July 23, 2010

Statement of Validation

The Alberta Centre for Injury Control & Research (ACICR) has completed a comprehensive review of the processes outlined in Safe Communities Canada’s A Community Based Injury Prevention Priority Setting Exercise, as outlined in the Facilitator’s Manual and the Community Planning Guide. This validation exercise consisted of our internal review processes, external consultations, and feedback from communities across the country which have completed it. Based on all of these factors, the ACICR can state that, if a community completes each step of this exercise as outlined in the Community Planning Guide and the Facilitator’s Manual, the consensus it will establish on its injury prevention priorities will be both valid and credible.

Don Voaklander, Director

Kathy Belton, Associate Director
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Introduction – Understanding the Exercise

Acknowledgements

This exercise is the result of real collaboration and cooperation from some key players and, thanks to their time, care and thought, it has evolved into its present form. We especially wish to acknowledge and thank Dr. Sande Harlos who first conceptualized this exercise for the Winnipeg Regional Health Authority. Dr. Harlos has been generous and helpful with her insights and advice from the outset and we truly appreciate her wisdom, her help and her support.

We also wish to acknowledge and thank the Alberta Centre for Injury Control & Research (ACICR) which undertook the process of validating every aspect of this exercise. Specifically, we wish to thank Kathy Belton, Associate Director, and Patti Stark, Community Mobilization Coordinator-- and Parachute’s Alberta lead—for the time and care they put into this review.

Finally we wish to acknowledge those Safe Communities across Canada who have set their Injury Prevention priorities using this process. Each time a community undertook this exercise, we learned new things about its potential and its dynamics, and the process is now much clearer and stronger as a result of what we have learned along the way. As you will discover, this exercise requires careful planning and significant effort to make it work and we wish to salute those leaders in so many communities across the country who unreservedly took the time to do so. This exercise is a tribute to your caring and commitment.
The History of this Exercise

This exercise originated in the Winnipeg Regional Health Authority under the guidance of Dr. Sande Harlos, its Medical Director. As with all public health authorities in Canada, injury prevention in the WRHA is one of a large number of important and demanding public health priorities. In order to be sure that the WRHA could use the limited time available to it to address its injury challenges to maximum effect, Dr Harlos led the development of this exercise as a tool to help the WHRA establish realistic injury prevention priorities. On November 22, 2006, Parachute participated in a forum in Winnipeg entitled Towards a Safe Winnipeg. At a workshop at the forum, Dr, Harlos made a presentation about this exercise, and we immediately saw its potential as an instrument for establishing community based injury prevention priorities. Since then, Parachute has been working with Dr. Harlos, selected safe communities, SMARTRISK, and other leaders in the injury prevention field to develop this exercise into a format that all communities in Canada can use.

In January 2009, and with the enthusiastic endorsement of Dr Harlos, The Alberta Centre for Injury Control & Research undertook, in consultation with Parachute, a process to validate each component of this exercise. Amongst other requirements, the validation process required that the exercise be successfully completed in communities, large and small, across the country. This validation process is now complete. As a consequence, we can with confidence state that, if a community completes each step of this exercise as outlined in this Guide and the Facilitator’s Manual which accompanies it, it will have established valid and credible injury prevention priorities based on a transparent process of consensus-building.

Parachute sees this exercise not only as a means for a community to come together to systematically and thoughtfully address its injury situation, but also as a means for its Safe Community Leadership Table to establish or reaffirm its mandate and renew its commitment to the cause of injury prevention and safety promotion in its community.

This guide offers a step by step planning guide for communities intending to complete this injury prevention priority setting exercise.
1. An introduction to the exercise
This exercise is supported by three thematic pillars

1. A quantitative data profile of the community’s injuries—both intentional and unintentional—collected from credible sources.
2. A structured qualitative assessment of the injury issues that arise from that data.
3. A documented community consensus about its priorities that emerges from a simple and transparent combination of the quantitative data and the qualitative assessment.

We will address each of these components in detail later.

2. Why Parachute likes this exercise
✦ It is grounded in real information about injuries in the community.
✦ It is designed to accommodate a wide variety of viewpoints and opinions on the community’s injury issues.
✦ It is designed to create a documented consensus.
✦ It cannot be hijacked by any special or political interest.
✦ It enables all participants to emerge with a comprehensive and grounded overview of the community’s injury profile.
✦ It can be completed in four hours.

3. Foundation organizing assumptions
Your first goal is to plan to invite all the people in your community who are involved, or could be persuaded to become involved in any way with its injury prevention or safety promotion initiatives to participate in this exercise. Everyone you are going to approach is already very busy and you will need to persuade them of the value of giving up a half day to take part in the session. Assuming that everyone has a full schedule, you need to plan your event at least 60 and, depending on your knowledge of your community, as many as 90 days out from the date of your first contact. (In January, set a date for March etc.)
The Organization Plan

While the actual exercise is quite simple and clear, it does require careful planning and preparation.

