

## Scope of the Report

- Unintentional injuries to children (I-I4 years) in Atlantic Canada
- Primary Data Sources:
  - Hospitalizations CIHI, 1996-2005
  - Deaths Statistics Canada, 1995-2004
- Other Data Sources:
  - Socio-demographics European sources
  - NACRS
  - CHIRRP
  - Transport Canada

## Report Components

- Social determinants of health & injury
- Leading causes of unintentional injury
  - What works to prevent each type of injury
  - Atlantic Canada initiatives
  - Calls to action

#### In this 10 Year Review:

Every year on average 34 children aged 1-14 years die

#### **AND**

another **3100** were hospitalized as a result of <u>unintentional</u> injury.

Every month there were 260 injury hospitalizations.

Every day there were 9 injury hospitalizations.

In addition, each year unintentional injuries to children cost Atlantic Canada \$191 million (SMARTRISK, 2009).

### The Socioeconomic Safety Divide

- People with low SES more likely to die from injuries and violence
  - MVCs, VRUs, falls, burns, poisoning, drownings
- Child mortality rates: 38 times higher with unemployed parents compared to most affluent

## Leading Causes of Death

- I. Pedestrian (12%)
- 2. Threats to breathing (11%)Drowning (11%)Fire/burns (11%)
- 3. Motor vehicle collisions (7%)



## Leading Causes of Hospitalizations

- Falls (44%)
  - 6% on the playground
- Cycling (8%)
- Poisoning (7%)



# Leading Causes of Hospitalization by Age

Age	Hospitalization
Ages 1 to 4	falls (35%) poisoning (20%)
Ages 5 to 9	falls (39%) playground falls (12%) bicycling (10%)
Ages 10 to 14	falls (36%) bicycling (11%)

## New Brunswick Highlights

- Highest rate of hospitalizations in the region & 2<sup>nd</sup> highest in all of Canada (817.8/100,000 pop.)
- Highest regional rates for:
  - Falls (including playground)
  - Poisonings
  - ATV/ORV/snowmobile
  - Drowning
  - Child passenger (MVC)
- Lowest regional rates for:
  - Pedestrian injuries



## Newfoundland and Labrador Highlights

- 2<sup>nd</sup> highest rate of hospitalization in the region (757.7/100,000 pop.)
- Highest regional rates for:
  - Bicycling injuries
  - Pedestrian injuries
  - Fire/burn injuries
- Lowest regional rates for:
  - Playground falls
  - Drowning



## Nova Scotia Highlights

- Ranked third highest in Atlantic for hospitalizations (712.8/100,000 population)
- Highest rate in the region for:
  - Threats to breathing hospitalizations (7.7/100,000)
- Lowest rates in the region for:
  - Poisonings (19.0/100,000)
  - Child passenger injuries (9.4/100,000)
  - Fire/burns (9.9/100,000)



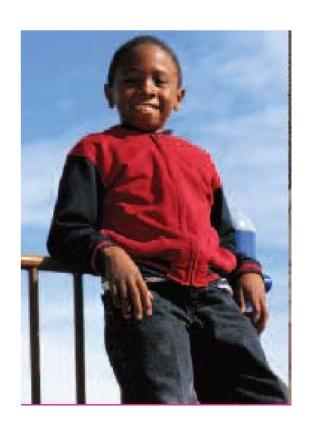
## PEI Highlights

- Lowest hospitalization rates in the region (486.5/100,000 pop.)
- 2<sup>nd</sup> highest regional rate for:
  - Playground falls
  - Pedestrians
- Lowest regional rates for:
  - Falls
  - Bicycling
  - ATV/ORV/snow mobile
  - Threats to breathing



### Calls to Action: Research

- Injury issue areas where circumstances remain unclear
- Evaluate strategies related to SDOH & injury



## Calls to Action: Healthy Public Policy

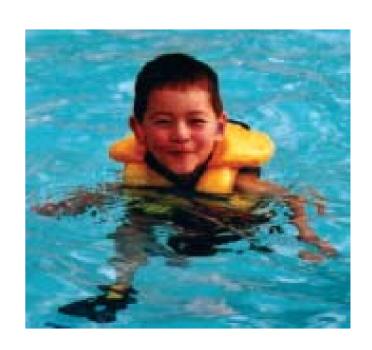
- Comprehensive legislation that takes into account health & social disparities
- Harmonization of legislation across the Atlantic provinces

Examples: ATV legislation, wheeled activities and helmets, child passenger seats



## Calls to Action: Programs

- Comprehensive, integrated approaches
- Strategically coordinate efforts
- Focus on reducing disparities
- Provide people with means and safe environments



## How can you use this report?

- As a tool for advocacy
- Use a SDOH lens when creating policies and programs
- Injury as part of a comprehensive approach to wellness

- Learn from others
- Share with your neighbours
- Spread the word!

### 4 Key "Take Home" Messages

- Unintentional injury remains an invisible epidemic in Atlantic Canada.
- Unintentional injuries are the leading cause of death & hospitalization for children and youth in Atlantic Canada.
- Most injuries are predictable and therefore preventable.
- Working in partnership, we can together reduce childhood injury in Atlantic Canada.



#### Contributors









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