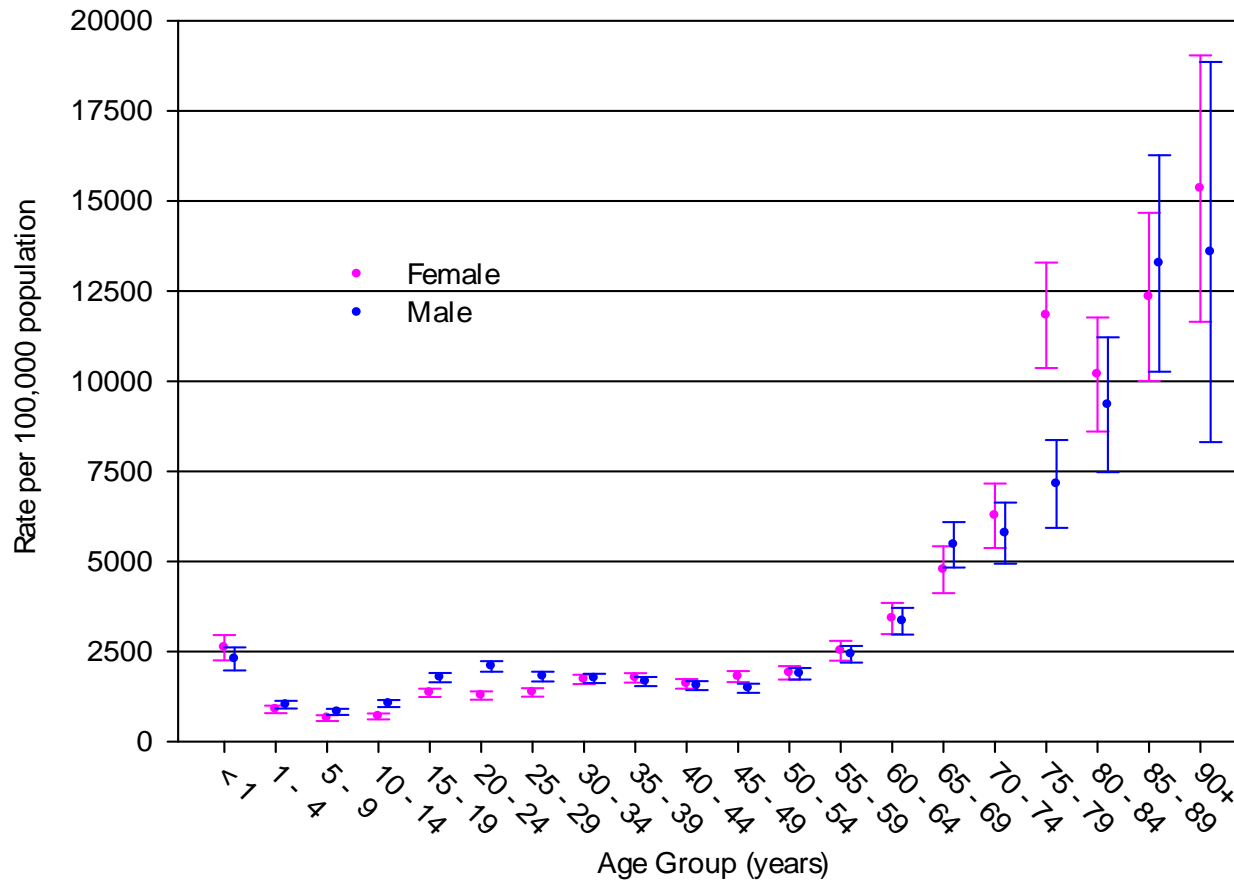
# Injury Hospital Admissions by Residence RHA