For planning purposes, it can be broken into three components:

a) Preparing for the Exercise
b) Running the Exercise
c) Concluding the Exercise
Preparing for the Exercise

The first thing that must happen, before anything starts, is to ensure that this initiative has the full and unqualified support of every member of your Safe Community Leadership Table. This support will translate into active participation in the planning cycle. At the very least, every member must commit to coming on the day of the exercise and participating in it. (As you will learn, they will all have a key role to play in it). It also makes sense for the Leadership Table to appoint a special sub-committee of members to actively participate in key planning initiatives and decisions. These decisions are going to be highlighted throughout this guide.

Leadership Table Decision Number One: SET A DATE FOR THE EXERCISE

Establishing the date for the exercise is a critical first step as it does commit you to carrying on. It is also a tangible demonstration that your Safe Community Leadership Table has committed to support the day. Remember you should plan on 60-90 day lead time. Also remember to book your venue for the date you have selected.

Leadership Table Decision Number Two: THE VENUE

At the same time as you decide on a date for the event, you need to decide on and reserve a venue for the exercise. For the session to work effectively, you will need a meeting room large enough to comfortably seat all participants. This room will be set up with tables each of which will seat from five to ten people. You will also require an LCD projector and screen, and a laptop computer. Make sure the screen is large enough for everyone participating to see it easily from where they are sitting.

Leadership Table Decision Number Three: GATHERING YOUR COMMUNITY

The membership of your Leadership Table should be able to give the organizing committee a fairly comprehensive list as to whom you should be inviting. Your goal: to get everyone in your community who is currently involved or who might become involved with its injury prevention, treatment, and safety promotion initiatives, especially people on the front lines in your community. You should also invite citizens in your community who are recognized as leaders and who are key potential allies to come and participate in the exercise.
To ensure comprehensiveness and to make sure you have included all your crime prevention cousins, use a networking model for recruiting participants. During the follow-up to your invitation, you should make a point of asking every person you speak to whom else you should be inviting. Because no group or individual should be made to feel like an afterthought, building in plenty of lead time will also ensure that your second round of invitations can go out in a timely manner. When all you are getting from your queries are duplicate leads, you can be fairly confident of comprehensiveness.

**HINT**

Make sure your invitation includes an RSVP that provides name and contact information (phone and e-mail) for every organization that responds. Also, set your date for an RSVP quite close to the mailing date. Two weeks would be a good time frame to plan on. This gives you plenty of lead time for follow up and persuasion. If a contact cannot come, ask them to suggest an alternate from their organization. Finally, for planning purposes, expect to do an extensive round of telephone follow up and recruiting shortly before the scheduled date. A group of volunteers should plan to contact every person invited to remind them of the event and to secure their agreement to attend.

**NOTE**

You will find that time spent on creating a comprehensive spread sheet of your invitation list—Name Organization, Address, Phone Number and E-mail—will pay enormous dividends, both for this exercise, as follow-up and reminders will be so much easier to complete. This list will also be of enormous value to you in the future.

Creating the initial invitation list, therefore, is a first and critical chore for your Leadership Table, as its members can provide you with a credible opening slate of organizations with complete contact information for your opening round of invitations.

Your invitation list should include your full Leadership Table, which must be comprised of:

- Municipal government or Band Council or both (both elected and non-elected representatives)
- Police (make sure you include front-line officers in your invitation)
NOTE:

This exercise offers you a unique opportunity to reach out to your First Nations neighbours if they are not already members of your Safe Community Leadership Table. This outreach initiative should be led by one member of your Leadership Table who already has a relationship with First Nations leaders in your community and it must be made personally. If you are successful on persuading them to come and participate, make a special effort to welcome, and engage them. You will quickly discover how many issues and concerns you share—a realization that will build the foundation for effective partnerships to promote the safety of everyone in your community.

If these organizations are not represented at your leadership table, and they are present in your community, they need to be invited, and you need to persuade them to attend:

- School board and or school representatives
- Students from your local high schools (contact though the students’ council)
- University and/or Community College (faculty, administrators and students)
- MADD Chapter
- Risk Watch Chapter
- Women’s shelter and women’s support groups
- Ministry of Transportation
- Workers Compensation
- Workplace Safety Associations (Health and Safety Officers from your community’s businesses and workplaces)
- Farm Safety Association
- Chamber of Commerce
- Red Cross
St Johns Ambulance
Emergency Ward Triage Nurses and/or other front-line emergency personnel
Recreation Centre(s) staff
Youth Drop in Centre(s) staff
Day Care Centres
Youth counsellors/Youth Victim Services
Aboriginal Services
Senior Citizens organizations
Minor hockey, soccer, and any other sports and recreation associations
Rod and Gun Clubs
Snowmobile and ATV Associations
Community Centre reps
Mental Health Associations—especially outreach workers
Service clubs (Lions Club, Kiwanis Club, Optimist Club, etc.)
The faith community (If you plan to invite them, make sure you include all of them)
Individual citizens who care about injury and safety and who are recognized as leaders in your community
Any gaps identified by your network invitation model

