The Social Determinants of Injury
This presentation was developed into a workshop format by the Atlantic Collaborative on Injury Prevention for Understanding the Injury Prevention Resource and Learning Needs of CAPC/CPNP – Phase Two

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Injuries in Canada

- Leading cause of death under age 45
- Intentional injuries
  - By self
  - By others
- Unintentional injuries
- Economic burden: $20 billion/year in Canada
- People are not affected equally
The effect of income results from a combination of:

- Negative exposures
- Lack of resources
- Systematic underinvestment in human, physical, social & health infrastructure

“If everyone had the same injury hospitalization rate as the wealthiest Canadians, there would have been 21,000 fewer injury hospitalizations in 2008/2009.”

CIHI, 2010
Injury Hospitalizations: Age-Standardized Rates by Neighbourhood Income Quintile, Canada, 2008-2009

CIHI, 2010
Annual rates for child & youth injury-related deaths by median household income quartile in NS

Employment & Working Conditions

- Workplace injury
- Social and economic exclusion in the labour market
- Gender, SES and education
Education & Literacy

• Lower levels of education linked with higher injury

• Complex interactions with:
  - Early childhood development
  - Socio-economic status
  - Employment conditions
  - ETC.

A Note about Education

“It is important to note that this section is not in reference to an individual’s knowledge of risks or safety procedures.”
Housing

• Quality
• Over-crowding
• Income and stress
• Children and seniors
Gender

• Injury rates
• Constructs of masculinity
• Sexualization of women and girls
• SES and social exclusion

“... men’s health is sometimes influenced – for the worse – by unhealthy constructs of aggressiveness, dominance, and excessive self-reliance.”

Mikkonen & Raphael (2010)
Urban & Rural Environments

- Built environment
- Concentrated poverty
- Transportation
- Access to care
Age Groups: Children (1-14 years)

• Leading cause of death: Motor vehicle collisions
• Leading cause of hospitalization: Falls
• Suicides increasing
• Strong links to SES
  - Social assistance
  - Aboriginal status
• Minor injuries
Age Groups: Adolescents

- Developmental considerations
  - Pubertal changes affect risk perception, reward seeking & social image
  - Frontal lobe development: impulsivity & decision making
- Alcohol & cannabis use
- Socio-economic considerations: A complex picture
- The case for safe environments
Age Groups: Adolescents


Crude Rate per 100,000 Population

Note: Adapted from Canadian Institute for Health Information (2010)
Age Groups: Seniors

Unintentional Falls: Age-Specific Hospitalization Rates by Neighbourhood Income Quintile, Canada, 2008–2009

Note
Population by income quintile for 2008–2009 was projected using 2001 and 2006 Canadian census data.

Sources
National Trauma Registry Minimum Data Set, Canadian Institute for Health Information; Fichier des hospitalisations MED-ÉCHO, ministère de la Santé et des Services sociaux du Québec; 2006 Census, Statistics Canada.
Aboriginal Communities

• Injury rates 3.5 times the national average

• Most common causes:
  - Motor vehicle collisions: on and off road
  - Suicide
  - Overdose

• Other common causes:
  - Drowning
  - Burns
  - Violence
  - Falls

Health Canada (2009); NAHO (2007)
Aboriginal Communities

• Social and economic determinants

• Considering additional social determinants:
  - Effects of colonization, globalization, migration
  - Need for cultural continuity, access, territory and self-determination

Health Canada (2009); NAHO (2007)
LGBT Community

• Experiences of transphobia, homophobia, bi-phobia, heterosexism
• Self-harm, suicide, violence, substance use
• Supportive social environments
  - Political rhetoric
  - Anti-bullying and anti-discrimination policies
  - Gay-straight alliances
Best Practice Considerations

- Addressing the Social Determinants of Injury
- Changing Cultural Norms
- Education

Smallest Impact

Greatest Impact
Primordial Prevention

• Improving daily living conditions will increase the likelihood that:
  
  - A) Rates of injuries will decrease.
  
  - B) People will be more receptive to injury prevention messages and strategies at the primary prevention level.

Social policy is injury prevention policy. Strong social policy is needed to break the links between poverty and injury.
What does strong social policy look like?

• A range of benefits, programs and supports that protect citizens during various life changes that can affect their health
  - Family allowances; childcare; unemployment insurance; health and social services; social assistance; disability benefits; home care; retirement pensions

• All wealthy developed nations, including Canada, have created these systems.

• OECD Nations: Canada’s ranking

Mikkonen & Raphael (2010)
References

• CIHI. (2010). Injury hospitalizations and socio-economic status.


Thank you

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