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## Intentional violence and cars

### Part Two of a Three Part Series

By J. Peter Rothe, Associate Professor, School of Public Health and Senior Associate, Alberta Centre for Injury Control & Research

This is the second article in a series of three that summarizes recent research into vehicle violence which will be published in a new book due in August 2008. This article focuses on one component of intentional violence and cars - suicide.

As early as 1935, Professor Karl Menninger wrote that automobile crashes often occur under circumstances suspiciously indicative of unconscious intent. His patients frequently confessed that they had fantasies of driving their cars off cliffs or into trees or power poles. These violent incidents were fantasized as accidents. In one example, a middle-aged man who suffered from depression was severely injured in a horrific car crash. When he greeted his doctor after this disaster, his first words were, "Now I have paid for everything."

Suicide is not simply a matter of motivation; it includes situational opportunity and wavering thoughts of despair and hopelessness. For some people, the motor vehicle helps fulfill a death wish. Common strategies include a person inhaling exhaust fumes, staging sensational crashes, setting fire to their vehicles and themselves, and running, jumping, or standing in front of large, fast-moving vehicles. The opportunity theory suggests that the increase in the numbers of vehicles available increases the likelihood of those vehicles being used for suicides.

There is a relationship between the number of people who own automobiles, the introduction of emission controls and the number who commit suicide by carbon monoxide. In a 1990 study by Lester, of the twenty-eight nations from which data were available, those countries with more cars per capita had higher suicide rates from gas emissions. The same countries did not register lower rates from other

means of suicide. As the emission controls became a North American standard, the use of car exhaust for suicide declined. For countries such as England that did not introduce emission control technology until many years later, the use of car exhaust for suicide grew rapidly, in line with the increase in car ownership. These observations are still relevant today as car manufacturers are increasingly cutting carbon monoxide emissions.

Conservative estimates indicate that there are approximately 3000 suicide ideators per 100,000 population in the United States each year, of which 14 complete their suicides. Suicide ideation appears to peak at the age of 16 or the tenth grade. Canada's numbers, as presented in an Ontario research study by the Canadian Association of Mental Health in 2003, are lower for grade nine students by about 10% and they are equal to the United States for 17 and 18 year old students.

Suicidal ideation is one of the best predictors of a completed suicide. A case control study by Lawrence Lam and associates in 2004 concluded that the risk of involvement in an injury crash is significantly increased for drivers who have current or previous suicidal ideation when compared with drivers not reporting suicidal thoughts.



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## Updates, news and resources

### **Reaching for the Top: A Report by the Advisor on Healthy Children and Youth**

Dr. K. Kellie Leitch, Advisor on Healthy Children and Youth to the Health Minister, released her report on child and youth health in Canada. The report includes recommendations related to injury prevention. To access the report, use the following link: [www.hc-sc.gc.ca/ahc-asc/media/nr-cp/2008/2008\\_51\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/2008/2008_51_e.html).

### **Injury is second most costly condition for hospitals**

According to a report from the Canadian Institute for Health Information, Canadian hospitals spend more money caring for patients with injuries than for any other medical condition with the exception of circulatory diseases. The report is the first of its kind to examine what hospitals spend by acute care patient stay and by medical condition. For more information, visit [http://secure.cihi.ca/cihiweb/dispPage.jsp?cw\\_page=AR\\_1949\\_E](http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=AR_1949_E).

### **The John Petropoulos Memorial Fund**

The John Petropoulos Memorial Fund (JPMF) creates partnerships which strive to eliminate preventable workplace fatalities and injuries to emergency services personnel. The JPMF promotes the message to the public that workplace safety for emergency services workers is a shared responsibility. For more information visit [www.jpmpf.ca](http://www.jpmpf.ca).

## **Alberta Injury Control Strategy update**

By Jennifer Stark, Senior Associate - Special Projects, Alberta Centre for Injury Control & Research

Efforts to have a cross-ministerial committee set up to oversee the implementation of the Alberta Injury Control Strategy have been successful.

Alberta Health & Wellness has provided funding to the Alberta Centre for Injury Control & Research to coordinate development of implementation and evaluation models and plans for the Strategy under the direction and guidance of a new cross-ministerial steering committee. Carol Blair of Carol Blair and Associates Consulting has been hired to carry out the work as directed by the committee. Carol was also the consultant who worked on the development of the Alberta Injury Control Strategy so she is very familiar with the Strategy.

On February 19, 2008, the first meeting of the Alberta Injury Control Strategy (AICS) Implementation Steering Committee was held. The meeting was chaired by Margaret King, Assistant Deputy Minister of Alberta Health & Wellness. High level representatives of other stakeholder ministries have been appointed to the committee as well as

Richard Ramsay and Barb Kusyanto as representatives of the Alberta Injury Control Alliance and co-chairs of the former Alberta Injury Control Strategy Advisory Committee. At the meeting, Barb was invited to co-chair the new steering committee with Margaret King. Terms of Reference have been developed for the committee.