**HINT**

Some communities have found that some selected breakfast meetings in which they invited key participants and presented the plan for the day and outlined its real benefits for everyone was a helpful way to get community buy-in. If you get the support of your group of invited guests, then get them to help you recruit anyone else who has not yet committed to attend

Finally, plan for that major telephone follow-up campaign. Doing so reinforces the importance you are attaching to the event, and the importance you are attaching to everyone’s participation
in it. Assigning a group of people to make five to ten calls each spreads the workload and eases the commitment of time required to contact every person you have invited. Make sure your callers understand that they should try to speak directly to everyone on their list about the event. Voice mail reminders offer a weak second option.

Remember, your goal is to create a community consensus on its injury priorities and the impact and the credibility of that consensus will be seriously undermined if, after the fact, organizations involved in injury prevention or safety promotion in your community claim that they knew nothing about the exercise you have just completed.

The media in your community

A key goal in communicating the importance of this event is to engage your local media. They will be happy to provide coverage of events which, like this one, are going to be broadly based in the community and which are, in fact, history making. You need to select one person, preferably someone who has an existing relationship with at least some members of your community’s media to have an exclusive role in managing your relationship with the media. We recommend that you choose him or her with care, because building and nurturing a relationship with the media in your community will be of crucial value to your Leadership Table, not only for this exercise, but for all future activities which will come out of it. In the Community Archives link in your portal on the web site, we have provided you with a comprehensive list of media contacts in your community. We urge you to use it to make sure that every media resource in your community is aware of this event.

Political leadership in your community

Another important strategic goal of the exercise is that it will give your Safe Community Leadership Table an opportunity to engage the political leadership of your community in the cause. As you create a credible attendance list and as you get the media involved in spreading the message, you will find that securing the interest and support of your local government will become a relatively easy task. A first priority is to invite the mayor of the host community to attend and participate. At a minimum, the mayor needs to welcome all the participants who have committed the time to come and participate in this history-making event. Ideally, the mayor will make the time to participate in it. You should also pay attention to regional levels of government and ensure that both your elected Provincial and Federal representatives know what is happening, and invite them to come. As with Media relations, your political outreach initiatives need to be handled by one person, preferably one who is already known to most of your community’s elected officials.
Leadership Table Decision Number Four: DEVELOP YOUR QUANTITATIVE DATA PROFILE

What is data?
Data is a numerical means for telling a story about something else.

In this case the story is a compelling one—it is a story about people who have either died as a result of their injury or been injured seriously enough to be hospitalized or to have to go to an emergency ward. The value of using data is that it permits us to abstract the issue from the reality of the pain and suffering it has caused and to deal with injury outside of its human dimension. Data also permits us to build a national profile of the cost and pain of suffering. It is an invaluable instrument for helping us all to understand the full impact of this problem in our communities, our provinces, and our country.

The processes for gathering data in Canada are as complex as is the country. However, data does get collected and, while every province does it differently, injury data in Canada does roll up into a national profile. Most of the data collected provincially, however, will come from a few very well known and credible sources, the most common being the DAD.

DAD — Discharge Abstract Data Base
In Canada, every hospital that treats any patient will create a record of that treatment and will forward that record to a local, regional, or national body charged with gathering and quantifying this information. The data base is built from the discharge records for everyone who leaves a hospital in Canada—hence its name and its very folksy acronym—the DAD. This data will move according to provincial protocols, but, eventually, it will make its way to The Canadian Institute for Health Information (CIHI). CIHI publishes provincial and national profiles of health related issues based on the DAD and other data that it receives across the country. One of those health issues that CIHI reports on annually is injury in Canada. Because of the complexity of gathering and sorting the provincial data, DAD injury reports from CIHI traditionally lag behind the calendar. In 2010, for example, CIHI reports on Canada’s injuries for the period ending March 31, 2008. This delay helps to explain why data is often regarded as a trailing rather than a leading indicator of a community’s injuries. What the discharge records do, however, is establish reliable injury trends in your community, and the data chart which you create from these records anchors the exercise in your community’s historical injury realities.

How are the records coded?
The DAD codes are based on the ICD 10—the 10th version of the International Classification of Disease. This code accounts for pretty well any reason anyone in the world has been admitted to
a hospital. Injury causes are coded in Chapters 19 and 20 of the ICD10, so all injuries in Canadian hospitals show up in the DAD database categorized according to those ICD-10 injury codes. (To learn more about the ICD 10, Google WHO International Classifications. To see Chapters 19 and 20, scroll down to ICD10 On-Line, and click on xix and xx)

What other data sources are common?
This varies from province to province. In some, you can get death data—again coded according to the ICD-10. In others, emergency data is available.

