

Ontario Injury spotlight

A newsletter for injury prevention practitioners in Ontario

MAY-JUNE 2008

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From the Centre

Evaluation results from the Spotlight

Thanks to the 57 readers who completed in full the Spotlight evaluation survey in March. Your feedback helps us to focus in on what's most important to you.

According to the results, overall, you're happy with the redesigned Ontario Injury Spotlight, with 80% reporting being quite or highly satisfied. Almost half the respondents have been readers of the Spotlight, and Ontario Stakeholders News before it, for two years or longer.

Here are other highlights:

- On average, readers found the various article types to be useful or very useful. You really enjoy hearing what your colleagues are up to; you gave top grades (4.12 and 4.11, out of 5, respectively) to the Research and From the Field categories.
- Regarding the look and feel of the redesign, you are satisfied, approving of the headings (4.23), the ease of reading (4.13) and attractiveness of the layout (3.98.)
- Four out of five of you read the Spotlight regularly and two thirds forward it to others, when relevant. Some of you post it publicly for others to read.

Learning Series: the May sessions

You can register now for two upcoming sessions of the Learning Series, the first led by a researcher whose work led to a program to prevent shaken baby syndrome and the second by an insurance expert who will help practitioners better understand risk and liability issues.

On May 6, Dr. Ronald Barr will provide the evidence base behind the primary community education program called the *Period of PURPLE Crying*, designed to prevent shaken baby syndrome and infant physical abuse, especially under 1 year of age. His research on understanding the crying behaviour of infants and its impact on caregivers led to the development of the program. A pediatrics professor at the University of British Columbia, Dr. Barr is also the Canada Research Chair in Community Child Health Research at UBC.

In the past, injury prevention practitioners have asked the Resource Centre to help clarify their liability when they are fitting helmets on children or installing child car seats, for example. Two sessions with David Hartley of the Insurance and Liability Resource Centre for Nonprofits at Imagine Canada, will answer those questions. The May 27 session kicks off the two-part series on *Risk Management: How to Protect Your People While You Protect Others*. Part 1 will focus on the

insurance aspect of risk management and Part 2 on June 26 will focus on practical risk management for practitioners who conduct car seat installation clinics and helmet fitting workshops. Participants will be surveyed after Part 1 for specific questions Mr. Hartley will be invited to address in Part 2. The sessions will help practitioners better understand liability and risk management, regardless of the nature of their jobs, and will provide access to valuable resources. For more information and to register online, visit www.oninjuryresources.ca.

From the Field

Policy the focus at falls symposium

Last year's evaluations pointed to a widespread interest in policy development so next month's 4th Annual Falls Prevention and Policy Network Symposium will feature a panel discussion outlining steps and examples of policy success stories from the field. The Symposium on seniors' falls will be opened by Joy Lang of the Ministry of Health Promotion. It will feature a session on changing behaviour using social marketing and another on the Mississauga Halton LHIN-wide Falls Prevention Project, as an example of how public health and LHINs are working together in falls prevention.

The \$40 registration fee includes lunch and refreshments. The Symposium is in Brampton on June 10. Register online.



Ontario Injury Prevention
Resource Centre

790 Bay St.
Suite 401
Toronto, Ontario
M5G 1N8

Tel: 416-977-7350
Toll-free: 1-888-537-7777
info@oninjuryresources.ca
www.oninjuryresources.ca

Research

PHAC surveys health of Canada's youth

Injury is cited as a continuing "challenge" in a new report released by the Public Health Agency of Canada, *Healthy Settings for Young People in Canada*. While rates of smoking, marijuana and alcohol use have all fallen, that's not the case for serious injury. Close to half of boys in grades 6-10 reported at least one injury needing medical treatment in the previous year, compared to about a third of girls. The full report is available online.

Injury prevention strategy suggested

The federal Health Minister's Adviser on Healthy Children and Youth has called for a national injury prevention strategy for children and youth in her report, *Reaching for the Top*. Canada ranks 22nd out of 29 countries belonging to the Organisation for Economic Co-operation and Development, in preventable childhood injuries and deaths, Dr. Kellie Leitch notes but is capable of, and should do, much better.

She calls for support for helmet use, eliminating toxic toys and promoting booster seats and protective equipment. Dr. Leitch also recommends that data sets be standardized. See the [executive summary](#).

