

CHNET-Works!



Welcome to
CHNET-Works! Fireside Chats

Hosted by University of Ottawa
Community Health Research Unit

Funders

- 2005–2006 Ontario Ministry of Health and Long Term Care
- 2004-2005 Canadian Health Services Research Foundation

CHNET-Works!



Injury Prevention
Addressing Population Health Inequities

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Participants

- Kelly Vanderhoeven
- Oxford County Public Health, Woodstock
- Karin Marks
- Haldimand-Norfolk Health Unit, Simcoe
- Patricia Bromby
- Peel Health -Region of Peel, Brampton
- Jeannie Yee
- Alberta Perinatal Health Program, Calgary
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- Peel Health -Region of Peel, Brampton
- Joanne Peacock
- Northwestern Health Unit
- Sioux Lookout
- Judy McKinnon
- Interlake Regional Health Authority
- Teulon Hospital, Teulon Manitoba
- Virginia Stewart
- Brock University
- St. Catharines, ON
- Naomi Kelly
- McDonough District Hospital
- Macomb, IL
- Deanna Renn
- Brant County Health Unit
- Brantford, Ontario

Participants Cont'd

- Joanna Mestre
- Hastings & Prince Edward Counties Health Unit, Belleville
- Claudette E S (Boyd) Coombs
- Newfoundland & Labrador Teachers' Association, St John's, NL
- Wendy French
- IMPACT, the injury prevention centre of Children's Hospital, Winnipeg
- Sonia Semenech
- University of Ottawa
- Silvana Farrace-Perry
- York Region Health Services
- Richmond Hill, ON
- Marjorie Allison-Ross
- River Valley Health Public Health Services
- Woodstock, NB
- Josh Marko
- Capital Health, Alberta
- Joy Edwards
- Capital Health, Public Health
- Edmonton, Alberta
- Jan Tomlinson
- Middlesex-London Health Unit
- London, ON
- And others....

Overview

Focus on Unintentional Injuries

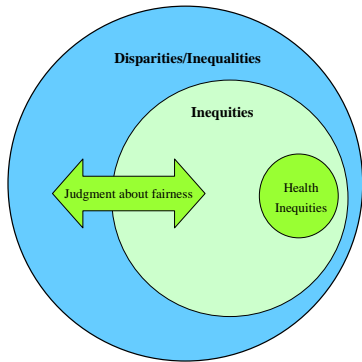
- Distinguish between inequalities and inequities
- Explore evidence of inequalities and inequities and injuries
- Consider some principles to reduce injury inequalities and inequities
- Share relevant research and resources
- Begin a conversation that can be continued on CHNET-works!

Inequalities versus Inequities

Davison, Edwards & Robinson, 2004

- Inequalities – empirical evidence of differences that exist across social groups
- Inequities – subset of disparities that are unfair and avoidable
 - Disparities are not due to free individual choice
 - Result from circumstances that can be controlled by human beings or institutions (Sronks & Gunning-Schepers, 1993)

The relationship between inequalities and inequities
 Davison, Edwards & Robinson, 2004



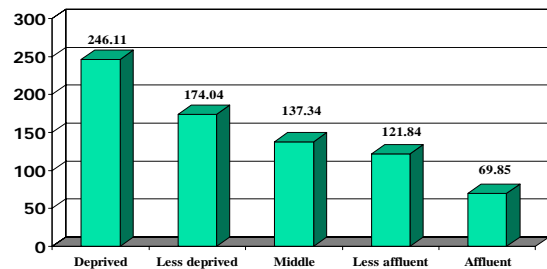
Are these inequalities also inequities?

- Higher rates of suicide among aboriginal children and youth
- Higher rates of pedestrian road traffic accidents in poor neighbourhoods with no crosswalks, no crossing guards and no playgrounds
- Higher rates of road traffic accidents among young males

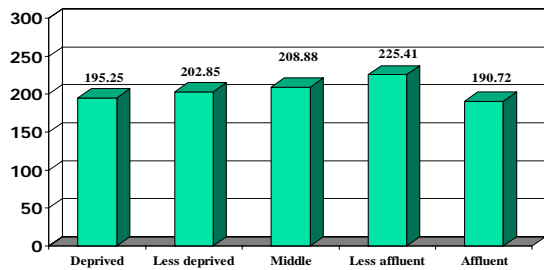
Questions from the Field

- Is there a proven link between SES and injury risk?
- (CHNET-works! Fireside Chat Participant, 2006)

