

Surveillance Advances

Injury data and surveillance: What are we looking for?

February 27, 2024

12:00 – 1:00pm (CT) / 1:00 – 2:00pm (ET)

Speaker

Dr. Richard Louis

Injury Prevention Specialist, Trauma NB



National Collaborating Centre
for Infectious Diseases
Centre de collaboration nationale
des maladies infectieuses



Public Health
Agency of Canada

Agence de la santé
publique du Canada



Land Acknowledgment: NCCID



The National Collaborating Centre for Infectious Diseases is hosted by the University of Manitoba, on the original lands of Anishinaabe, Cree, Oji-Cree, Dakota and Dene peoples, and on the homeland of the Métis Nation.

At NCCID, we strive to honor the lands and their original caretakers in our work. We acknowledge that we are on Treaty One land. We recognize that this and other treaties, have been implemented as part of the process of colonization intended to benefit some while harming others. We are committed to working with our partners towards reconciliation.

Housekeeping



- Seminar recording and presentation slides will be available shortly after the seminar at the NCCID website: <https://nccid.ca/>
- If you have technical problems with Zoom, please email us at nccid@umanitoba.ca
- Please use the Q&A tab to submit your questions for our speakers. You can “like” other people’s questions to push them up in priority



Accreditation



Surveillance Advances is a self-approved group learning activity (Section 1) as defined by the Maintenance of Certification Program of the **Royal College of Physicians and Surgeons of Canada**.

The seminar series is also approved by the Council of Professional Experience for professional development hours for members of the **Canadian Institute of Public Health Inspectors**.

If you would like a letter of participation, please complete the survey which will be shared after the seminar.



Land Acknowledgment: PHAC



I would like to take this time to acknowledge the land where I live and work, located on Treaty 1 territory, the traditional lands of the Anishinaabee, Cree, Oji-Cree, Dakota, and Dene peoples, and on the homeland of the Metis Nation. We honor the Indigenous people who have lived on and cared for these lands for generations, and I am grateful for the opportunity to share and call this place home.

Today's speaker



Dr. Richard Louis MD, MHA
Injury Prevention Specialist
Trauma NB

Richard.Louis@HorizonNB.ca

Injury data surveillance: What are we looking for?



Dr. Richard Louis MD MHA
Injury Prevention Specialist
Trauma NB



Conflicts of interest

Atlantic Collaborative on Injury Prevention

Chair of the Board

Canadian Collaborating Centers on Injury Prevention

Co-Chair of the Board



Learning Objectives



- Understanding Injury Prevention as an integral part of a comprehensive public health approach.
- Recognizing the importance of collaborating with primary knowledge users around actionable data.



Comprehensive Public Health Approach



Leading Concerns for Primary Knowledge Users



Injury Prevention Specialists from across Canada are faced with similar challenges:

- **Limited visibility**
 - *Do stakeholders know what we do?*
- **Limited available resources**
 - *Are we able to able to deliver sustainable interventions?*
- **Skewed research to implementation funding ratio**
 - *Are we spending too much on injury prevention research?*

Polling Question

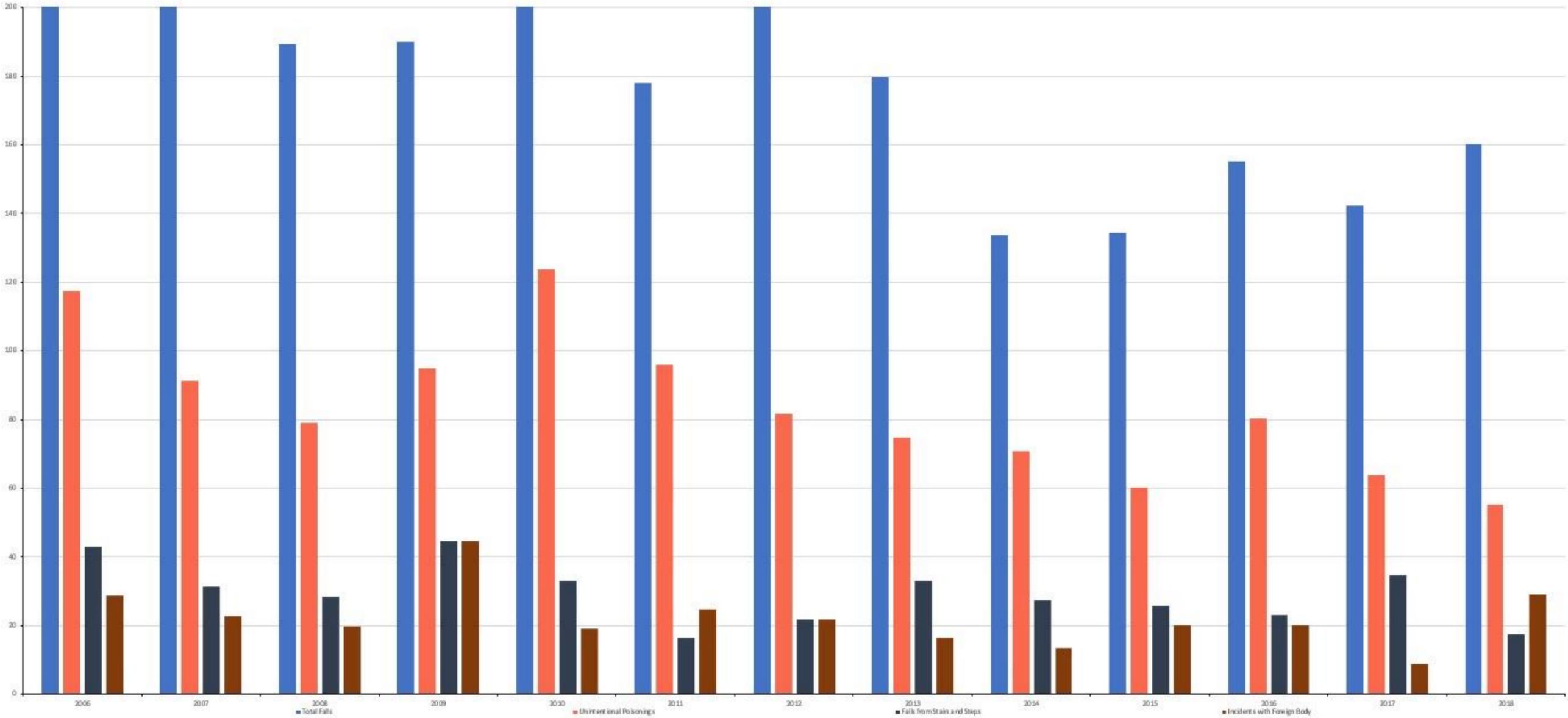


What is the leading cause of injury leading to hospitalization?