The AICS Implementation Steering Committee will establish four working groups to move the Strategy forward in the following areas:

1. Awareness, Education and Communication
2. Policy and Legislation
3. Coordination and Capacity
4. Surveillance, Evaluation and Research

Thanks to all members of the Alberta Injury Control Alliance and other supporters for your ongoing support and work on moving the Alberta Injury Control Strategy forward!

For more information on the Alberta Injury Control Strategy and Alliance, go to [www.albertainjurycontrol.com](http://www.albertainjurycontrol.com).

## **Alberta Injury Control Awards 2007/2008**

The Alberta Centre for Injury Control & Research (ACICR) created the Alberta Injury Control Awards to recognize the innovative, high quality injury control work occurring in Alberta.

Those involved in the field of injury prevention and control are invited to nominate individuals, organizations and community groups that have exemplified their commitment to addressing injury through programming, advocacy, and action.

The following six award categories are open for nominations:

1. Excellence in Injury Control Strategies - Recognizes outstanding injury control programs and projects.
2. The Community Action for Safety Award - Recognizes a community's collective efforts and commitment to reduce the frequency and severity of injuries occurring to its members.
3. The Injury Control Champion Award

- Recognizes the action and excellence of individuals and organizations who work in the field of injury control.
- 4. Media Award for Excellence in Injury Control Reporting - Recognizes excellence in responsible reporting of injury control issues.
- 5. Dr. John H. Read Award - Recognizes excellence and long-standing commitment to injury control research programming and advocacy.
- 6. The Joanne A. Vincenten Injury Control Student Scholarship - Recognizes students with an interest in continuing their studies in the area of injury control.

The deadline for nominations is September 19, 2008. For more information and a nomination package, visit the ACICR website at [www.acicr.ualberta.ca](http://www.acicr.ualberta.ca).

## Safe Kids Week 2008 – The Case for Speed Reduction – May 26-June 1

By Denyse Boxell, Project Leader, Safe Kids Week, Safe Kids Canada

Each year during Safe Kids Week, hundreds of community organizations from across the country join Safe Kids Canada to focus attention on preventing unintentional injuries to children and youth. This year, Safe Kids Canada's campaign, with sponsor support from Johnson & Johnson, focuses on child pedestrian safety with a particular emphasis on advocating for speed reduction.

Pedestrian injuries are a leading cause of injury-related death for children under the age of 14 years.<sup>1</sup> In 2003, 39 children died as a result of a pedestrian-related injury.<sup>2</sup> Although all pedestrians are at risk of injury, child pedestrians are at a special risk for serious injury and death due to their judgment, perceptual skills and size.

Pedestrian safety depends highly on vehicular speed. Higher traffic speeds in neighbourhoods across Canada create a high risk environment for child pedestrians. Research shows that traveling at a speed of 50 km/h increases the risk of pedestrian death by almost 8 times when compared to traveling at 30 km/h.<sup>3</sup> It is estimated that for each 1.6 km reduction in average speed, collision frequency is reduced by 5%.<sup>4</sup>

At a speed between 30 and 40 km/h, vehicles and pedestrians are able to co-exist in relative safety. Lower traffic volume can also lead to reduced injuries. Improving pedestrian environments encourages people to engage in more healthy, active and safe modes of transportation, such as walking.<sup>5</sup> More walkable neighbourhoods mean greater health benefits and less environmental pollution.<sup>6</sup>

This year, Safe Kids Canada's advocacy campaign will focus on encouraging governments at all levels to help create and support safer environments for child pedestrians including reducing speeds in residential areas. The most effective way of improving pedestrian safety is to use a multi-pronged approach focusing on the 3 E's of educating drivers and pedestrians, engineering safer environments, and enforcing appropriate speed limits.

Safe Kids Canada urges you to get involved and take action in improving pedestrian environments in your community. A number of tools and templates are

available to help support local child pedestrian safety advocacy efforts. To download these tools and templates, please visit our website at [www.safekidscanada.ca](http://www.safekidscanada.ca), click on the "Public Policy and Advocacy" tab and choose "Pedestrian Safety."

### Calls to Action:

Short term: Enforce speed limits.

Medium term: Calm traffic - Reduce speed.

Long term: Build safer environments.

Municipalities: All municipalities should enact pedestrian by-laws and initiate pedestrian friendly long term plans.

Provinces and territories: Support communities with pedestrian laws and resources to meet targets. Enact legislation outlining minimum standards for safety zones.

Federal government: Support pan-Canadian pedestrian injury prevention and the achievement of road safety targets.

Traffic Enforcement: Enforce speed limits and help to raise awareness about pedestrian issues.