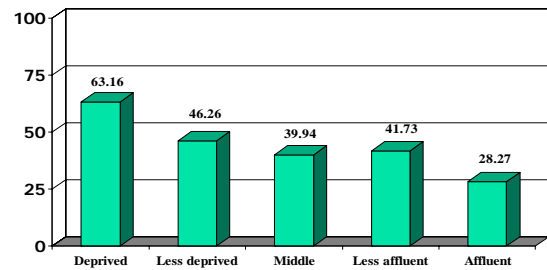
World standardized admission rates for assaults by deprivation status (Lyons, Jones, Deacon & Heaven, Injury Prevention. 2003)



World standardized admission rates for Non-pedestrian RTAs by deprivation status (Lyons, Jones, Deacon & Heaven, Injury Prevention. 2003)

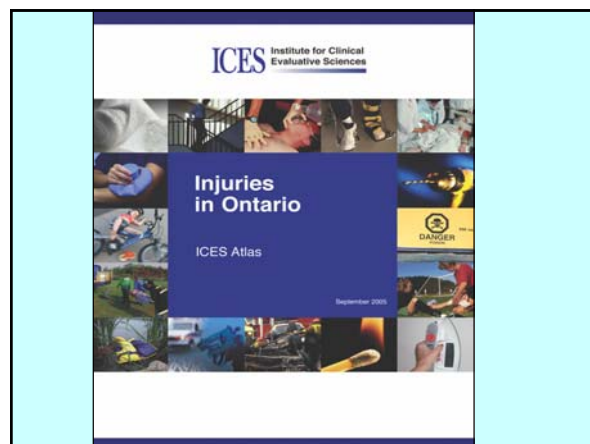


World standardized admission rates for pedestrian RTAs by deprivation status (Lyons, Jones, Deacon & Heaven, Injury Prevention. 2003)



ICES Atlas, Injuries in Ontario

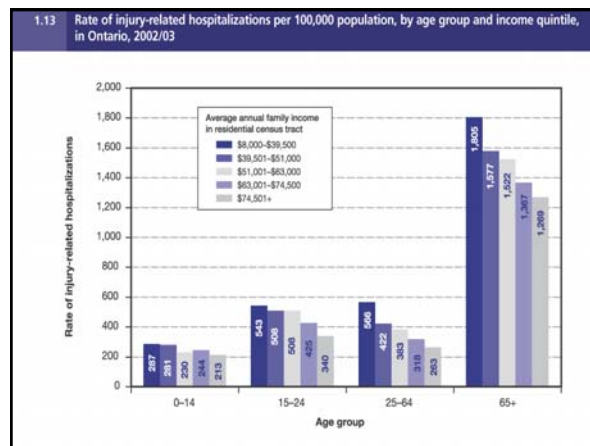
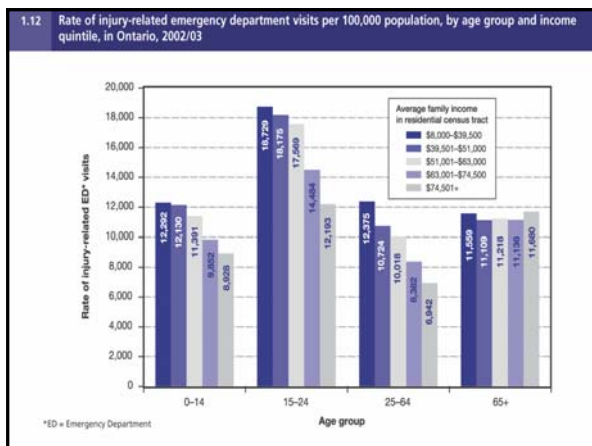
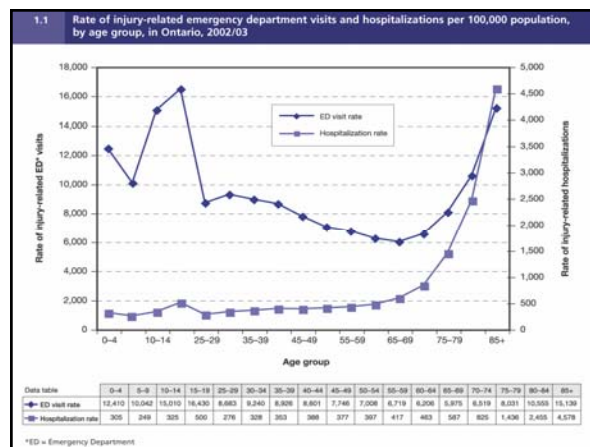
- http://www.ices.on.ca/webpage.cfm?site_id=1&org_id=67&morg_id=0&gsec_id=3053&type=atlas



Injuries in Ontario ICES Atlas

2. Injury rates vary substantially

- Rate of injury is highest among people aged 15-24 years and 65+ years, compared to other age groups.
- Men are 1.5 times more likely to be injured than women.
- Children and young adults in the lowest income areas are 40% more likely to be injured than those in the highest income areas.
- Rural areas have injury rates over 1.5 times higher than urban areas.

