

Establishing Child and Youth Health Indicators Workshop “Part Deux”

**November 10, 2004 from 2:30 – 8:30pm
The Grand Salon at the Fairmont Queen Elizabeth Hotel, Montreal, Quebec**

Expert Panel Presentation of Recommendations

- 1. Name of the Expert Panel: Injury Prevention Expert Panel**
- 2. We would like to thank the following Expert Panel members for their time and support (include name and affiliation):**

Allyson Hewitt (Co-Chair), Safe Kids Canada

Lynne Warda (Co-Chair), University of Manitoba

Karen Black, IWK Health Centre

Beth Bruce, IWK Health Centre

Nancy Dawson, Transport Canada

Debbie Friedman, Montreal Children's Hospital

Margaret Herbert, Health Canada

Colin Macarthur, Bloorview MacMillan Children's Centre

Susan Mackenzie, Health Canada

Julian Martalog, Toronto East General Hospital

Alison Macpherson, York University

Natalie Yanchar, IWK Health Centre

- 3. Review of process**

- **Literature review (LW)**
- **International scan for existing injury indicators and their validation, plus contributions from “libraries” of panel members**
- **Development of reference list compiling key sources/references**
- **National scan for existing injury data sources**
- **Mapping exercise**
 - **Template developed (CIHI dimensions/sub-dimensions, injury indicator data sources, specific indicators (using this data**

- source), population and scope (age, jurisdiction), quality assessment)
 - Indicators relating to Canadian injury data sources mapped onto the CIHI framework
 - Contributions by panel members and other contacts
 - Collation by CAPHC
 - Identification of gaps/recommendations
- Focus on health system performance (trauma centre quality indicators): collection and compilation of existing quality indicators, mapping to CIHI health system performance sub-dimensions
 - Priority area of focus: sub-group consultation/discussion, selection of priority area (MV), development of model/template for first injury indicator area of focus (MV table), identification of recommendations relating to this area of focus
 - Final recommendations (summarized below)
 - Arising from mapping exercise
 - Arising from trauma system performance quality indicator search
 - Arising from first priority area of focus

4. Key deliverables

Deliverables	Points to Consider
<p>a.) Key goals/questions to be addressed</p> <p>First priority area of focus – to measure and monitor the burden and nature of MV-traffic (occupant) mortality in Canadian children and youth</p> <p>Related questions:</p> <p>What is the burden of MVT-occupant death for Canadian children/youth? How is this changing over time? What is the excess burden in rural and FN children/youth?</p> <p>What is the impact of appropriate occupant restraint on MVT-occupant mortality? (includes use and proper use of child restraints, booster seats, and seat belts; effectiveness of multiple existing occupant-related interventions would be reflected in mortality trends,</p>	<ul style="list-style-type: none"> ▪ Why were these issues as the goals/questions to be addressed? <ol style="list-style-type: none"> 1. Consideration of previously proposed national IP priorities (MV, Falls, Suicide) and target population groups (children/youth, rural, FN/Inuit) 2. Decision to focus on deaths rather than hospitalization or ED visits (injury pyramid, severity, fewer methodologic limitations than hospitalization data) 3. Knowledge of the burden of injury in Canada in children and youth (MV = #1 cause) 4. Reflects/measures (indirectly) key interventions and risk factors, allowing monitoring over time, further evaluation/research 5. Relevance for a research agenda 6. Potential impact: Policy, education (public, professional), industry 7. Breadth of partnership

