

Final Report

Report on the Yukon

Injury Prevention

Priority Setting Exercise

Conducted December 8, 2009

*An exercise to build on existing injury prevention initiatives
in the Yukon*

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Partners (Funding and other assistance)

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Health Canada
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Yukon Public Health Association
Safe Communities Canada
Yukon College – Continuing Education
Arctic Health Research Network – Yukon
Injury Prevention Coalition Yukon (formerly known as Safe Communities Whitehorse)

Supporters (Draw Prizes)

Medicine Chest Pharmacy
Recreation and Parks Association of the Yukon
St. John Ambulance – Yukon Branch
Yukon College – Continuing Education

Data Sources

Whitehorse General Hospital
Yukon Bureau of Statistics
Yukon Workers Compensation Health and Safety Board

Special Thanks to the Table Captains who were willing to take on this leadership role during the PSE workshop:

- | | |
|----------------------|---------------------|
| - Jody Butler Walker | - Natalie Thivierge |
| - Brooke Alsbury | - Patti Stark |
| - Colleen Wirth | - Ria Tromp |
| - Dan Anton | - Shawn Feely |
| - Jen Jones | - Tracy Erman |

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- | | |
|----------------------|---------------|
| - Dan Anton | - Tracy Erman |
| - Rob McClure | - Ron Pearson |
| - Jody Butler Walker | |

Introduction

The Injury Prevention Priority Setting Exercise (PSE) took place on December 8, 2009 in Whitehorse Yukon with over 50 injury prevention stakeholders helping to create an injury profile for the Yukon.

The PSE event was spearheaded by the Injury Prevention Coalition Yukon (IPCY) formerly referred to as Safe Communities Whitehorse. While considerable work has been done in the last few years and in the few months leading up to the PSE workshop, it should be noted that a number of Yukon injury prevention stakeholders have been laying the groundwork for the past 25 years to make this event happen.

The Yukon is one of the few jurisdictions in Canada which currently does not systematically look at injury prevention data and strategies in a manner which involves a wide-base of stakeholders. It has been estimated that injuries in Canada cost \$19.8 billion annually. Given the economic, emotional, and social costs of injuries, IPCY felt it was critically important to involve stakeholders in a process which would create a current injury profile. From the injury profile created at the PSE workshop, stakeholders can next build on current injury prevention intervention strategies to better reduce injuries in the Yukon.

Process

The Yukon PSE which took place on December 8, 2009 at the High Country Inn in Whitehorse, YT was planned and delivered following a template created by Safe Communities Canada (SCC). The *PSE Community Planning Guide* and *PSE Facilitator's Guide* are available either from SCC or from Injury Prevention Coalition Yukon. A contact at SCC and a local Yukon steering committee (also referred to as “the leadership table”) gave valuable guidance and assistance to the workshop coordinator.

The PSE involves combining the numerical rankings of injury data (quantitative information) with the emotional feelings of stakeholders about different injury categories (qualitative information) in order to identify an injury profile. It requires approximately 4 hours of time to complete the PSE with the participants. The *Agenda* which was used for this PSE is attached in the appendix.

Time and effort was spent in the 2-3 months prior to the exercise to:

- invite and confirm stakeholders (A complete list of which agencies were invited to attend is in the Appendix)
- complete all of the logistical tasks related to booking a location, arranging meals, snacks, and travel, and preparing participant and workshop materials
- locate and obtain injury data
- sort the injury data into 6-10 meaningful injury categories (these categories are described in the Appendix)
- confirm the qualitative parameters of the exercise
- prepare for the PSE event
- remind participants of the PSE in the week prior

Quantitative data for this exercise involved 5 different parameters:

- Hospital Admissions at Whitehorse General Hospital for the calendar year 2008 coded by ICD-10 codes
- Average Length of Stay in days for hospital admissions for 2008-09 fiscal year
- Emergency Room Visits at Whitehorse General Hospital for calendar year 2008 coded by ICD-10 codes
- WCB Accepted Claims by Event for Yukon for calendar year 2008 grouped to parallel ICD-10 categories
- Yukon Death Statistics as provided by Yukon Bureau of Statistics for calendar year 2008 grouped to parallel ICD-10 categories

Following a brief presentation of the different data, participants worked in small groups to discuss the data using 6 questions to guide their discussion. The six questions were:

1. What is the most striking feature about this injury profile of your community?
2. Does the profile fit with what you know about your community, your personal life, or your professional experience?
3. What would be one thing you would want to learn more about?
4. Is it easy to identify reasons why the injury categories in this community profile show up?

5. These injury categories are based on information from the recent past. Do you believe that they are as serious a challenge in your community today as they were two years ago?
6. Are specific populations in your community over-represented in these injury categories (e.g. rural vs. urban)?