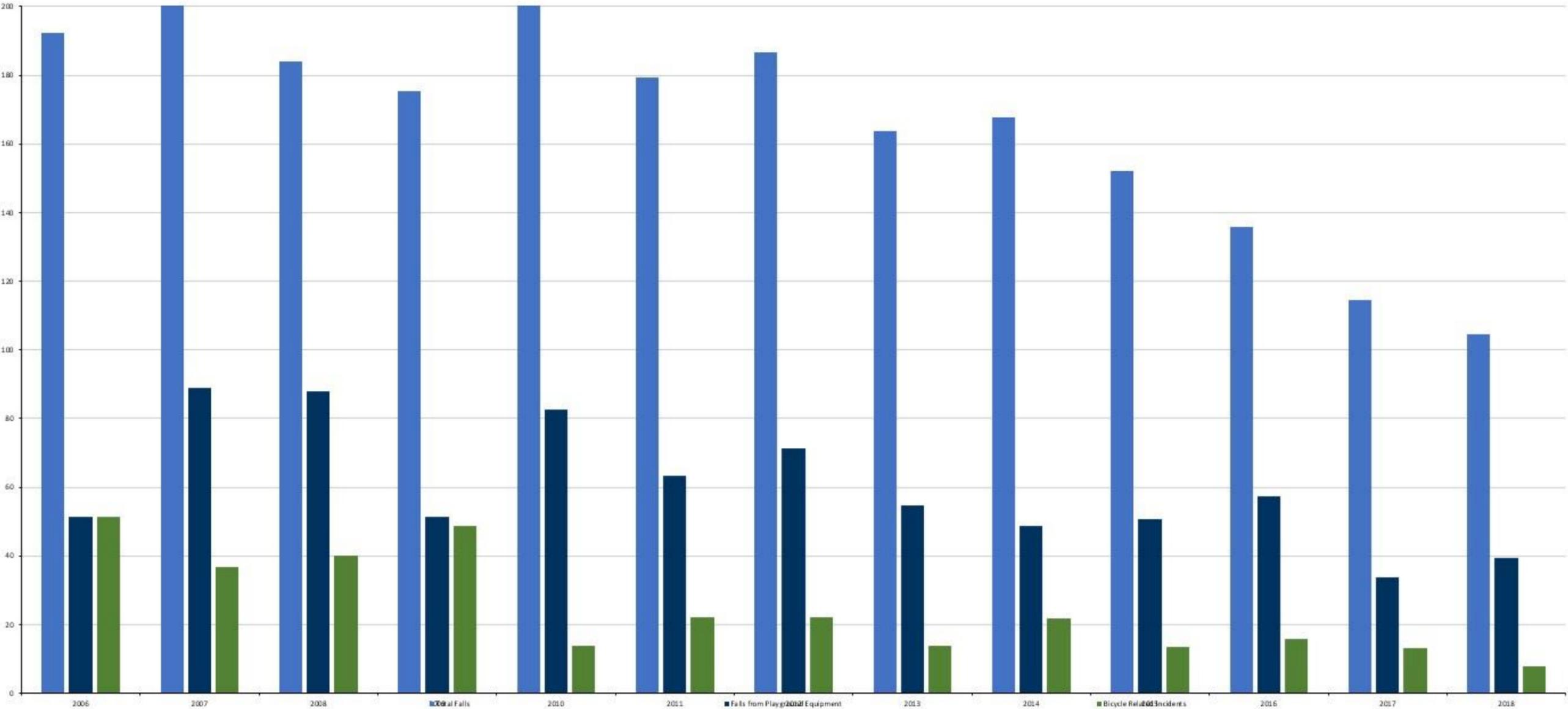
Looking at the Discharge Abstract Database

Rate of Injury-Related Hospitalizations in NB Children 0 to 4 years old (Rate per 100 000)



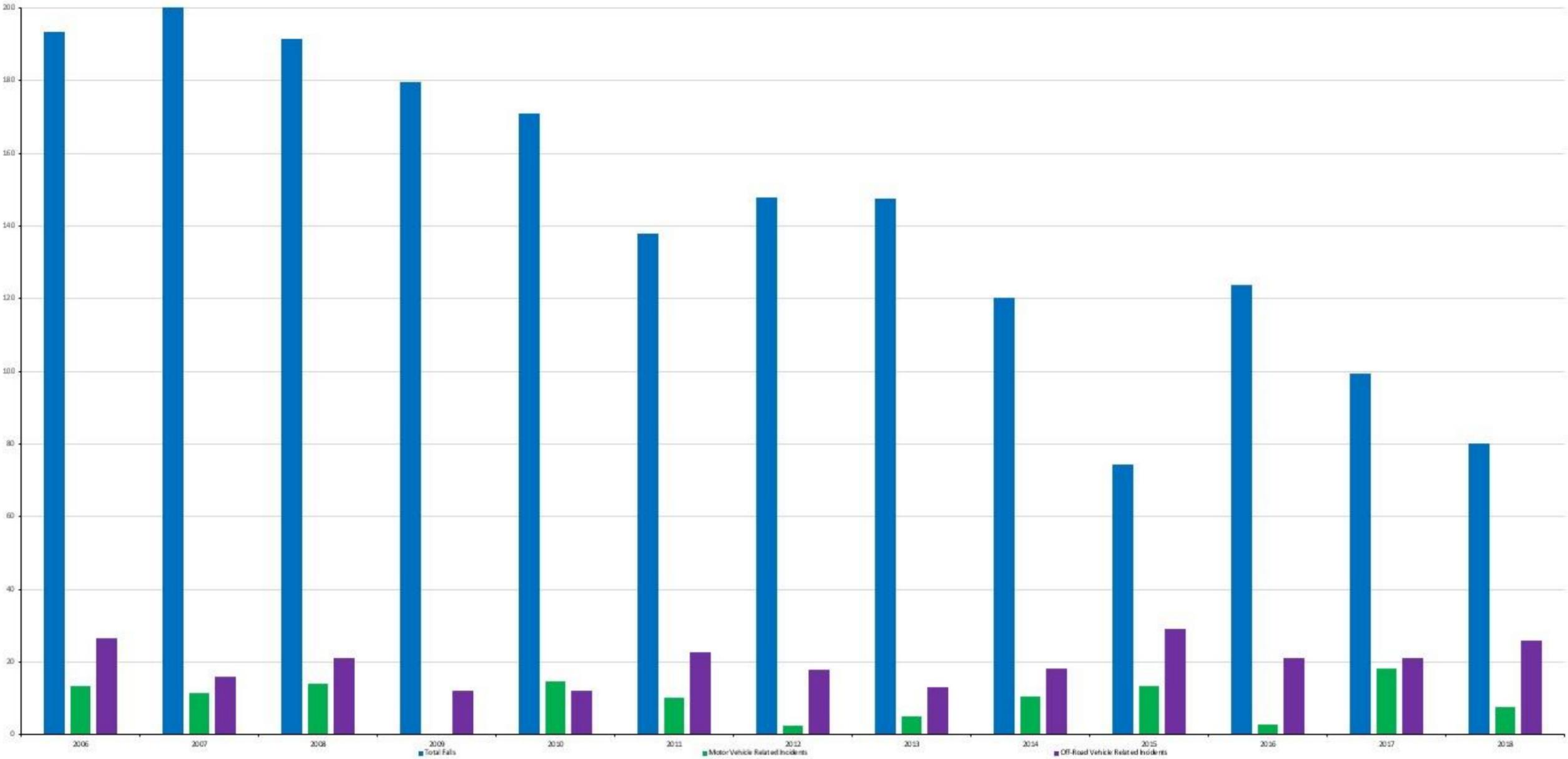
Looking at the Discharge Abstract Database

Rate of Injury-Related Hospitalizations in NB Children 5 to 9 years old (Rate per 100 000)