# Injury Hospital Admissions by Age Group and Mechanism of Injury NLHR 1997-2006



# Injury-Related Hospital Admissions by Age Group and Sex- NLHR



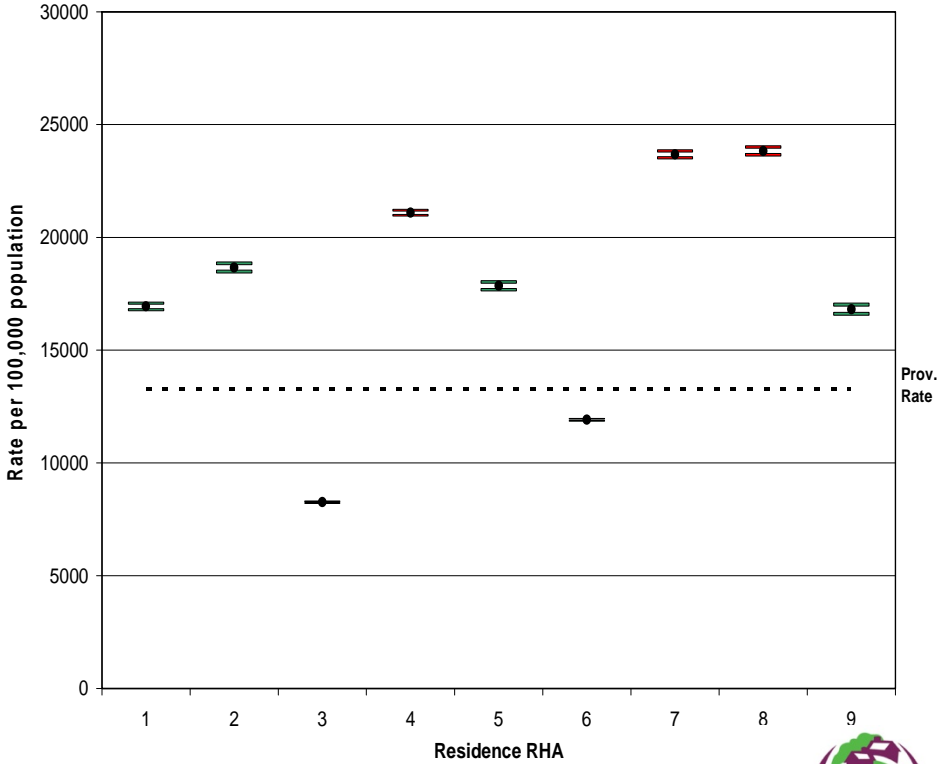
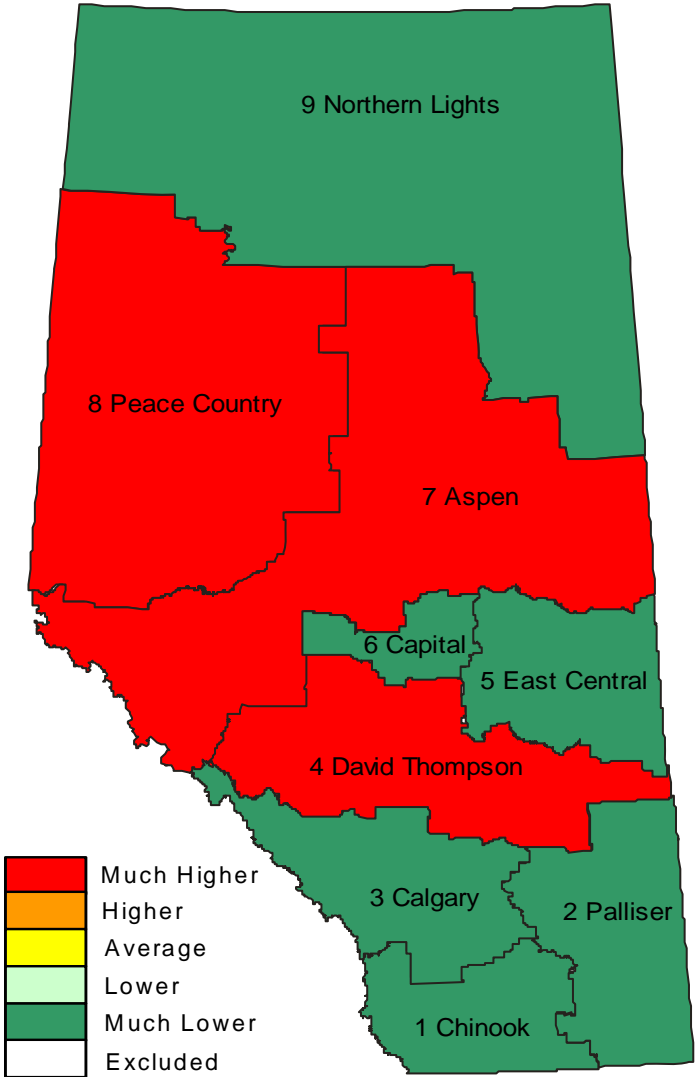
# Health Region Stats