Key comments and recommendations coming out of these discussions were noted by Table Captains and are summarized in the Results section.

The participants were then presented with a ranked version of the quantitative data as prescribed by the *SCC PSE Facilitator's Guide*.

In reorganized small groups, participants next went through a qualitative ranking exercise with each group looking at 2 of the 10 identified injury categories according to 8 qualitative statements:

1. Citizens in the community are aware that this injury category is a problem.
2. Citizens in the community will be receptive to programmes that address this injury category.
3. Most key political partners in the community will support interventions to address this injury category.
4. At present, no organization or individual in the community is addressing this injury category.
5. Programmes and strategies that can respond to this injury category are known and available.
6. Proven interventions can have an immediate and positive impact on the rate of occurrence of this injury category.
7. This injury category has a greater impact on the community than other injuries identified on the Quantitative Data chart.
8. This injury category can be addressed most effectively by a single agency's assuming full responsibility for addressing it.

During the lunch break, PSE organizers combined the quantitative rankings with the qualitative rankings which resulted in an injury profile. A presentation of this information was followed by a brief presentation by IPCY outlining the importance of this profile for building on current injury prevention initiatives.

Following the PSE event, participants were sent a follow-up letter confirming their contributions to the workshop as well as some attachments reflecting the key findings.

The next phase of this project will take place between January and March 31, 2010. IPCY will be providing strategic direction on the next steps to be completed which will build on the outcomes of the PSE workshop. A final report to be completed by March 15, 2010 will summarize the follow-up activities which will be completed in the first 3 months of 2010.

Results

Participants

A total of 53 people participated in the PSE. Numbers likely would have been higher as some confirmed people could not attend at the last minute due to seasonal flu or travel problems.

A list of participants and their respective agencies is attached below.

| | | |
|------------|---------------|--|
| Brooke | Alsbury | Fetal Alcohol Syndrome Society Yukon |
| Heather | Alton | Health & Social Services, Home Care |
| Dan | Anton | Yukon College, Continuing Education |
| Wesley | Barrett | Carcross Tagish First Nation |
| Diane | Baumgartner | Tr'ondek Hwech'in |
| Roberta | Behn | Ta'an Kwach'an Council |
| Bonnee | Bingham | Skookum Jim Friendship Centre |
| Ragene | BlackJack | Little Salmon/Carmacks First Nation |
| Sandra | Bob | Ross River Dena Council |
| Chantelle | Bode | Little Salmon/Carmacks First Nation |
| Matthew | Bowen | Yukon Engineering Services and Northern Safety Network |
| Marni | Bramadat | Yukon Youth Directorate |
| Jody | Butler Walker | Arctic Health Research Network - Yukon |
| Jacqueline | Chambers | Champagne/Aishihik First Nation |
| Megan | Chesney | Arctic Health Research Network - Yukon |
| Cathy | Dickson | Liard First Nation |
| Julia | Dickson | Liard First Nation |
| Tracy | Erman | Road Safety, YTG |
| Jennifer | Eskes | Yukon Public Health Association |
| Cherish | Fairclough | Skookum Jim Friendship Centre |
| Shawn | Feely | Journey to the Teaching |
| Brendan | Hanley | Yukon Medical Officer of Health |
| Colleen | Hemsley | Yukon Communicable Disease Control |
| Mark | Hill | Yukon Workers Compensation Health and Safety Board |
| Alan | Hublely | RCMP M Division |
| Geraldine | James | Carcross Tagish First Nation |
| Lori | Joe | Teslin Tlingit Council |
| Jen | Jones | Council of Yukon First Nations |
| Emilie | Joslin | Many Rivers Counselling Services |
| Calvin | Klippert | Skookum Asphalt Ltd |
| Sonya | Laukkanen | Daylu Dena Corporation |
| Arthur | Lotz | Whitehorse General Hospital, Facility Manager |
| Jade | McGinty | Teslin Tlingit Council |
| Anne | Morgan | Recreation and Parks Association Yukon |
| Leslie | Peach | Northwestel |
| Rose | Peter | Ross River Dena Council |
| Brenda | Petriw | Teen Parent Centre |
| Dawn | Power | Northwestel |

| | | |
|----------|-----------|--|
| Kim-Mia | Pronovost | Health Canada |
| Blaine | Rapp | City of Whitehorse – Safety |
| Penny | Rawlings | Whitehorse General Hospital Emergency Ward |
| Jim | Regimbal | City of Dawson, Fire Chief |
| Blake | Rogers | Health Canada |
| Carlene | Silas | Selkirk First Nation |
| Charlene | Silverfox | Selkirk First Nation |
| Liris | Smith | Health & Social Services, Continuing Care |
| Daniel | Stach | City of Whitehorse – Bylaw |
| Patti | Stark | Alberta Centre for Injury Control and Research |
| Samantha | Stewart | Whitehorse General Hospital |
| Natalie | Thivierge | Yukon Workers Compensation Health and Safety Board |
| Ria | Tromp | Learning Disability Association of the Yukon |
| Joy | Vall | Home Care, YTG |
| Colleen | Wirth | Yukon College Student Services |

Quantitative

The small group discussions about the quantitative data included the following key points, questions, and recommendations.