If you get death data, you should also be able to get a report called PYLL—Projected Years of Lost Life. This report is based on the age of the deceased and it projects the number of years of productive life that has been lost. For example, a teenager killed in a car accident will have a much higher PYLL than a senior who dies as a result of a fall. It is a useful way of getting at age as a factor in deaths resulting from injury—at both ends of the scale.

If you get hospitalization data, you should also be able to get a report called ALOS (Average Length of Stay) ALOS indicates both the severity of the injury—the longer the stay the more serious the injury; and the cost of the injury—clearly the longer the stay, the more expensive the recovery.

What about Local Data?
Local data—workplace injury reports, police traffic reports, women’s shelter violence reports etc will have an enormously important role to play as your community moves to address its injury priorities after they have been established in this exercise. For the purposes of this exercise, however, local data cannot be included in your quantitative data chart. There are many factors to support this decision. Here are a few of them:

✦ Local data reports, typically, will refer to only a few of the injury categories that will appear on your community’s Quantitative Data Chart.
✦ Local data reports present the potential for double counting injuries in your community.
✦ Local data reports will probably be more current than the discharge records which anchor your chart. Including them can distort the profile being presented.

So, attempting to use these local reports creates a serious “oranges vs. apples” challenge to the data profile you are trying to create and your exercise runs the risk of being de-rafted by an inaccurate and confusing data profile
What if all we can get is regional or provincial data?
If this is all you have to work with, this is what you have to work with. Do not let it become a barrier to the exercise. When we talk about the qualitative assessment part of the exercise, we will show you how community knowledge can address this issue in a credible and sensible format. But regionally, or even provincially based data is a totally valid platform to anchor the exercise.

What do we do with the data we collect?
For this exercise, you are going to take the various data reports you have received and make them into a clear and easily readable chart. We are providing an example of a Priority Setting Exercise Quantitative Data chart for your reference. (See Figure Two)

Taking an ICD 10 injury report and translating it to a chart is not all that hard. But, we think it will work best if, across the country, communities use the DAD injury report to chart to start the process. For one thing, this is data about real people injured seriously enough to be hospitalized. For another, it is the standard national data platform and the most reliable indicator of your community’s injury situation.

From Report to Chart
Your decisions about which items from the injury report should be put on the chart are based on two criteria: frequency and capacity. The categories of injury on the ICD list that show the highest rates are clearly candidates. You can also do a second sorting based on capacity. Figure One shows an injury profile based on hospitalizations (DAD) and Emergency room visits for a small Ontario town.

You will note that there are quite a few categories on this profile which do not easily relate to the mandates or capacities of any of your partner organizations. Examples like medical misadventure, unintentionally struck by or against, or unintentional cut/pierce, or contact with a hot substance or object clearly do not as easily fit these mandates as do other categories of injury, and, unless there is an abnormally high frequency rate associated with them, the decision not include them in your profile is quite easy to make.
Figure One: A smaller Ontario community’s injury data for the period April 1, 2004 - March 31, 2005

<table>
<thead>
<tr>
<th>Cause of injury</th>
<th>Number of ED visits</th>
<th>Number of hospitalizations</th>
<th>Average length of hospital stay (in days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional falls</td>
<td>3021</td>
<td>385</td>
<td>6.1</td>
</tr>
<tr>
<td>Transport</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupant of car, truck, van, motorcycle injured</td>
<td>440</td>
<td>49</td>
<td>6.6</td>
</tr>
<tr>
<td>ATV/snowmobile</td>
<td>94</td>
<td>20</td>
<td>4.4</td>
</tr>
<tr>
<td>Pedestrian injured</td>
<td>58</td>
<td>&lt;5</td>
<td>-</td>
</tr>
<tr>
<td>Cyclist injured</td>
<td>183</td>
<td>16</td>
<td>3.4</td>
</tr>
<tr>
<td>Other/unspecified transport incident</td>
<td>154</td>
<td>7</td>
<td>-</td>
</tr>
<tr>
<td>Other unintentional injuries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poisoning</td>
<td>173</td>
<td>39</td>
<td>4.6</td>
</tr>
<tr>
<td>Struck by/against object or person (sport/recreation-related)</td>
<td>567</td>
<td>19</td>
<td>2.9</td>
</tr>
<tr>
<td>Struck by/against object or person (non-sport/unspecified) (struck by thrown or falling object (rock, tree), striking an object (post, tree, walked into a wall)</td>
<td>960</td>
<td>10</td>
<td>3.2</td>
</tr>
<tr>
<td>Contact with cutting/piercing instrument</td>
<td>548</td>
<td>11</td>
<td>4.2</td>
</tr>
<tr>
<td>Overexertion and strenuous or repetitive movements (lifting heavy objects or marathon running)</td>
<td>1304</td>
<td>21</td>
<td>3.1</td>
</tr>
<tr>
<td>Machinery</td>
<td>173</td>
<td>12</td>
<td>2.1</td>
</tr>
<tr>
<td>Fire-related</td>
<td>74</td>
<td>10</td>
<td>7.1</td>
</tr>
<tr>
<td>Contact with hot substance/object</td>
<td>134</td>
<td>&lt;5</td>
<td>-</td>
</tr>
<tr>
<td>Drowning/submersion (excludes boating)</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Other/unspecificated</td>
<td>3492</td>
<td>61</td>
<td>-</td>
</tr>
<tr>
<td>Self-inflicted</td>
<td>212</td>
<td>147</td>
<td>8.2</td>
</tr>
<tr>
<td>Violence</td>
<td>413</td>
<td>33</td>
<td>5.6</td>
</tr>
<tr>
<td>Undetermined intent</td>
<td>95</td>
<td>13</td>
<td>2.7</td>
</tr>
<tr>
<td>Other/unspecificated injuries</td>
<td>37</td>
<td>&lt;5</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL (all injuries)</strong></td>
<td><strong>12132</strong></td>
<td><strong>862</strong></td>
<td><strong>5.9</strong></td>
</tr>
</tbody>
</table>