## EMERGENCY ROOM VISITS

		2002	2003	2004	2005	2006	TREND
INJURY	Falls	3914	3687	3805	3175	3080	Decreasing
	Motor Vehicles	1391	1549	1580	1445	1504	Increasing
	Violence	968	996	1097	847	886	Decreasing
	Suicide and Self Injury	179	201	205	101	129	Decreasing
	Off Highway Vehicles	512	494	473	468	526	Increasing
	Sports Injuries	659	730	764	670	547	Decreasing
	Unintentional Suffocation / Choking	871	942	783	705	677	Decreasing
	Unintentional Poisoning	371	591	440	373	404	Decreasing
	Drowning	<5	<5	<5	<5	6	Increasing
INJURY	Cutting / Piercing	1368	1157	1106	877	942	Decreasing
	Overexertion / Strenuous Movement	2185	1980	1724	1419	1342	Decreasing
	Struck By or Against Object	1925	1858	1708	1461	1689	Decreasing

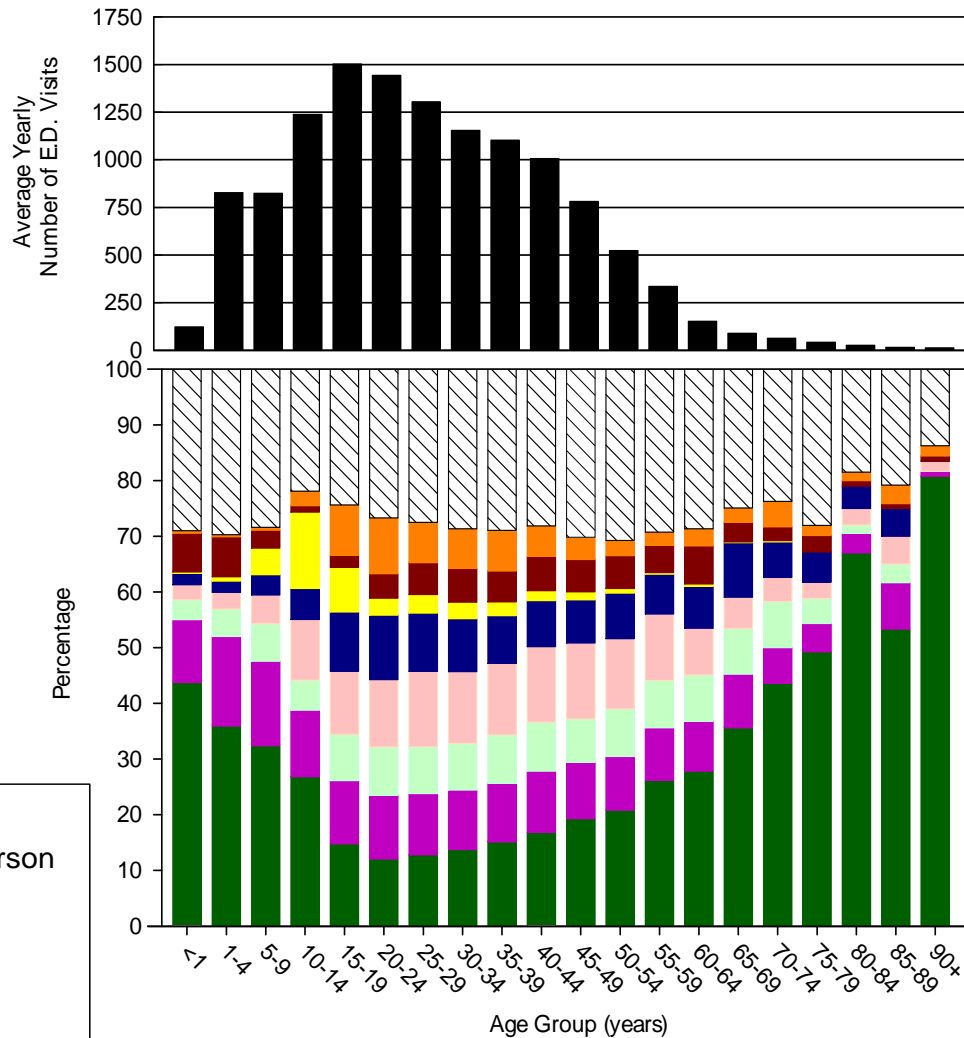


# Injury Emergency Department Visits by Residence RHA



# Injury Emergency Department Visits by Age Group and Mechanism of Injury,

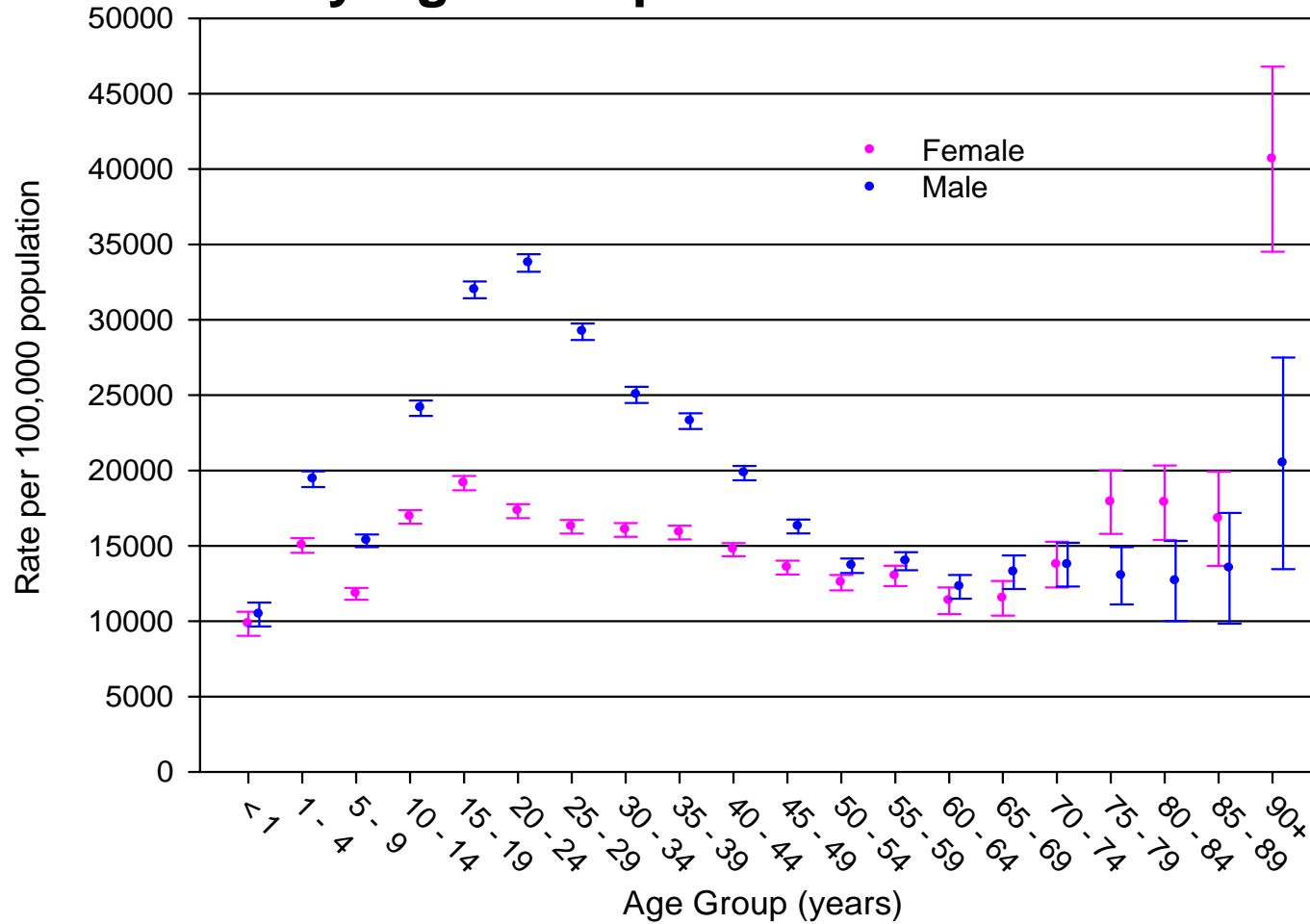
NLHR 1998-2006



- Falls