Drivers: Reduce your speeds and follow the rules of the road.

Parents and caregivers: Walk with children.

Concerned citizens: Take action on pedestrian safety.

### References:

1. Making It Happen Pedestrian Safety: A Guide for Communities, Safe Kids Canada, 2004. [www.safekidscanada.ca](http://www.safekidscanada.ca).
2. Canadian Institute of Health Information (CIHI), Pedestrian death by age group, data tables and charts with regional breakdown of pedestrian injuries/fatalities and rates, diagnoses of injuries by injury type and body region, 2003.
3. Pasanen E. and Salminvaara H. "Driving speeds and pedestrian safety in the City of Helsinki," Traffic Engineering and Control June 1993, 308-310.
4. UK Department of Road Safety. [www.thinkroadsafety.gov.uk](http://www.thinkroadsafety.gov.uk) accessed February 2008.
5. Jacobsen L. "Safety in numbers: more walkers and bicyclists, safer walking and bicycling," Injury Prevention 2003; (9): 2005-2009.
6. Go For Green. The Business Case for Active Transportation. [www.goforgreen.ca](http://www.goforgreen.ca) accessed February 2008.

## CALENDAR

### Motorcycle and Bicycle Safety Awareness Month

Alberta Safety Council  
Phone: (780) 462-7300

### Summer Fire Safety Campaign Alberta Emergency Management Agency: Campaigns

May 1-August 31, 2008  
Phone: (780) 427-2732  
Website: [http://aema.alberta.ca/pa\\_campaigns.cfm](http://aema.alberta.ca/pa_campaigns.cfm)

### National Summer Safety Week

Canada Safety Council  
May 1-7, 2008  
Phone: (613) 739-1535  
Website: [www.safety-council.org](http://www.safety-council.org)

### Alberta Search and Rescue Day

Search and Rescue Association of Alberta  
May 3, 2008  
Phone: (403) 255-6175

### North American Occupational Safety and Health Week

North American Occupational Safety and Health (NAOSH)  
May 4-10, 2008  
Phone: (780) 922-5809  
Website: [www.naosh.ca](http://www.naosh.ca)

### Emergency Preparedness Week

Public Safety Canada  
May 4-10, 2008  
Phone: (613) 944-4875  
Website: [www.emergencypreparednessweek.ca](http://www.emergencypreparednessweek.ca)

### Alberta Crime Prevention Week

Alberta Justice and Attorney General, Public Security Division; Alberta Crime Prevention Association  
May 10-16, 2008  
Phone: (780) 427-3441

### Nursing Week

College and Association of Registered Nurses of Alberta  
May 12-18, 2008  
Phone: (780) 451-0043

See [www.acicr.ualberta.ca](http://www.acicr.ualberta.ca) for additional designated dates.

### Hospital Admissions

Over the 10 year period between January 1, 1995 and December 31, 2004 the hospital admission rate of playground fall injuries of Alberta's children (between 1 and 14 years of age) has declined from 56.5 hospital admissions per 100,000 population in 1995 to 28.5 hospital admissions per 100,000 population in 2004.

Alberta's hospital admission rate pattern is similar to that of Canada's<sup>1</sup>.

### Alberta

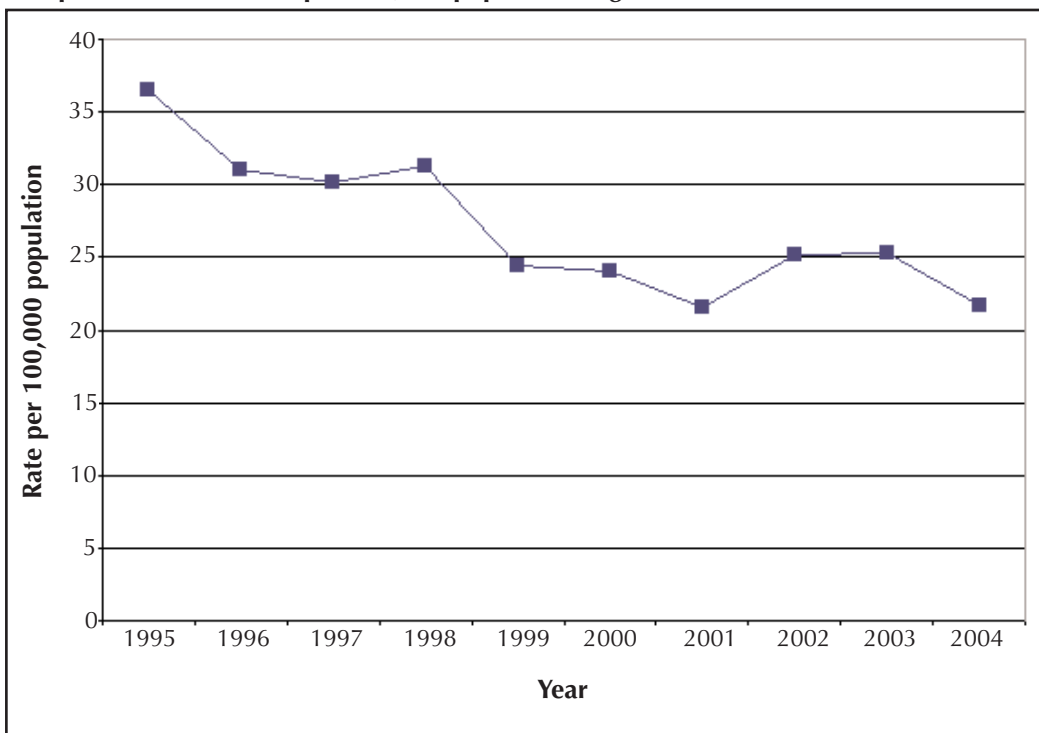
- On average there were 245 hospital admissions due to playground falls.
- 53 per cent of the hospital admissions were boys.
- Children between 5 and 9 years of age had the highest per cent of admissions (62) and consistently had the highest admission rates.
- Children between 10 and 14 years of age had the second highest percentage of admissions with 21 per cent but the lowest admission rate.
- Children between 1 and 4 years of age had the lowest per cent of admissions with 17 per cent but had the second highest admission rate.
- Playground injuries most often occurred in the summer (42 per cent) followed by spring (27 per cent), fall (24 per cent) and winter (7 per cent).
- The most common reason for admission to hospital (84 per cent) is because of a fractured bone.