Acute hospital costs rank injury second

Injury is second only to circulatory diseases when it comes to the costs of acute care stays in Canadian hospitals. That's according to a new report from the [Canadian Institute for Health Information](#), *The Cost of Acute Care Hospital Stays by Medical Condition in Canada: 2004-2005*.

On average, each patient stay costs almost \$7,000, although that varies widely by medical condition. After circulatory system diseases, which represented 19% of inpatient costs, injury came next at 10% of costs. Each injury cost \$9,400 each, on average, and there is a high volume of patients.

CIHI has also released a [report](#) on emergency departments and children in Ontario, finding that one in four visits in 2005-2006 were made by children 17 and younger. This is equal to more than a million visits by

685,000 children, as one in 15 returned to emergency within 72 hours of their first visit. The reports are available at the [CIHI website](#).

Our Partners in Action

Safe Communities expands in Ontario

In August 2007, the Ministry of Health Promotion launched *Ontario's Injury Prevention Strategy*. One project of this strategy is a unique Community-Based Injury Prevention Mobilization Initiative in partnership with Safe Communities Canada. The purpose is to enable Safe Communities Canada to work alongside five Ontario communities experiencing high rates of injury by assisting community leaders in the development of an action plan to reduce injuries.

The unique feature is that instead of waiting for communities to approach Safe Communities Canada, the organization is initiating the community contact and focusing its attention on those communities' leadership.

The goal of the two-year project is to assist community leaders to mobilize their institutions, organizations and citizens to come together and complete the 10 steps required to be designated a Safe Community. These communities will join a network of 40 designated Safe Communities across Canada, 23 of which are in Ontario.

A designated Safe Community is one which demonstrates, by completing the 10 steps, that it has the capacity to meaningfully address and reduce the rates of its injury. Information on the 10 steps required to become a designated Safe Community can be found at www.safecommunitescanada.ca

Safe Communities Canada has retained retired Police Chief Barry King, a well known leader in community safety, to lead this project. Port Colborne and Midland have formally declared their intentions to become designated Safe Communities, and Mr. King is confident three more will do the same shortly. For more information, contact Ron Waldie at Safe Communities at 416-964-5812 or rwaldie@safecommunities.ca

Suicide prevention

Health Canada and the National Aboriginal Health Organization have launched a website aimed at reducing suicide among Aboriginal youth. The [Honouring Life Network](#) offers resources targeted to both Aboriginal youth and suicide prevention workers in Aboriginal communities.

Calendar

Aging Driver Mobility Forum, Toronto, May 8-9

This forum will examine the issues and challenges to the safety and mobility of Ontario's seniors.

Contact driver.forum@ontario.ca

Canadian Public Health Association 2008 Annual Conference, Halifax, June 1-4

The conference theme is Public Health in Canada: Reducing Health Inequalities through Evidence & Action. The conference will highlight the pan-Canadian and global importance of public health.

See the [conference website](#)

Ontario Public Health Association 2008 Annual Conference, Niagara Falls, Oct. 26-29

The theme is Making Health Communities Count, with the goal of profiling leading developments and topical issues facing public and community health.

Abstract deadline is May 16.

See the [conference website](#)

Ontario Injury Prevention Conference, Toronto, Nov. 16-18, 2008

This year's conference will have a greater focus on skills development, leading to enhanced professional development opportunities. Save the date!

Contact Nadja Gale at ngale@smartrisk.ca

Highlights from the Ontario Injury Compass

March: Injuries in Northern Ontario

Northern Ontario hospitals experienced 139,106 emergency department visits for injury in 2005-2006 and 8,573 hospitalizations. The emergency department visit rate in Northern Ontario was 1.5 times higher than the provincial rate and the hospitalization rate was 1.7 times higher. Prevention tips include involving community partners to focus on programs targeting a range of injury types and ages.

April: Slips and trips

A total of 91,320 people visited an emergency department during 2005-2006 and 10,266 were hospitalized due to a slip or trip on the same level. For emergency department visits, injuries were highest among males 1-2 years. For hospitalizations, injuries peaked among those 80 and older. Prevention tips include checking for fall hazards, using medications wisely and wearing appropriate shoes.

Each month, the Ontario Injury Compass provides statistics and prevention tips on specific injury topics to practitioners in Ontario. To subscribe to the Ontario Injury Compass electronically, or to read back issues, visit www.oninjuryresources.ca