- Struck By/Against Object/Person
- Cutting/Piercing
- Overexertion
- MVC
- Sports Related
- Suffocation/Choking
- Violence/Injury Purposely Inflicted
- All Other Injuries



# Injury-Related Emergency Department Visits by Age Group and Sex- NLHR



# Northern Lights Health Region, 2006:

## Every Day...

- 3 injury-related hospital admissions
- 35 injury-related emergency department visits

## Every Month...

- 3 residents die due to an injury
- 86 injury admissions
- 1,064 emergency department visits

## Every Year...

- 45 residents die due to an injury
- 1,027 hospital admissions
- 12,765 emergency department visits

# WCB Stats

## 2005-2008

Injury	Number of incidents	Percentage of Injuries
Falls	798	12%
Motor Vehicle	527	8%
Unintentional Poisoning	143	2%
Violence	44	1%
Suicide/Self Injury	0	0%
OHV's		
Sports Injuries		
Suffocation/Choking		
Drowning		
Struck by or against objects	1370	21%
Overexertion	959	15%
Other	3841	41%
<b>TOTAL</b>	<b>6549</b>	<b>100%</b>



# RCMP Stats

Category	2007	2008
Motor Vehicle Fatalities	17 fatality collisions (22 deaths)	19 fatality collisions (19 deaths)
Motor Vehicle Injury Collisions	166	171
Motor Vehicle Reportable Collisions	3667	3955
Assaults	1091	1258

## Limitations:

- traffic boundary
- police reporting system
- public may not report all collisions or assaults



# Injury Data Chart

## *Populate Data*

QUANTITATIVE INJURY DATA CHART - AVG RATES per 100K Population (2002 to 2006)

		INJURY								
DATA SOURCE		Falls	Motor Vehicles	Violence	Suicide and Self Injury	Off Highway Vehicles	Sports Injuries	Unintentiona I Suffocation / Choking	Unintentiona I Poisoning	Drowning
		Deaths	<5	20	<5	11	<5	0	<5	<5
Hospitalization	416	147	97	102	60	21	19	45	<5	
Emergency Room Visits	3532	1494	959	163	495	674	796	436	<5	



# Injury Data Chart

*Rank the Order*

*1 = highest frequency*

QUANTITATIVE INJURY DATA CHART - AVG RATES per 100K Population (2002 to 2006)