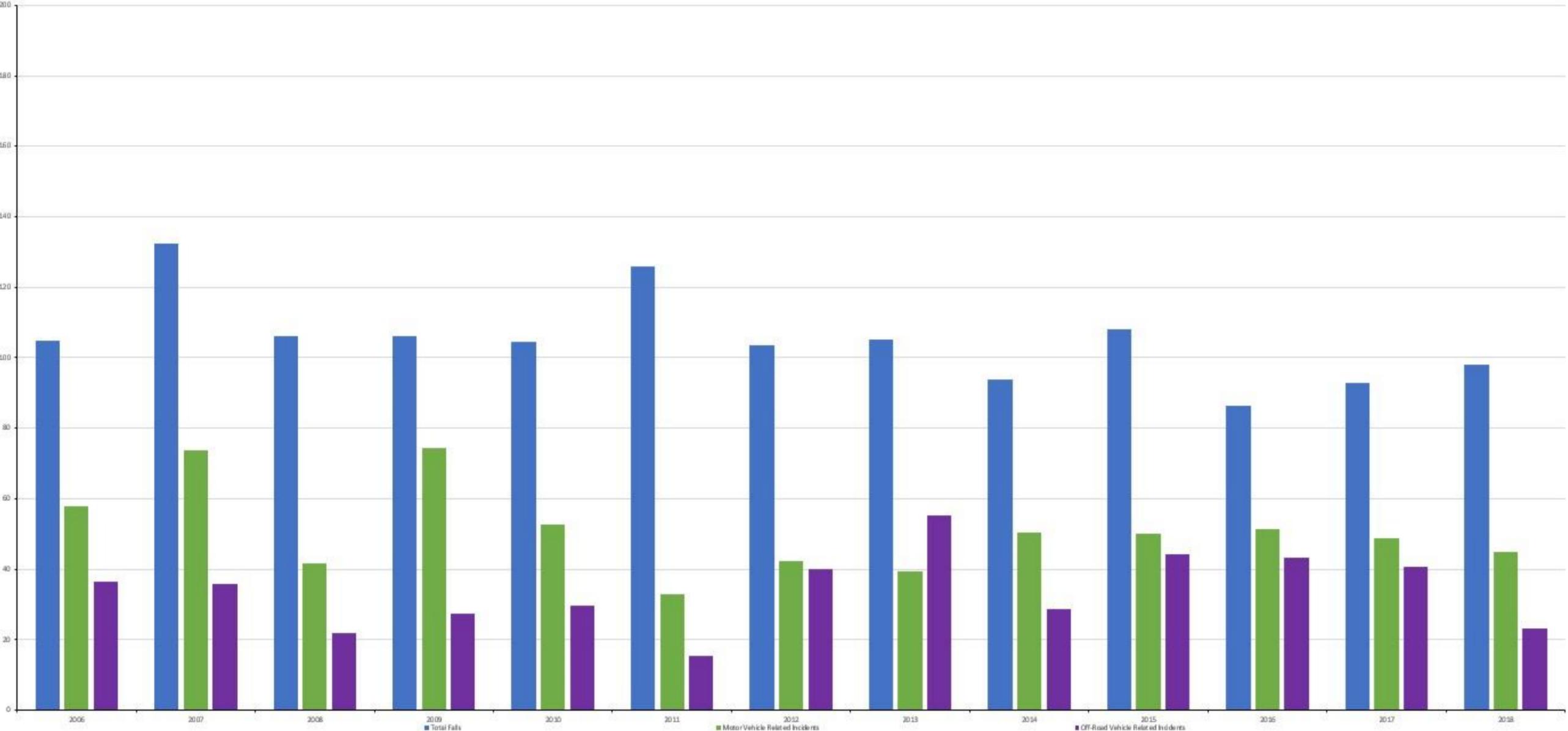
Looking at the Discharge Abstract Database

Rate of Injury-Related Hospitalizations in NB Children 10 to 14 years old (Rate per 100 000)



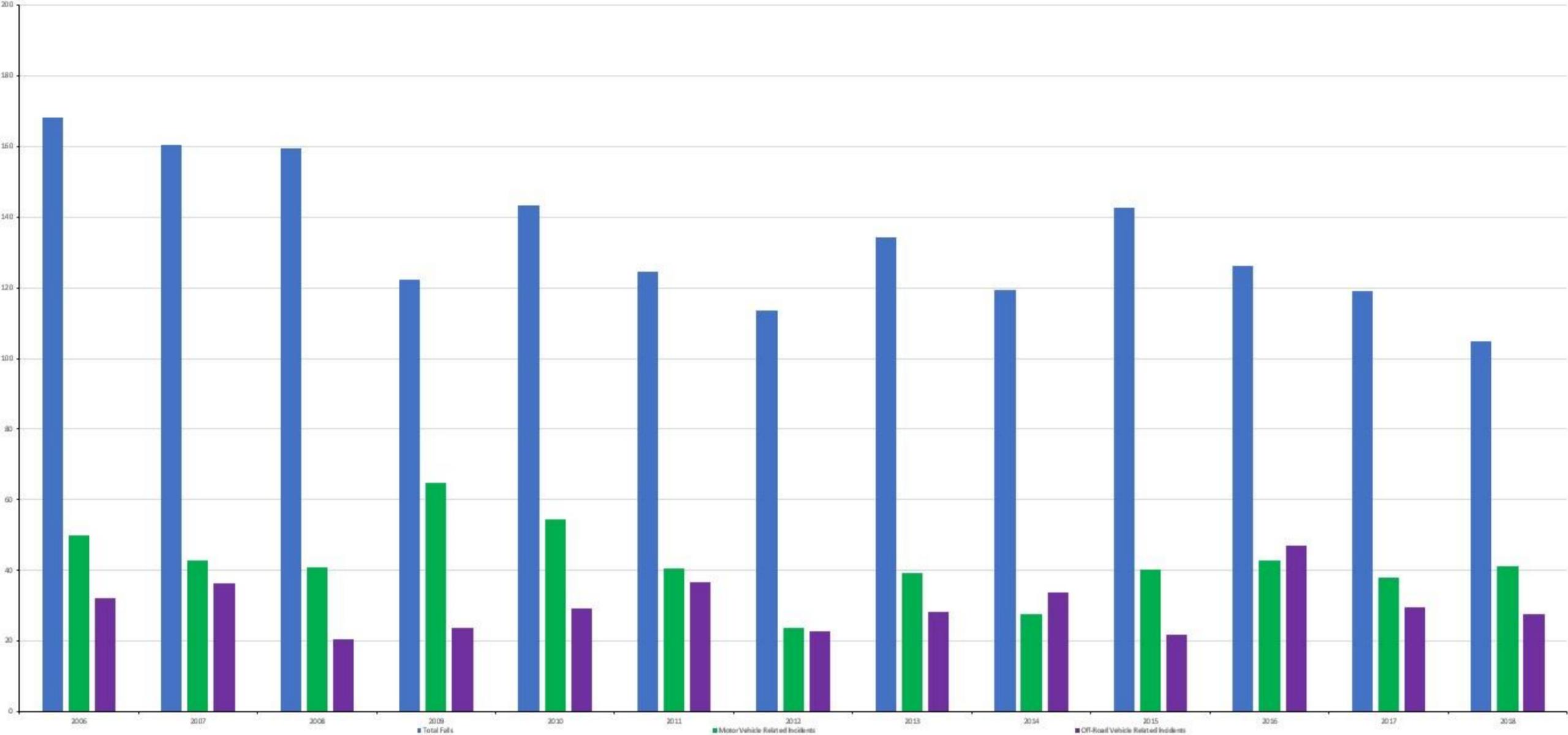
Looking at the Discharge Abstract Database