Figure One Notes: Criteria: Injury cases are classified according to the International Classification of Diseases, 10th Revision (ICD-10) codes. Data Sources: Emergency Department Data were obtained from the National Ambulatory Care Reporting System at the Canadian Institute for Health Information (CIHI) for the 2005/06 fiscal year. Acute care hospitalization data were obtained from the Discharge Abstract Database at CIHI for the 2005/06 fiscal year.
Figure Two: An example of a community’s Quantitative Data profile
Community Name: Towering Mountain, Saskatchewan

Profile of Quantitative Data

<table>
<thead>
<tr>
<th>DATA SOURCE</th>
<th>INJURY CATEGORY</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide</td>
<td></td>
<td>37</td>
<td>38</td>
<td>8</td>
<td>245</td>
<td>9</td>
<td>&lt;5</td>
<td>42</td>
</tr>
<tr>
<td>Hospitalization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Death</td>
<td></td>
<td>7</td>
<td>5</td>
<td>&lt;5</td>
<td>6</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>&lt;5</td>
</tr>
<tr>
<td>PYLL</td>
<td></td>
<td>217</td>
<td>114</td>
<td>13</td>
<td>24</td>
<td>23</td>
<td>29</td>
<td>55</td>
</tr>
<tr>
<td>ALOS</td>
<td></td>
<td>13</td>
<td>16</td>
<td>11</td>
<td>33</td>
<td>22</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Emergency</td>
<td></td>
<td>65</td>
<td>438</td>
<td>75</td>
<td>1127</td>
<td>8</td>
<td>&lt;5</td>
<td>165</td>
</tr>
</tbody>
</table>

Dynamic Chart notes:

Towering Mountain is a fictional town created for the Priority Setting Workshop we held on November 11, 2007. The injury categories and all the data shown here have been fabricated. The purpose of this chart is to demonstrate what your data chart will look like when it has been assembled.

You will note that some injuries categories have this symbol: <5. Canada’s privacy laws require that, when the number in an injury category is less than five, this symbol be used to ensure that no individual or family can be personally identified by this information.
Why is this so important?
The Quantitative Data component will anchor the community’s discussion in real information. For the exercise to succeed, you must be able, with confidence, to demonstrate that the profile you have created is the result of a process that is credible and defensible. Remember, you will be interacting with people who may not be familiar with issues of data and who may not react well to the information you are presenting. For example, some people may feel that their particular cause (drunk driving, snowmobile accidents, violence against women etc.) is under-represented in the data. Or you may encounter people who refuse to believe that something like suicide is as serious a problem in the community as the data is showing.

While all of these issues will be addressed during the qualitative exercise, and the consensus that emerges will reflect all these concerns, it is vitally important that the quantitative data you provide gains acceptance as being real information assembled in a thoughtful way. If your discussion at the session becomes an exercise in defending the data chart, you will not achieve your goal of community consensus, because the assumption upon which it is based—a credible data profile of its actual injury situation—has not been accepted by your community.

What can we do to avoid challenges to the data?

1. **Build your Quantitative Injury Chart with plenty of time to spare.** It is vitally important that your Quantitative Injury Chart be assembled and completed well in advance of your day. Timely completion will give you an opportunity to ensure that every member of your leadership table has had a chance to review it and fully understands both the methodology behind its creation and what it is saying about the injury situation in your community.

2. **Share Your Chart with Opinion Leaders ahead of time.** There is no need to keep the chart a secret, so we urge every community going through this exercise to share the chart with important community and opinion leaders as well as any potential challengers well in advance of the session. This will give you the opportunity to present the chart and review the methodology behind its creation with them, and to process any questions they may have in advance of the exercise.

What are the chances of encountering a problem in the actual day?
The design of the session will help to avoid a serious data challenge. Each table will be addressing issues arising from the quantitative data so it will be very difficult for a challenge to succeed in the plenary session. But data challenges do have the potential to completely de-rail a table discussion, so it is good to plan for them and take proactive steps to preclude their happening. This is a case that demonstrates the wisdom of that very old proverb—an ounce of prevention is worth a pound of cure.
What happens next?