<p>however need good occupant data to interpret/hypothesize/test these effects) What is the impact of alcohol in youth MVT-occupant mortality?</p> <p>What is the impact of GDL on MVT-occupant mortality?</p>	
<p>b.) Recommendations on existing/available indicators to address the key goals/questions</p> <p>Specific existing/available indicators include:</p> <ol style="list-style-type: none"> 1. MV occupant mortality by age groups (0-4 years, 5-9 years, 10-14 years, 15-19 years) 2. Urban/rural MV occupant mortality (0-4 years, 5-9 years, 10-14 years, 15-19 years) 3. First Nations MV occupant mortality (0-4 years, 5-9 years, 10-14 years, 15-19 years) 	<ul style="list-style-type: none"> ▪ Sources of the current indicators ▪ Validity and reliability of the sources and indicators ▪ Extent to which indicators are supported by evidence <p>Mortality – vital stats. Main limitation is coding of occupant vs. unspecified MVT, arising from poorly completed death certificates</p> <p>Occupant restraint – Transport Canada, regional checkstop data, special studies. Main limitations are: no standardized method to assess (either for self-report or direct observation), thus variable quality and availability of data by region, for child restraint and seatbelt use. Not population-based.</p> <p>Alcohol/substance use – Transport Canada, TIRF (special studies - recent). Limited collection thus reporting, of data, even for fatal cases.</p> <p>Urban-rural status – needs definition, specification, however doable with current data sources (may need to link vital stats to residence data?)</p> <p>First Nations status – reported by province (health and FNIHB data). Many issues with validity, conflicting numbers by source. Implications for many health issues.</p>
<p>c.) Recommended process to validate indicators at a national level</p> <p>Ultimate validation - CIHR/partner funded research</p>	<ul style="list-style-type: none"> ▪ Opportunities for partnerships ▪ Potential funding agencies ▪ Timelines <p>1. Improve/standardize occupant restraint data collection</p>

<p>However, first need to address 3 major limitations (see next column) – these each need different strategies</p>	<p><u>Partnerships</u>: TC, CCMTA, CPS, SKC, CAPHC, NORP, CCC, law enforcement, CARSP, HC, CIHI, TIRF, university transport research centres, existing researchers (MVT-O, GDL, ETOH), industry</p> <p><u>Funding agencies</u>: CIHR, Auto21, industry (insurance, MV manufacturers)</p> <p><u>Strategies</u>: develop and validate measurement methods/tools (research); develop plan for sentinel data collection (research); implement data collection (gov/prov/terr, programming); application to MVT-O</p> <p>2. Improve capture and coding of FN status</p> <p><u>Partnerships</u>: FNIIPWG, FNIHB, provinces (health, vital stats)</p> <p><u>Funding agencies</u>: CIHR, FNIHB</p> <p><u>Strategies</u>: consultation, research, implementation (facilities, prov/terr), monitoring/research, application to MVT-O</p> <p>3. Improve accuracy of death certificate completion</p> <p><u>Partnerships</u>: CPS, CAPHC, HC, Vital Stats, CIHI, Royal College, Colleges (provinces), professional bodies (CMA, coroners)</p> <p><u>Funding agencies</u>: CIHR, government (HC, VS)</p> <p><u>Strategies</u>: consultation (nature of the problem and its solution), research (nature of the problem), education, monitoring (improvements)</p>
<p>d.) Recommendations for new indicators</p> <p>SEE BELOW</p>	<ul style="list-style-type: none"> • Research questions • Validation process at a national level <p>See above and below</p>

Final recommendations

▪ Arising from mapping exercise

1. National injury prevention priorities need to be defined in order to develop and validate appropriate and relevant indicators to measure the success of national/regional strategies aimed at reducing these target injuries
2. National injury indicators should be developed and validated to complement these national priorities (e.g. by topic area and population)
3. Future injury surveillance systems should be designed to monitor the national injury indicators
4. Future injury surveillance systems should be designed to be able to capture injuries associated with new technology and consumer products (air bags, cell phones, wireless technology, etc.)

▪ Arising from trauma system performance quality indicator search

1. Trauma system performance quality indicators are under development in many pediatric trauma centres: these indicators should be further developed and validated
2. A common set of validated indicators should be selected for national monitoring of trauma services

▪ Arising from first priority area of focus

1. Develop and validate MVT-occupant injury mortality indicators for children 0-4, 5-9, 10-14, and 15-19 years, including urban/rural and First Nations/Inuit status
 - a) Improve/standardize occupant restraint data collection
 - b) Improve capture and coding of FN status
 - c) Improve accuracy of death certificate completion
2. Use the MVT-occupant model for future injury indicator development