Rate of Injury-Related Hospitalizations in NB Adults 25 to 34 years old (Rate per 100 000)



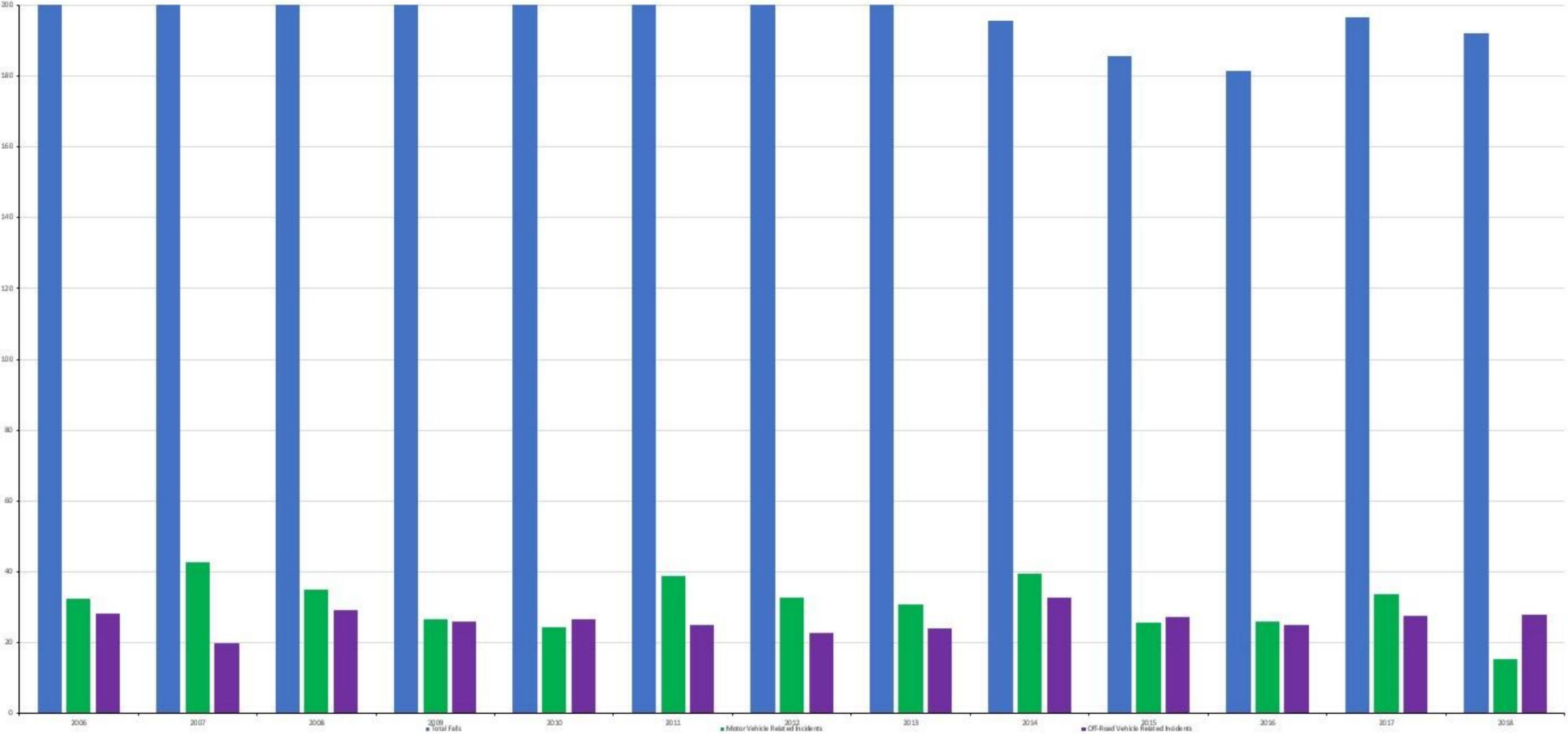
Looking at the Discharge Abstract Database

Rate of Injury-Related Hospitalizations in NB Adults 35 to 44 years old (Rate per 100 000)



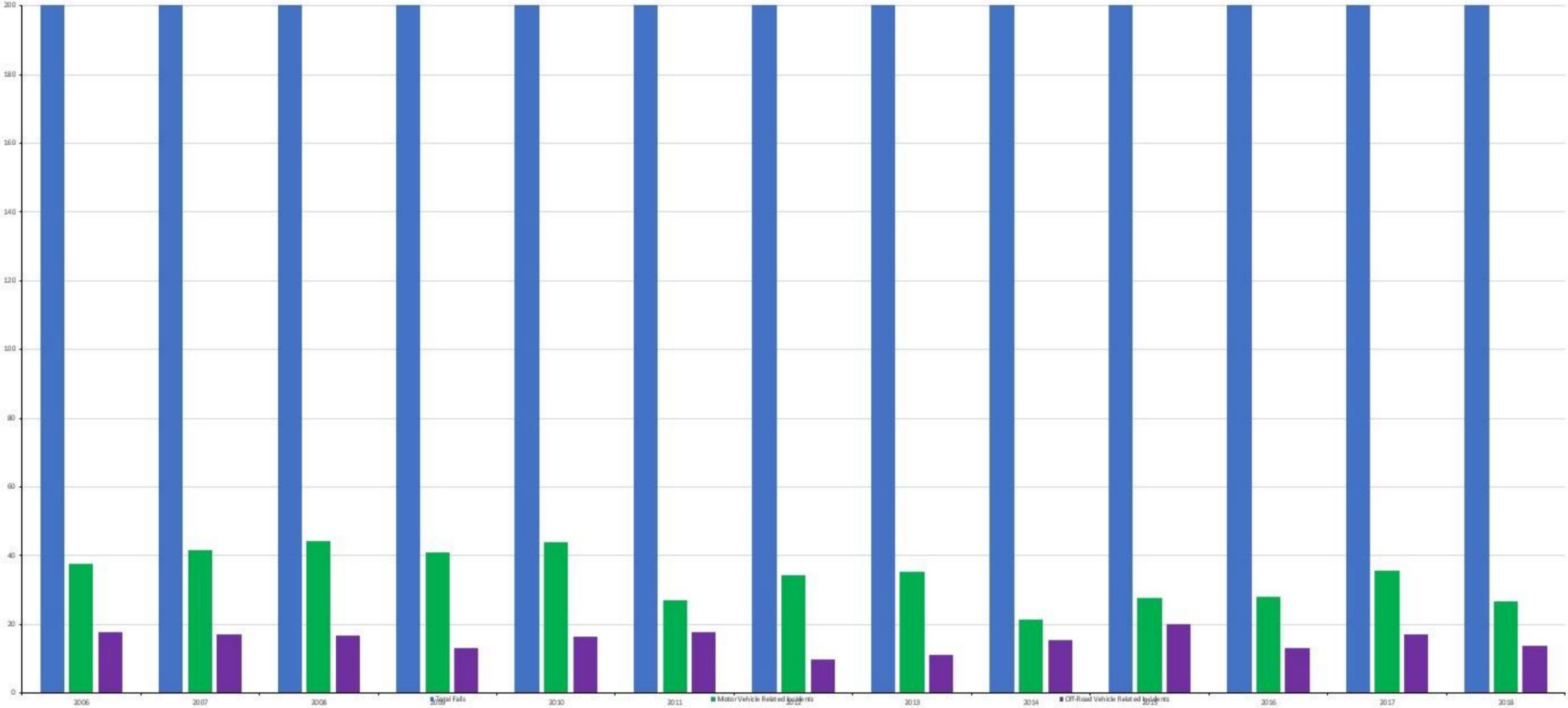
Looking at the Discharge Abstract Database