Creating your community’s quantitative injury chart completes the most important preparatory chore for the exercise, but it is by no means the only chore. The *Facilitator’s Manual*, which accompanies this planning guide, provides a step by guide to establishing your community’s quantitative rankings, and how your quantitative chart will be used in the qualitative assessment exercise that forms the bulk of your day.
Leadership Table Decision Number Five: CUSTOMIZE THE LIST OF QUALITATIVE STATEMENTS

The Qualitative Assessment

The Second Pillar of this exercise is a structured qualitative assessment of the community’s injury issues that emerge from the quantitative data. This part of the exercise requires that the group assess each injury category identified in the Quantitative Chart, by means of a set of probing qualitative statements. This component of the exercise will be based on the following set of ten statements:

1. Citizens in the community are aware that this injury category is a problem.
2. Citizens in the community will be receptive to programs that address this injury category.
3. Most key political partners in the community will support interventions to address this injury category. (Key political partners are: municipal government, police, public health, fire and emergency services.)
4. At present, no organization or individual in the community is addressing this injury category.
5. Proven programs and strategies that can respond to this injury category are available.
6. Proven interventions can have an immediate and positive impact on the rate of occurrence of this injury category. (We know they will work)
7. This occurrence of this injury is getting worse and it will continue to get worse if nothing is done
8. Because of demographic trends in the community, the impact of this injury on its citizens will diminish over time whether the community intervenes to address it or not.
9. This injury category has a greater impact on the community than other injuries identified on the Quantitative Data chart.
10. This injury category can be addressed most effectively by a single agency’s assuming full responsibility for addressing it. (For example: police being solely responsible for traffic safety in the community etc.)
Statements 1-6 are compulsory

Statements 7-10 are optional. You may choose to use any or all of them.

We encourage communities to develop one or more optional statements that have special relevance for their community.

The minimum number of statements you can use in the exercise is 6 (the compulsory set)

The maximum number of statements you can use in the exercise is 10

Question 4 is, deliberately, a negative question. For context, think: Yes, we have no bananas.

Questions 7—10 have been designed to elicit responses that are more negative than positive, and, therefore, should add some variety to each table’s discussion.

If your community has relied on provincial or regional quantitative data, this is a statement you will certainly want to add, and to put it in first place on its list: The injury category as determined by provincial (or regional) quantitative data has particular relevance to the injury situation in this community.
How do we prepare for the Qualitative Assessment?

The set of qualitative statements to be used in the community’s priority setting exercise must be selected, and approved by the Safe Community Leadership Table well in advance of the date for the exercise. The Facilitator’s Manual contains detailed and very precise instructions as to how this qualitative assessment needs to be structured. Members of the Leadership Table are going to play a crucial role in this part of the exercise, and should plan to take part in an orientation exercise put on by the facilitator in preparation for it.

In fact, your facilitator will be planning an orientation for all the table captains, and testing and scoring the qualitative questions will be a key agenda item of this session. Two key benefits of this session will be:

- It will ensure that each table captain fully understands the both the meaning and intent of each question being used.
- Both the table captains and the facilitator will have a chance to see and understand how the dynamics of this section of the exercise will work.
Leadership Table Decision Number Six: RETAINING THE SERVICES OF A FACILITATOR

Very early on in the process, you need to retain the services of a facilitator for the day. The decision about whom to hire should be made by your Safe Community Leadership Table.

This person can be a member of your Safe Community Leadership Table, or someone in your community who has experience in managing people and processes and timetables. Note: this is not an assignment for an inexperienced person or someone with good intentions who simply wants to help out. This is a challenging exercise which requires careful time management and excellent communication skills.

In order to ensure that you can place appropriate professional demands on this person’s time, we recommend that you offer your facilitator a fee for his or her services. It is also entirely appropriate that you approach a business or service partner such as a community college to see if they could provide you with a facilitator. While this service will not cost your organization, you will know that the person is being paid and you can, with confidence, make appropriate demands on his or her time and expertise.

Why Hire Early?

We recommend that you make this decision fairly early on in the planning process. It will be very helpful for both you and the facilitator if he or she is fully aware of the processes surrounding the creation of that quantitative chart. Remember, however, that it is NOT an appropriate job for the facilitator to develop that quantitative chart—this is the job of your planning committee and your Leadership Table. As we have noted above, the facilitator should be a part of the testing cycle for the qualitative questions—something an early hire should guarantee.