1. Safe Kids Canada. *Child & youth unintentional injury: 10 years in review 1994-2003*. Toronto, 2007, page 26.

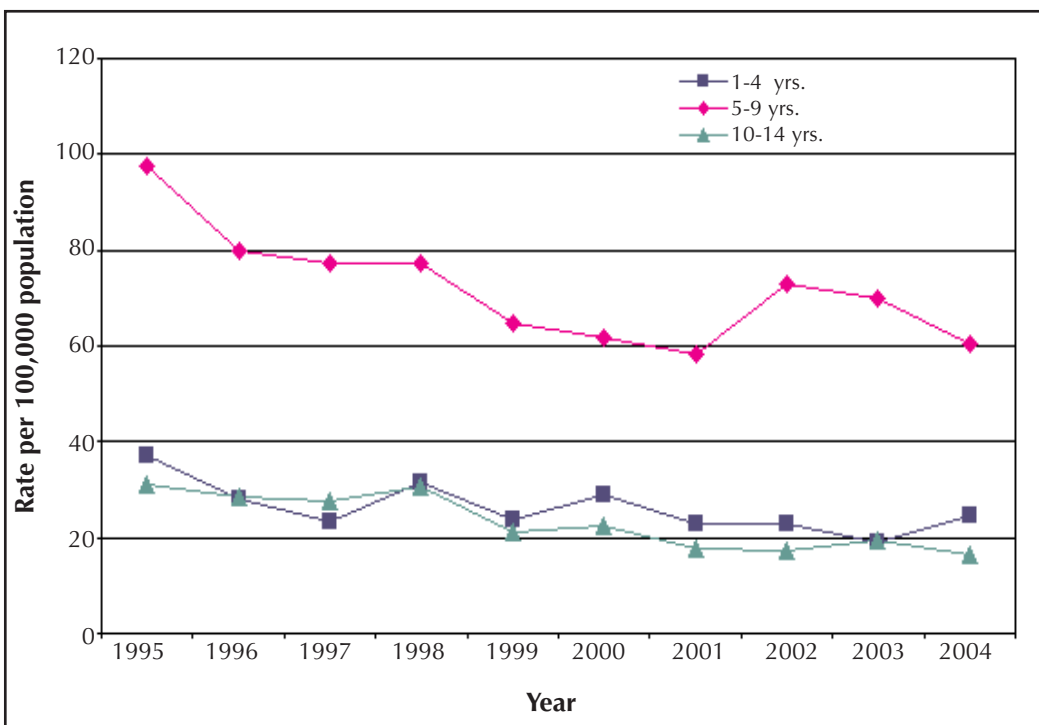


## Playground fall hospital admissions of children (1-14 years), Alberta, 1995-2004

Hospital admission rates per 100,000 population (age-standardized)



Hospital admission rates by age group



Source:

Safe Kids Canada/Canadian Institute for Health Information (CIHI) Discharge Abstract Database, 1993-2003.

Safe Kids Canada/Canadian Institute for Health Information (CIHI) National Trauma Registry Database, 2004.

Statistics Canada, CANSIM table 510001. Estimates of population by age group and sex, Canada, provinces and territories, annually (person).

Codes: E884.0 and W09

Age-standardized rates using Canadian population of 2001.