Rate of Injury-Related Hospitalizations in NB Adults 45 to 54 years old (Rate per 100 000)



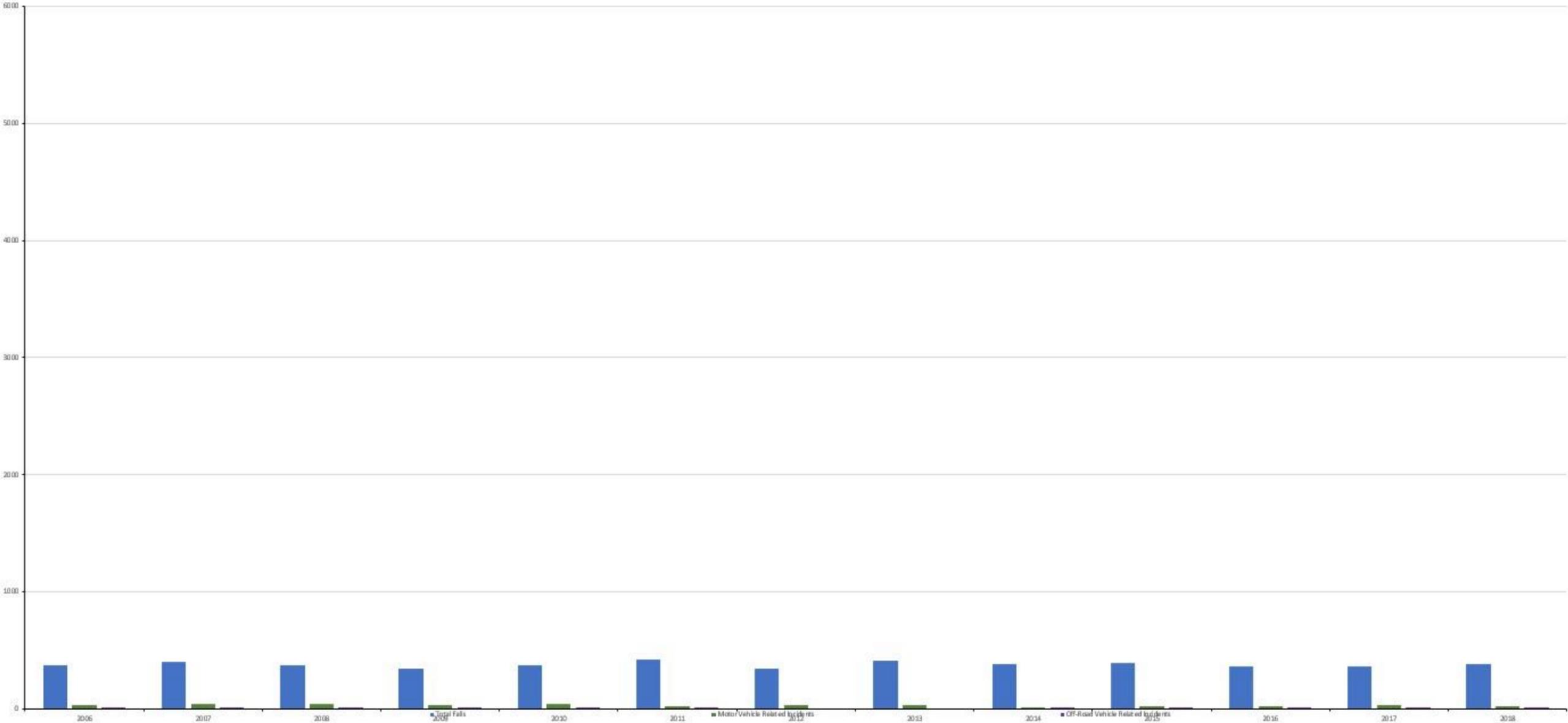
Looking at the Discharge Abstract Database

Rate of Injury-Related Hospitalizations in NB Adults 55 to 64 years old
(Rate per 100 000)



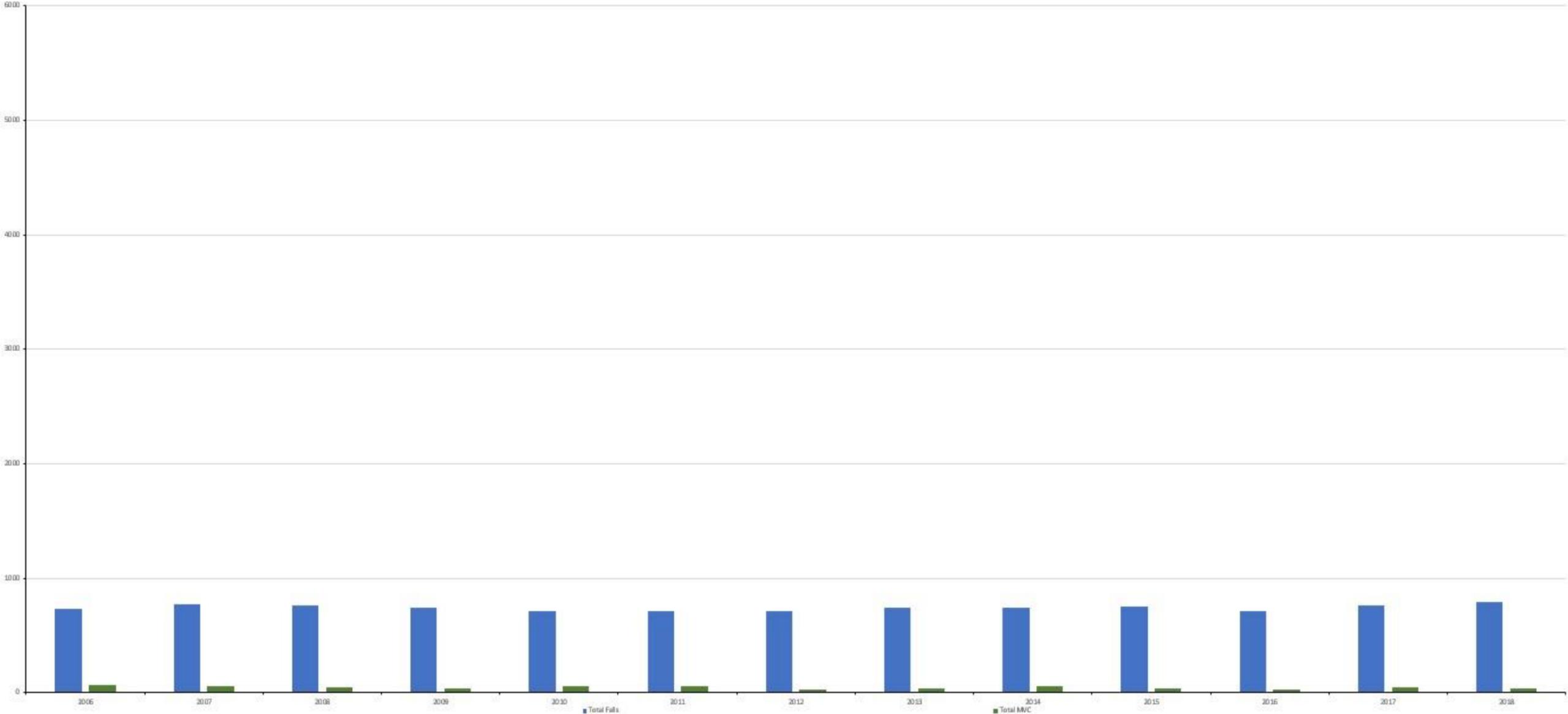
Looking at the Discharge Abstract Database