Another benefit of retaining a facilitator early on is that he or she can help you develop a critical path leading up to the day of the exercise and he or she can make you stick to it!
Your Final Preparatory Chore: RECRUITING YOUR CAPTAINS AND SETTING YOUR TABLES

You last preparatory chore is to assign all the participants to a table so that, after they have registered with you, they will all know where to go once they enter the room. You need to plan this placement strategically. Your goal: to ensure that you have mixed people from different organizations up so that they can talk to and learn from new people. Try to keep each table as balanced as possible with a minimum of 5 and a maximum of 9 people placed at each table. Also remember that, at each table you are going to have a table captain, most of whom will be members of your Leadership Table. It is imperative that this chore be completed in advance of the session because you are going to want to identify your tables—probably by letter (Table A, Table B, Table C etc.) as a room set-up detail, and because you need to tell delegates where they will be sitting when they register. You should also plan for a system to let you deal with walk-in delegates and no-shows.

Not only should you plan to strategically arrange your delegates once, you need to do it twice! We strongly recommend that everyone (except the table captains) change places for the Qualitative section of the exercise. This second table assignment needs to be noted on the back of delegates’ registration tags. (Make sure you note this for walk-ins as well)

A final note about the second table arrangement: Again, be strategic here. If you know you have, for example, an expert in traffic issues in the group, make sure you put that person at a table that is addressing traffic injury, or if you have people who are dealing with violence in the community present, make sure you put them at a table addressing intentional injury etc. While strategically positioning known experts, strive to make sure that each table still has cross-sectional representation in its composition.

**PREPARING FOR THE EXERCISE - ACTIVITY CHECKLIST**

1. Decide on the date which needs to be 60—90 days in advance of starting to work.
2. Secure an appropriate venue.
3. Develop a comprehensive invitation list and put it on a spread sheet.
4. Develop your Quantitative Data Profile Chart.
5. Select and approve the list of Qualitative Statements.
6. Hire your facilitator.
7. Choose your Table Captains and set your tables.
8. Plan for, and complete, a training exercise for all the Table Captains.
Running the Day

The Facilitator’s Manual outlines a series of critical details that will ensure the success of the exercise. You need to work closely with your facilitator to ensure that none of them fall between the cracks. As well as facilitation details, you need to plan for the following activities during the day.

BLOCKING TIME

The exercise can be completed in a period of 4 hours. Work closely with the facilitator to ensure that the group can complete the agenda in time. Remember finishing the exercise early is a far better outcome than having it run late. If people have to drive any distance to get to the venue, it seems sensible to start it later and include a lunch break, as, clearly they will have to give up a day to come, and you need to be sensitive to their need to drive both ways, preferably in daylight. The time blocking for the session will look something like this:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time Allotment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INTRODUCTION TO THE EXERCISE</strong></td>
<td></td>
</tr>
<tr>
<td>Opening Formalities</td>
<td>20 minutes</td>
</tr>
<tr>
<td>Introduction of Facilitator</td>
<td>2 minutes</td>
</tr>
<tr>
<td>Overview of Session</td>
<td>8 minutes</td>
</tr>
<tr>
<td><strong>PILLAR ONE : QUANTITATIVE DATA</strong></td>
<td></td>
</tr>
<tr>
<td><strong>STEP ONE:</strong> Introduce the Chart</td>
<td>15 minutes</td>
</tr>
<tr>
<td><strong>STEP TWO:</strong> Process the information</td>
<td>30 minutes</td>
</tr>
<tr>
<td><strong>STEP THREE:</strong> Rank the Data</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Coffee/Internet Break</td>
<td>(10 minutes)</td>
</tr>
<tr>
<td><strong>PILLAR TWO : QUALITATIVE ASSESSMENT</strong></td>
<td></td>
</tr>
<tr>
<td><strong>STEP ONE:</strong> Rearrange the room</td>
<td>5 minutes</td>
</tr>
<tr>
<td><strong>STEP TWO:</strong> Introduce the Process</td>
<td>10 Minutes</td>
</tr>
<tr>
<td><strong>STEP THREE:</strong> Qualitative Assessment</td>
<td>75 minutes</td>
</tr>
<tr>
<td>Coffee/Internet or Lunch Break</td>
<td>(20 minutes)</td>
</tr>
<tr>
<td><strong>STEP FOUR:</strong> Present the Qualitative Result</td>
<td>5 minutes</td>
</tr>
<tr>
<td><strong>STEP FIVE:</strong> Present the Qualitative Rankings</td>
<td>5 minutes</td>
</tr>
</tbody>
</table>
### Activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time Allotment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PILLAR THREE : THE CONSENSUS</strong></td>
<td></td>
</tr>
<tr>
<td><strong>STEP ONE:</strong> Combine the Rankings</td>
<td>5 minutes</td>
</tr>
<tr>
<td><strong>CONCLUDING FORMALITIES</strong></td>
<td>20 minutes</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>240 minutes</td>
</tr>
<tr>
<td></td>
<td>(4 hours)</td>
</tr>
</tbody>
</table>

Note: If you are planning on a lunch break, plan to have it immediately after Step Three of Pillar Two. The data entry folk will really appreciate the extra time and you will be ready and confident to continue the exercise after lunch.