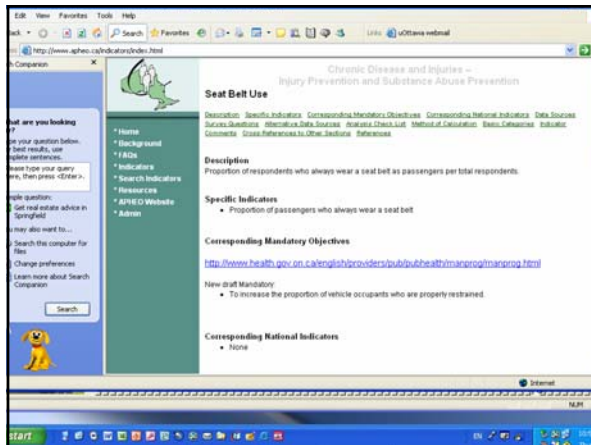


Principle #1

- The outcome indicator used will influence interpretation of inequalities and potential inequities

Indicators – check equal access indicators and injuries

- www.apheo.ca/indicators/index.html
- Examples:
 - Alcohol-related injury and mortality from motor vehicle traffic collisions
 - Fall-related hospitalization and mortality among seniors
 - Seat belt use
 - Motor vehicle traffic collision injuries
 - Data sources, survey questions, analysis checklists, methods of calculation and data gaps



Questions from the Field

- Is it best to use a targeted approach at high risk populations (e.g. young male drivers) or a population strategy for all road users?
 - (CHNET-works! Fireside Chat Participant, 2006)

Fall Prevention Among Seniors

- Community action versus risk management intervention in 48 apartment buildings (RCT, 1992-95, Edwards et al.)
- Many canes in closets
- Seniors taking showers in the dark
- Soap dishes in bathtubs used for support
- Landlords forbid installation of grab bars in private apartment buildings

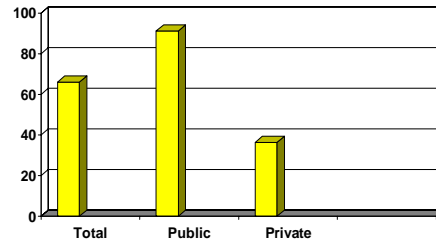
Principle #2

- Be aware of potential interactions between equitable policies and other inequalities – these may produce an inequity

Prevalence of Grab Bars in Private and Public Buildings (Funded by Ontario MOH; Edwards, Birkett, Nair, Murphy, Roberge)

- 48 randomly selected apartment buildings in Ottawa
- 510 seniors
- 497 gave permission to have bathrooms inspected
- 483 bathrooms inspected (28 seniors residing together)

% of units in private and public apartment buildings with grab bars



Principle #3

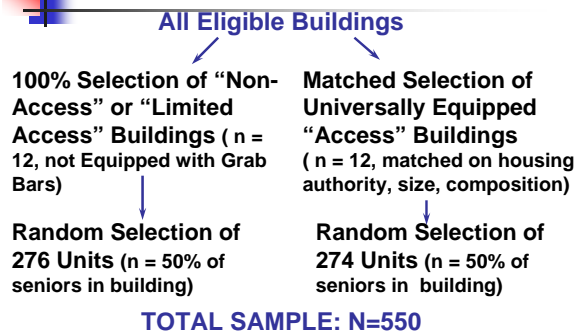
- Do not assume that inequalities and inequities always follow the same SES gradient

BATHROOM SAFETY DEVICE USE STUDY
Funded by NHRDP and Canadian Nurses Foundation

STUDY OBJECTIVES:

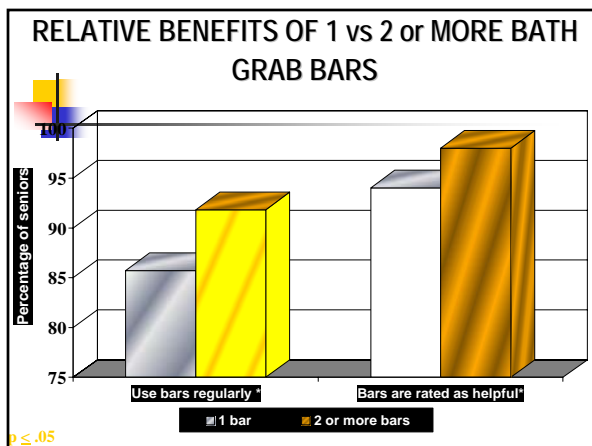
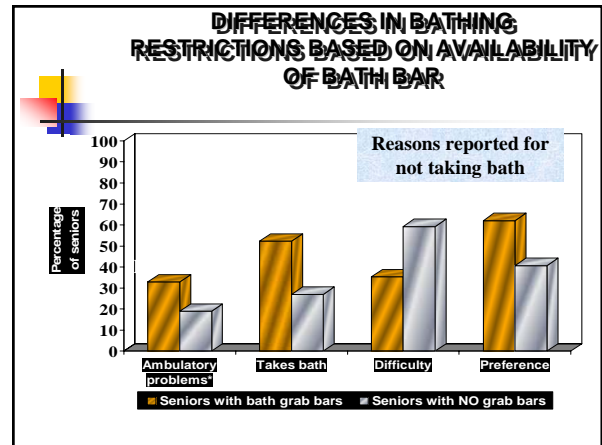
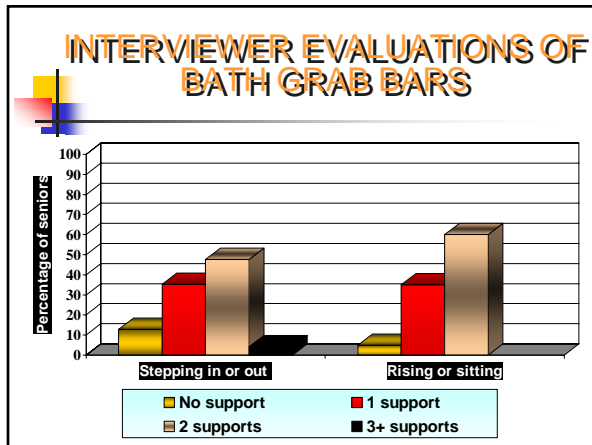
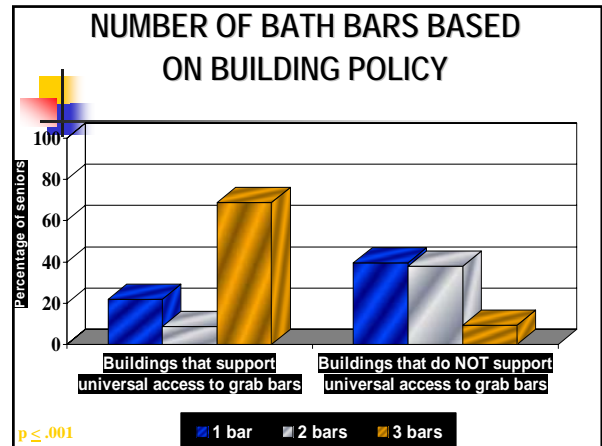
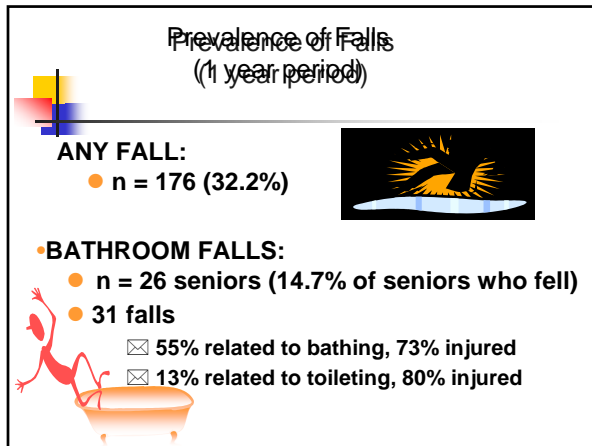
- To examine the impact of universal access on older adults' use of bathroom safety devices
- To identify sociodemographic, functional, access, and attitudinal predictors of bathroom safety device use among community-living seniors

SAMPLING STRATEGY



Sample

- 24 non-profit buildings in Ottawa-Carleton Hull Outaouais regions
- 40 units, 25% seniors, English or French, no extended care
- 550 seniors participated
- 60 years or older, English or French, no cognitive impairment, ambulatory
- 547 bathrooms inspected