Rate of Injury-Related Hospitalizations in NB Adults 55 to 64 years old
(Rate per 100 000)



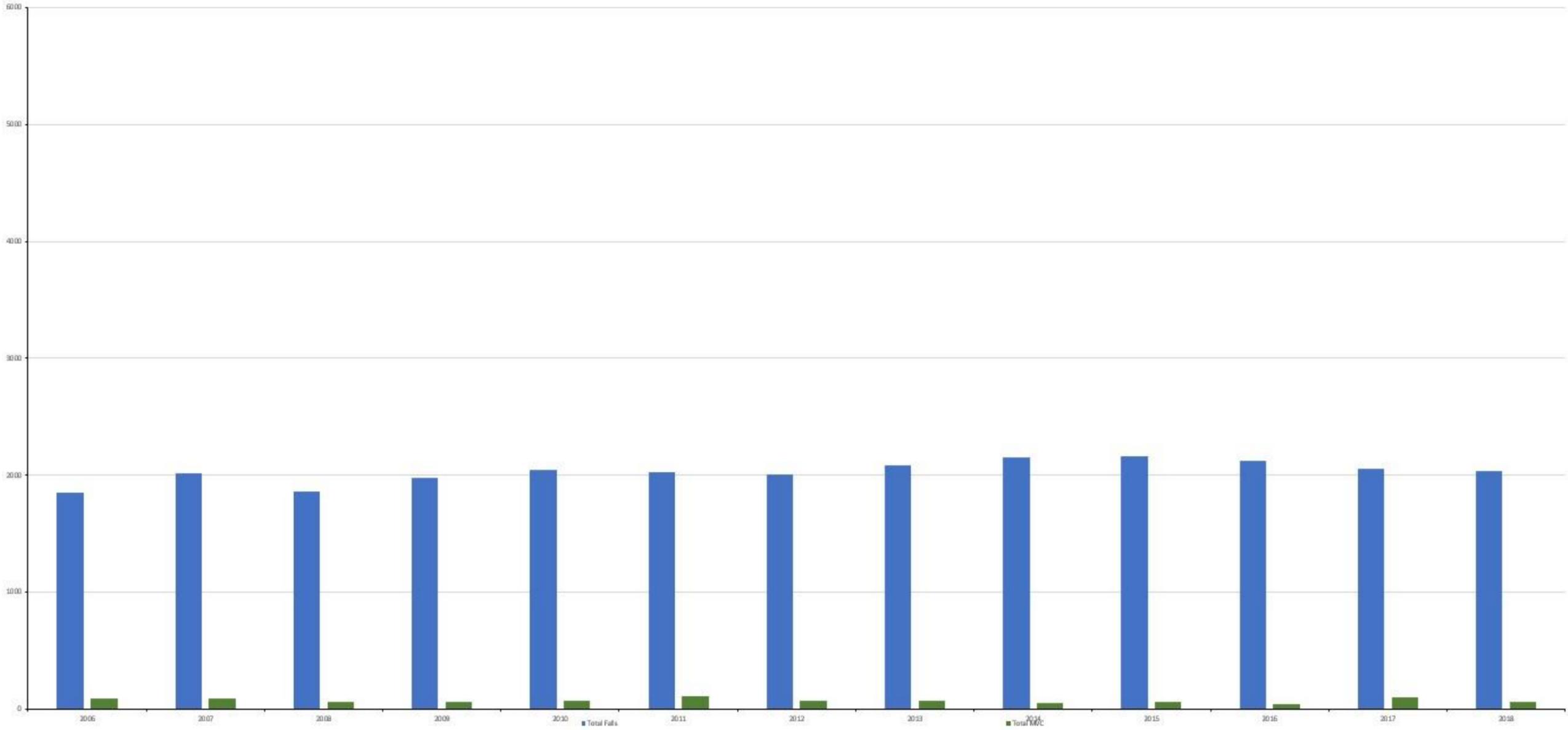
Looking at the Discharge Abstract Database

Rate of Injury-Related Hospitalizations in NB Older Adults 65 to 74 years old
(Rate per 100 000)



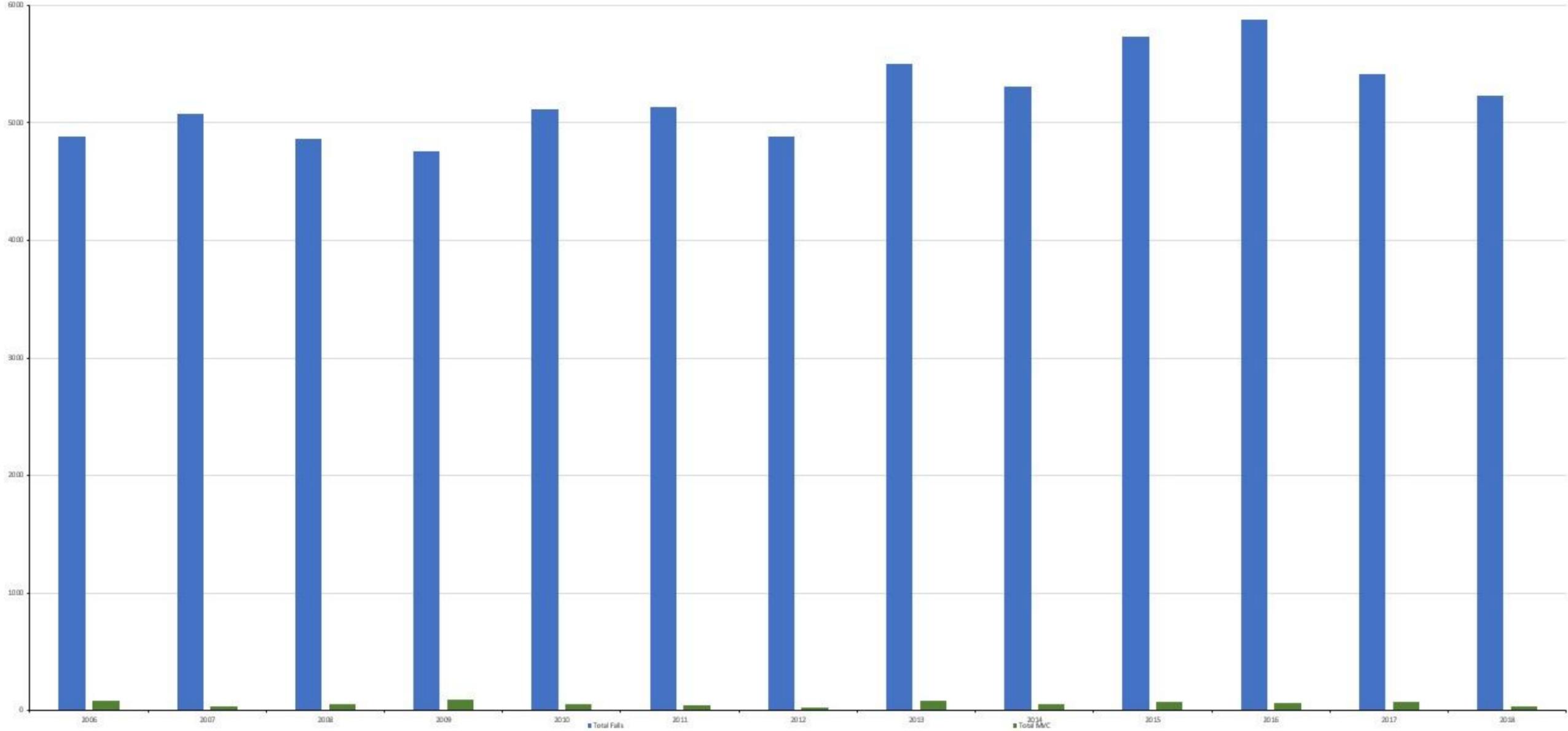
Looking at the Discharge Abstract Database