The points from the discussions are summarized below sorted by question:

What is the most striking feature about this injury profile of your community?

- Is there an overlap between categories in terms of how injuries are sorted?
- Data does not reflect people who go to their family doctor or a nursing station, or do not go to see a doctor or health professional at all
- Are falls and contact injuries high because of mining, our natural resource based industries, and outdoor recreation?
- Surprise that vehicle injuries are so low
- The number of deaths due to contact injuries is shocking

Does the profile fit with what you know about your community, your personal life, or your professional experience?

- Concern about number of deaths under contact injuries in relation to other indicators
- Cycling is more a Whitehorse issue than a rural community issue.
- Workplace injuries are well documented; non workplace injuries is a whole new area
- Thought sport injuries would be higher given our population and its outdoors focus; are we doing something right in sports which is keeping injuries low? Can we apply any of this learning to other injury areas?
- Even where numbers are low, the impact of injuries in a small community can still be very significant.

What would be one thing you would want to learn more about?

- Need to find out what are the root causes behind injuries in order to make changes; knowing what kind of injury is less important than knowing the causes behind the behaviour which resulted in someone being injured
- More breakdown within the injury categories (e.g. falls, contact injuries)
- Would like to increase breakdown of categories by age, gender
- How many of the injuries were influenced by alcohol, drugs?
- How many of the injuries were self-inflicted (self-harm, suicide)?
- Does assault come under contact injuries?
- For what injuries are people being med-evac'd out of the territory?
- Would like to know more details about WCB numbers
- Fatalities which are <5 is not specific enough given our small numbers of deaths
- Do the numbers for falls mostly reflect seniors?
- Do large events (e.g. 2007 Canada Winter Games) skew data in one direction or another? Or other factors like climate, pandemic events?
- Need to know the "why" behind the injuries.... A senior might fall and become injured but it could be coded as a "fall", "medical condition", or even something related to an "impairment" depending on the circumstances; knowing the "why" is more useful than the injury category in terms of preventing/reducing injuries
- How many injuries involve visiting tourists who maybe need more education about being safe in the Yukon?

Is it easy to identify reasons why the injury categories in this community profile show up?

- Is there a seasonal fluctuation with the data within injury categories?
- Does our northern climate contribute to some of the trends?
- Does seasonal affective disorder (SAD) play a role in some of the injuries?
- Human behaviour is very complicated to sort out the reasons behind data.
- Does alcohol poisoning come under "poisons"?
- We need to know more about why injuries happen in order to prevent them.
- Is residential school compensation a factor in any of the data?
- Are there elders still working because they cannot afford to retire and they are becoming injured?
- We need to focus on education more and not just on reaction and enforcement issues related to injuries; we need to engage people in the issue of injury prevention
- Speculate that poor housing conditions, lack of access, winter weather, and risk-taking behaviours are some of the reasons behind injury numbers

These injury categories are based on information from the recent past. Do you believe that they are as serious a challenge in your community today as they were two years ago?

- WCB rates have improved over past 2 years
- Feeling that alcohol and drug involvement is a significant factor; would be good to get more information on this factor
- It would be good to look at statistics over time to see trends; can we go back in time to see if there have been changes?
- People understand now more the importance/value of reporting injuries (e.g. workplace)

Are specific populations in your community over-represented in these injury categories (e.g. rural vs. urban)?

- Current statistics do not provide breakdown of rural vs. urban but this would be good to know; other than death and WCB data, there is no representation of rural Yukon injuries (1/3 of population) in hospital statistics unless the person is brought to WGH.
- Are people in rural communities less likely/able to access health services so they would not be captured in any statistics?
- WCB statistics would only reflect people working as employees; they do not reflect kids and retired people
- Need greater effort to gather statistics which are more accurate; health partners (WGH, Yukon HSS, Yukon First Nations) need to work together to provide better data
- Confidentiality concerns in small communities is an issue that might contribute to some people not going to a health station

The quantitative data and rankings are provided on the next two charts.

Qualitative

Following the quantitative charts, a chart is presented which shows the combined qualitative rankings for the 10 injury categories.

Combined

Following the qualitative chart, a chart is presented which shows the combination of the quantitative and qualitative rankings in order to arrive at an injury profile.