CONCLUSIONS

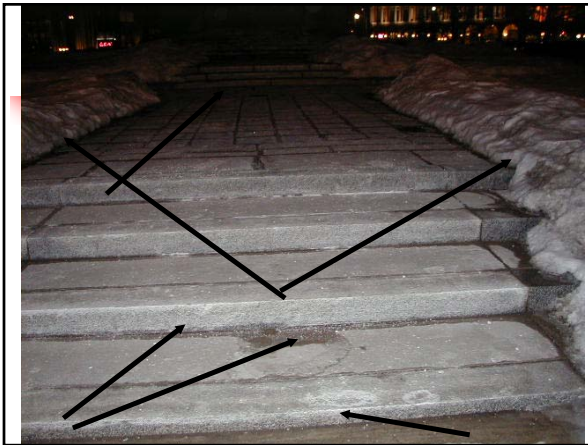
- Bathrooms are a common site for indoor falls among seniors
- Most seniors who have access to bathroom safety grab bars report regular use and identify many functional and safety gains
- Device use is predicted by building access to grab bars, history of falls, and attitudes toward bars

Principle #4

- When reviewing “universal policies” examine their coverage and differential requirements for sub-populations
- (e.g. privately-owned homes, privately-owned apartment buildings, publicly-owned apartment buildings)

Stair Use and Physical Activity Among Seniors (Edwards, Lockett et al., 2005)

- Funded by Canadian Institutes of Health Research
- Interviews and stair assessments in Ottawa and Gatineau

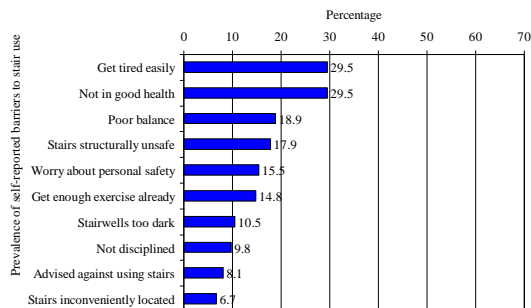


CIHR STUDY RESULTS: EXAMPLE OF HOME STAIR

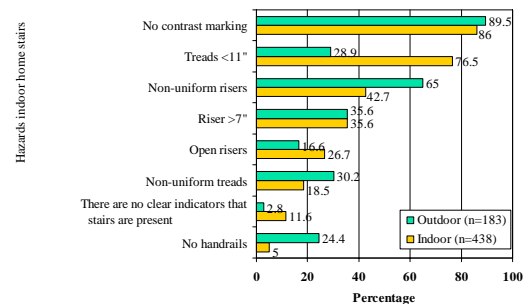


We have an old church and the inside stairs must have been made when people had small feet. My size 9's have to be very careful or I tip forward."

Self-reported barriers to stair use (n=420)



Prevalence of priority hazards of home stairs



Principle #5

- Consider reach and intensity of intervention options (levels and reach):
 - Behavioural
 - Organizational policy
 - Legislation
 - Targeted versus community-wide
- Will targeted interventions stigmatize the targeted groups?

Conclusions

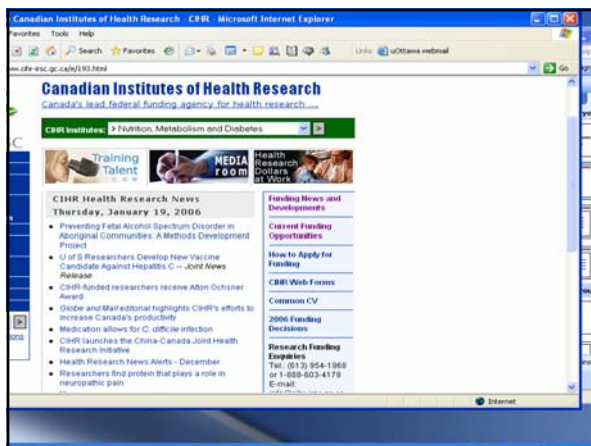
- Important to differentiate between inequalities and inequities
- Addressing inequities requires an understanding of root causes of injustice
- Inequalities and inequities do not always follow expected patterns (e.g. lower SES = poorer health)

Conclusions

- Need to be aware of how policy interventions may interact with inequities to produce unintended effects (e.g. of smoke detectors and falls)
- Population-wide interventions may be a more effective way to address inequities than targeted interventions – beware of stigmatization that may follow targeted interventions