Rate of Injury-Related Hospitalizations in NB Older Adults 75 to 84 years old
(Rate per 100 000)



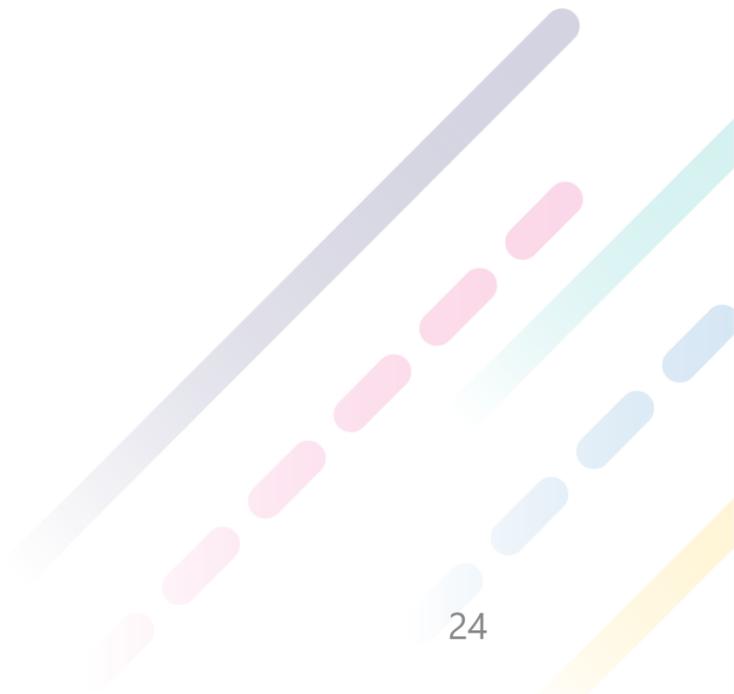
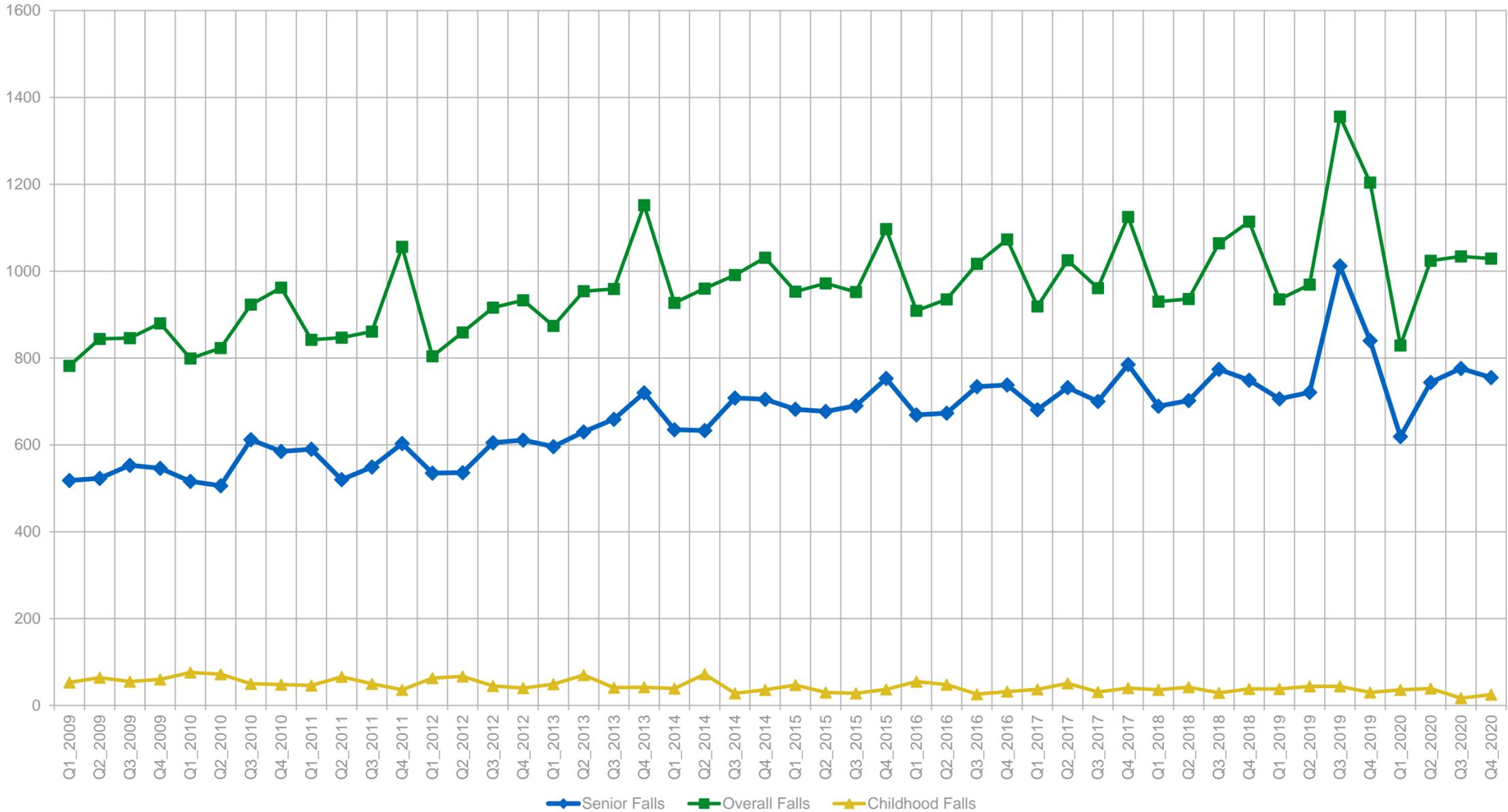
Looking at the Discharge Abstract Database