		INJURY								
		Falls	Motor Vehicles	Violence	Suicide and Self Injury	Off Highway Vehicles	Sports Injuries	Unintentiona I Suffocation / Choking	Unintentiona I Poisoning	Drowning
DATA SOURCE	Deaths	<5	20	<5	11	<5	0	<5	<5	<5
		5.5	1	5.5	2	5.5	9	5.5	5.5	5.5
	Hospitalization	416	147	97	102	60	21	19	45	<5
		1	2	4	3	5	7	8	6	9
	Emergency Room Visits	3532	1494	959	163	495	674	796	436	<5
		1	2	3	8	6	5	4	7	9



# Injury Data Chart

## *Sum all the Ranks*

*Sum all ranks, lowest score denotes highest quantitative priority*

**QUANTITATIVE INJURY DATA CHART - AVG RATES per 100K Population (2002 to 2006)**

		INJURY								
		Falls	Motor Vehicles	Violence	Suicide and Self Injury	Off Highway Vehicles	Sports Injuries	Unintentiona I Suffocation / Choking	Unintentiona I Poisoning	Drowning
DATA SOURCE	Deaths	5.5	1	5.5	2	5.5	9.0	5.5	5.5	5.5
	Hospitalization	1	2	4	3	5	7	8	6	9
	Emergency Room Visits	1	2	3	8	6	5	4	7	9
	Total Ranking Scores	7.5	5	12.5	13	16.5	21	17.5	18.5	23.5



# Injury Data Chart

## *Rank all the Totals*

*1 denotes highest quantitative priority, 9 denotes lowest*

QUANTITATIVE INJURY DATA CHART - AVG RATES per 100K Population (2002 to 2006)

		INJURY								
DATA SOURCE		Falls	Motor Vehicles	Violence	Suicide and Self Injury	Off Highway Vehicles	Sports Injuries	Unintentiona I Suffocation / Choking	Unintentiona I Poisoning	Drowning
	Deaths		5.5	1	5.5	2	5.5	9	5.5	5.5
Hospitalization		1	2	4	3	5	7	8	6	9
Emergency Room Visits		1	2	3	8	6	5	4	7	9
Total Ranking Scores		7.5	5	12.5	13	16.5	21	17.5	18.5	23.5
<b>RANK OF SUMS</b>		<b>2</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>8</b>	<b>6</b>	<b>7</b>	<b>9</b>



# Injury Data Chart

## *Putting it all together*

	Falls	Motor Vehicles	Violence	Suicide & Self Injury	Off Highway Vehicles	Sports Injuries	Unintentional Suffocation / Choking	Unintentional Poisoning	Drowning
Quantitative Data	2	1	3	4	5	8	6	7	9
Qualitative Criteria									
Overall Ranking									



# Pillar 2: Qualitative Assessment



To assess each injury category on the injury chart by a set of probing, qualitative statements

# Qualitative Statements & Definitions

Community is Receptive	Community is receptive to change (there is a public readiness to address issue)
Political Readiness	Politicians are ready to hear about this
Opportunity Gap	There is an opportunity gap between available preventative benefit and what is currently happening
Capacity to Influence	As a group, stakeholders collectively have the capacity to make an impact & influence change
Benefit to Community	The community will benefit from this issue being addressed
Disparity Exists	There are subgroups within our community that experience a higher burden of injury.
Upward Trend	The injury issue is getting worse and is anticipated to continue to get worse if nothing is done.