### Registration and morning coffee

People are giving up valuable time to come and participate in the exercise, so you need to let them know that you appreciate their participation and value their attendance. Two ways to do this are:

1. Make sure that freshly brewed and good coffee is available to everyone as soon as they have registered with you. Muffins and fruit are nice, but not essential. Coffee, tea and water are!

2. Registration needs to be formal but fast. You should have a list, preferably in alphabetical order, of everyone’s name so you can easily find them. After you welcome them and check them off your list, get them to sign in and give them their name tag and information kit.

3. Start on time. If you tell people the exercise will run between 8:30AM and 12:30 PM, make sure that you start at 8:30 AM. Starting on time is an important demonstration that you value people’s time.

### Name Tags

We strongly recommend that every participant be given a name tag when he or she registers. These name tags should be made out in advance and must include the name and the organization the person is representing. It will also provide each delegate with his or her table placement information. Asking people to make up their own name tags upon registration is a sloppy solution as hand-written tags are often very hard to read and they send an inappropriate message about the quality of preparation that has gone into this event. It will also make it very difficult to note the second table placement.
Participant’s Information Kit
As well as a name tag, plan to give each participant an information kit. This kit will contain at minimum the following:

✦ A letter of welcome from your Leadership Table
✦ Formal acknowledgement of and thanks to any organization which contributed to the event
✦ A copy of the Quantitative Data Chart (unranked)
✦ The individual Qualitative Scoring Chart and a description of the Likert Scale for scoring the questions

Opening the day
This event is going to be a significant one in the history of your community – a day which is going to involve a significant number of citizens and leaders in the community – and it will easily garner the attention of your local politicians. So it is very important that, as you gather evidence of significant community participation in the event, all offices of your community’s government – the mayor, the head of the region, relevant band council leaders, your provincial and your federal representatives are kept aware of your progress. Remember, you are going to want the mayor of the host community to welcome all the participants at the start of the day and you should plan to invite other leaders to speak if you feel this is appropriate.

Phone and internet breaks
While a detailed discussion about the breaks is included in the Facilitator’s Manual, you should make sure that fresh coffee and refreshments are always available.

Lunch
If this event is going to run over the lunch hour, you need to plan on a catered lunch for the group. This can be light food—maybe some soup and salad and cold cuts. Your budget and a potential donor will determine what you actually serve. Remember, however, to avoid carbohydrates and sweets. They make people sleepy and placid—not good for discussion and consensus!
RUNNING THE DAY - PREPARATION CHECK LIST

1. Coffee and refreshments ordered
2. Room set up and tables set and labeled
3. Name tags and Participant’s Information Kits prepared
4. Mayor and other dignitaries invited
5. Contingency plan for no-shows and late registrant prepared
6. LCD projector, screen, and lap top computer in place and operating
7. One desk-top size calculator for each table
Concluding the Exercise

When the exercise is complete, and if you have been successful in gathering all those community members involved in injury prevention and safety promotion in your community together, and have developed a recorded consensus, your community will have done something unique and noteworthy and it should, justifiably, be very proud of itself.

To recognize its importance, you need to document the consensus the group has reached and the process that created that consensus as quickly after the date as possible. In the official archive record of this day, you will want to include the sign-in sheet, and all the worksheets of the qualitative assessment exercise, and all the data charts you have created. As time passes, this documentary record will add enormous credibility to this piece of your community’s history.

You will also want to send a formal letter to each participant who came and was a part of the consensus. This letter should include the following:

1. Your sincere thanks for taking the time to participate
2. The date and venue of the event.
3. A brief reminder of the process they went through
4. The documents of the exercise (The documented consensus, the pillars upon which it was built—quantitative chart and the qualitative assessment scoring chart, and the chart merging them). You also want to include a copy of the individual score sheet for any participant who has asked to receive it. Plan to keep the original in your archive file or folder.
5. A list of everyone who participated in the exercise.
6. A reminder of their commitment to reconvene in three years and do the exercise again.
7. A commitment by the Safe Community Leadership Table to give each participant a yearly update on progress being made to address the injury prevention priorities he or she has been a part of establishing.

This letter should be in the mail no later ten days after the event is concluded.

Why so soon?

You have, in fact, made history in your community. You need to document that accomplishment and send it to every participant before their memory of it fades or
changes. Also, a prompt follow up is yet another demonstration that you value people’s time and input.

New Blood

This follow up task is important but it represents a significant amount of work. The committee which has organized and put on the day should not be expected to do this. A far better plan is to recruit a new person whose only role so far has been to be a table captain to take responsibility for this follow up piece as a completely separate chore. The experience of being a table captain will give the person the grounding to do this job effectively.

New Volunteers

A final very important outcome of this exercise is that it offers your Safe Community Leadership Table a wonderful opportunity to recruit new people to take part in your initiatives. So, in your wind up, you need to specifically invite new people to join you and make it very easy for them to sign up to do so.

The Final Chore

Very soon after the exercise, your planning committee should sit down with the facilitator and review together the participants’ evaluations of the session and de-brief it.