Rate of Injury-Related Hospitalizations in NB Older Adults 85 years old and over
(Rate per 100 000)

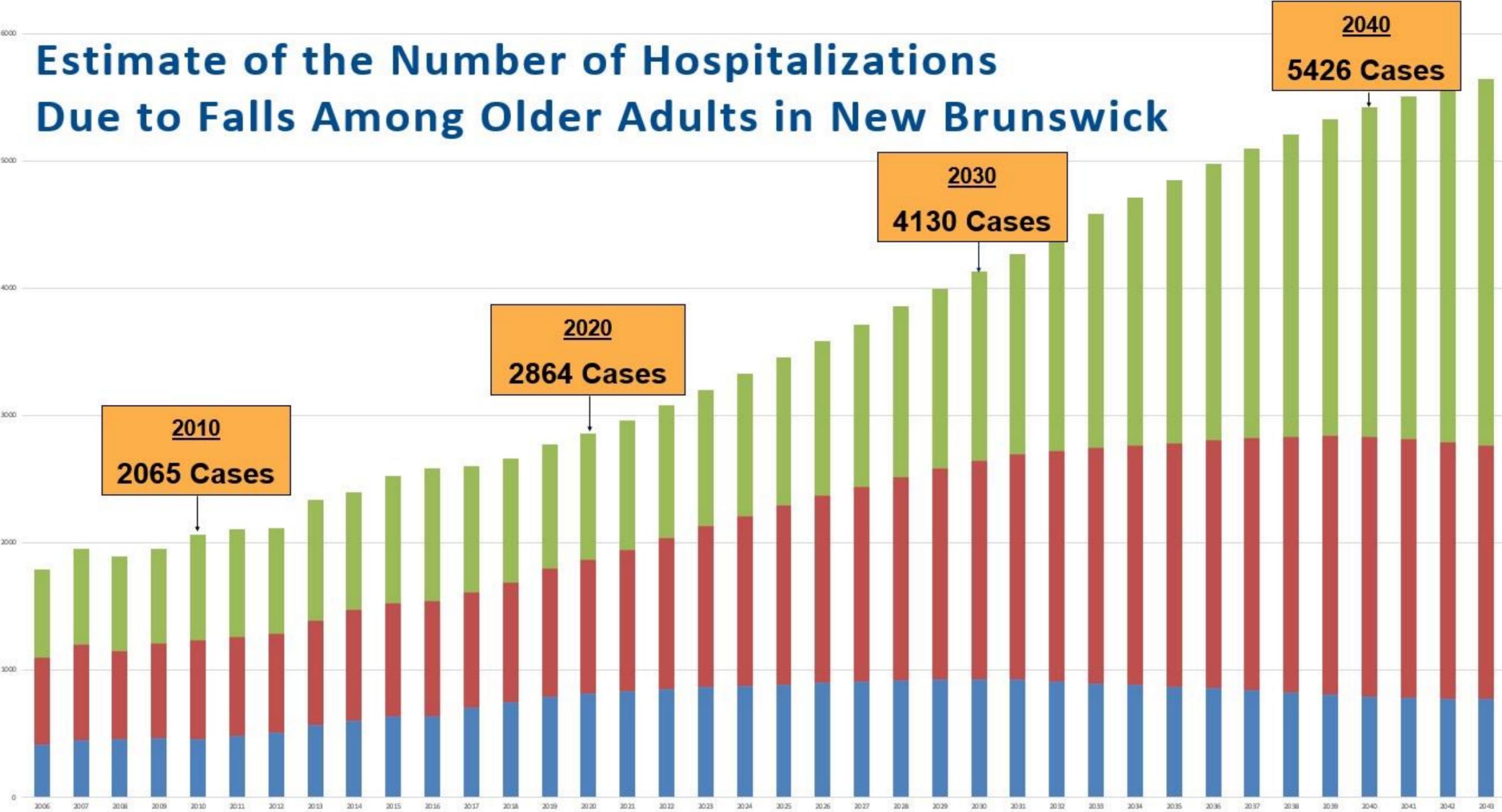


Obtaining Actionable Data

Overall vs Senior and Childhood Falls by Quarter
For all Level I, II, III and V Sites



Obtaining Actionable Data



Obtaining Actionable Data

COST ASSOCIATED WITH THE LEADING CAUSES OF INJURY IN NEW BRUNSWICK

2022 ATLANTIC CANADA REPORT



 NEW BRUNSWICK HAS THE SECOND-HIGHEST COST OF INJURIES PER CAPITA IN ATLANTIC CANADA

 **\$633.42 MILLION**
(TOTAL COST IN NEW BRUNSWICK)

IN 2018, COST IN MILLIONS (\$000,000) ASSOCIATED WITH THE LEADING CAUSES OF INJURY IN NEW BRUNSWICK

AGE GROUP	LEADING CAUSES OF INJURY			TOTAL COST
CHILDREN 0 TO 14 YEARS OLD	 \$19.70 FALLS	 \$3.09 TRANSPORT INCIDENTS	 \$2.83 SUICIDE/SELF-HARM	\$39.98
YOUTH 15 TO 24 YEARS OLD	 \$39.13 TRANSPORT INCIDENTS	 \$34.29 SUICIDE/SELF-HARM	 \$13.73 FALLS	\$135.75
ADULTS 25 TO 64 YEARS OLD	 \$68.50 FALLS	 \$46.32 TRANSPORT INCIDENTS	 \$38.73 SUICIDE/SELF-HARM	\$277.43
OLDER ADULTS OVER THE AGE OF 65	 \$144.71 FALLS	 \$7.67 TRANSPORT INCIDENTS	 \$1.45 UNINTENTIONAL POISONINGS	\$180.26

Data Source: Cost of Injury in Atlantic Canada 2022. The Atlantic Collaborative on Injury Prevention. Prepared by BC Injury Research and Prevention Unit: Vancouver, BC. Learn more [here](#) or visit www.acip.ca. © ACIP, January 2023

Advancing the practice of injury surveillance



Recommendations for data analysts and researchers:

- **Reaching out to your provincial Department of Public Health**
 - *Collaboration to support the development of the Public Health Strategic Plan*
- **Reaching out to injury prevention specialists**
 - *Collaboration to support the implementation of effective interventions*
- **Focusing on providing actionable data**
 - *Collaboration to provide relevant data that may lead to improved decisions*

Advancing the practice of injury surveillance



Recommendations for healthcare professionals:

- **Recognizing the importance of accurate charting**
 - *Providing invaluable information to help assess injury prevention concerns*
- **Enhancing the level of participation in research studies**
 - *Providing timely feedback on the effectiveness of select interventions*
- **Sharing regional injury data to shape clinical practice**
 - *We all have a role to play to help reduce injuries*

Discussion Period

Any questions?

Please use the **Q&A tab** to submit your questions for our speaker. You can “**like**” other people’s questions to push them up in priority.



Closing Remarks



Thank You!

Join us on Tuesday, March 26, 2024
(1:00-2:00pm ET) for the next seminar!

Please complete our **survey** that will be shared shortly after the seminar. Scan the QR code.

Seminar recording and presentation slides will be posted on <https://nccid.ca/> within two weeks.

Visit <https://nccid.ca/surveillance-advances-seminar-series/> for more information about the Surveillance Advances seminar series.