# Small Group Qualitative Assessments

*Input from each participant on 2 injury categories*

## The Likert Scale

5	Strongly agree with statement
4	Agree with statement
3	Neutral - neither agree or disagree
2	Disagree with statement
1	Strongly disagree with statement



# Community Qualitative Assessments

*Group Work: produce a qualitative assessment template for 2 injury issues and average your group score*

		INJURY CATEGORY																	
		Falls		Motor Vehicle		Violence		Suicide and Self Injury		Off Highway Vehicles		Sports Injuries		Unintentional Suffocation / Choking		Unintentional Poisoning		Drowning	
PERCEPTION STATEMENTS	Community is Receptive to Change	Table 1 Table 5	3.2 3.2	Table 2 Table 6	3.8 4.6	Table 3 Table 7	3.6 2.6	Table 4 Table 8	4.1 3.0	Table 4 Table 9	2.8 3.4	Table 5 Table 9	3.2 2.6	Table 3 Table 6	2.6 3.3	Table 2 Table 7	3.3 4.0	Table 1 Table 6	2.2 2.6
	Political Readiness	Table 1 Table 5	3.6 3.4	Table 2 Table 6	4.3 4.6	Table 3 Table 7	2.8 2.6	Table 4 Table 8	4.1 2.0	Table 4 Table 9	3.6 3.0	Table 5 Table 9	3.6 2.6	Table 3 Table 6	2.2 1.3	Table 2 Table 7	3.3 4.0	Table 1 Table 6	2.0 1.9
	Opportunity Gap	Table 1 Table 5	4.4 4.6	Table 2 Table 6	4.6 4.2	Table 3 Table 7	3.8 4.4	Table 4 Table 8	4.1 5.0	Table 4 Table 9	4.5 3.8	Table 5 Table 9	4.0 3.2	Table 3 Table 6	3.8 2.6	Table 2 Table 7	4.0 4.0	Table 1 Table 6	2.6 4.4
	Capacity to Influence	Table 1 Table 5	3.6 4.0	Table 2 Table 6	4.5 4.6	Table 3 Table 7	3.6 4.2	Table 4 Table 8	4.6 5.0	Table 4 Table 9	5.0 4.0	Table 5 Table 9	3.6 3.6	Table 3 Table 6	2.8 4.0	Table 2 Table 7	3.8 4.0	Table 1 Table 6	2.4 4.2
	Benefit to Community	Table 1 Table 5	4.6 4.4	Table 2 Table 6	5.0 5.0	Table 3 Table 7	4.6 4.8	Table 4 Table 8	4.8 5.0	Table 4 Table 9	4.6 4.8	Table 5 Table 9	4.0 4.4	Table 3 Table 6	3.8 4.0	Table 2 Table 7	4.0 4.4	Table 1 Table 6	3.0 5.0
	Disparity Exists	Table 1 Table 5	4.6 4.6	Table 2 Table 6	4.1 4.0	Table 3 Table 7	4.8 4.6	Table 4 Table 8	5.0 5.0	Table 4 Table 9	4.6 4.2	Table 5 Table 9	4.0 3.8	Table 3 Table 6	4.2 5.0	Table 2 Table 7	4.0 4.2	Table 1 Table 6	3.2 4.0
	Upward Trend	Table 1 Table 5	4.6 4.6	Table 2 Table 6	4.0 4.8	Table 3 Table 7	4.2 4.6	Table 4 Table 8	3.6 2.6	Table 4 Table 9	4.5 4.2	Table 5 Table 9	3.2 3.0	Table 3 Table 6	2.8 3.0	Table 2 Table 7	3.5 2.0	Table 1 Table 6	3.0 3.6
	SCORE SUM		57.4		62.1		55.2		57.9		57.0		48.8		45.4		52.5		44.1
RANKING		3		1		5		2		4		7		8		6		9	



# Pillar 3: Community Consensus



Combine quantitative and qualitative rankings of the injury categories.

# Injury Data Chart

## *Putting it all together*

	Falls	Motor Vehicles	Violence	Suicide & Self Injury	Off Highway Vehicles	Sports Injuries	Unintentional Suffocation / Choking	Unintentional Poisoning	Drowning
<b>Quantitative Data</b>	2	1	3	4	5	8	6	7	9
<b>Qualitative Criteria</b>	3	1	5	2	4	7	8	6	9
<b>Sum Score</b>	5	2	8	6	9	15	14	13	18
<b>Overall Ranking</b>	2	1	4	3	5	8	7	6	9