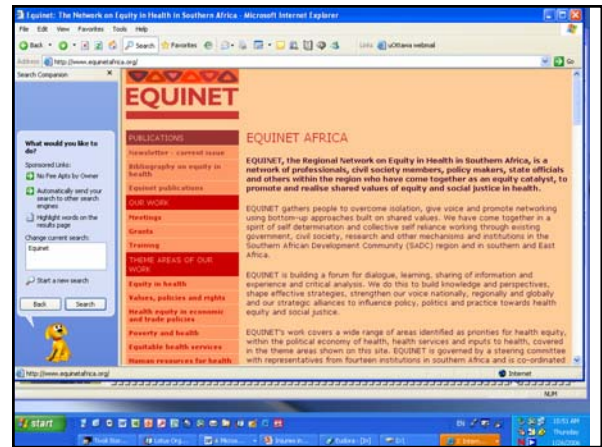
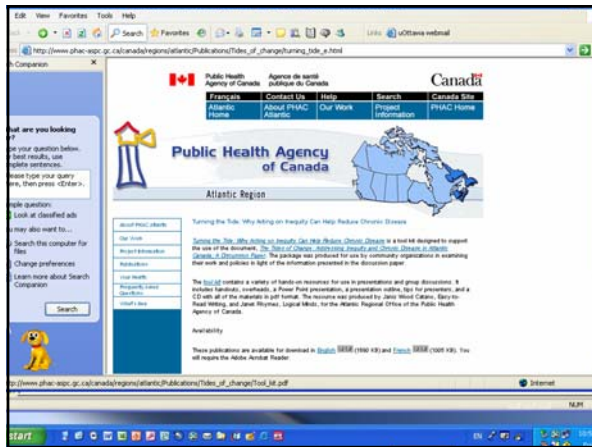
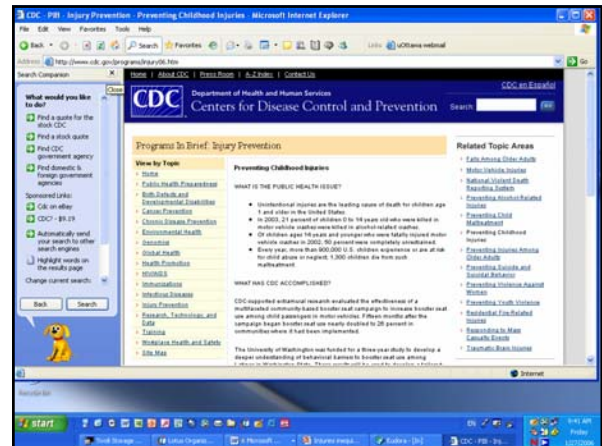
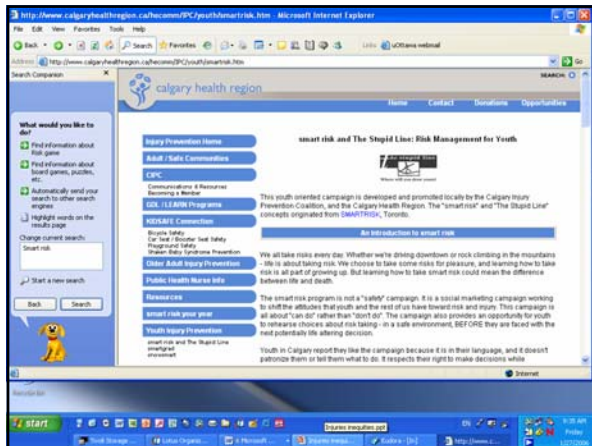
Additional Resources

- Research (published and current) on inequities
- Injury prevention resources
- Relevant web sites



Example of CIHR-funded Grants

- www.cihr.ca and look under funding announcements
- Grignon M. et al., (McMaster University)
- Inequities in health care utilization and health policy in Canada: An empirical analysis of the extent of inequities and the potential impact of health policies.



Questions Submitted: Opportunities for on-line discussion

- How do you assess employees competence on ergonomics?
- Any recommendations on body mechanics?
- How can you decrease computer-related work injuries?
- What resources are available when working with new immigrants who have limited or no English – are any resources in the works?
- I work on the childhood and recreational injury prevention team. Our focus is childhood injury prevention ages 0-6. Where can we get updated information and videos in other languages?
- Public health in our region has just implemented a committee to look at the number and kinds of injuries to children. I'm interested in listening to your presentation.

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Thanks everyone!

Schedule for Fireside Chats
Visit CHNET-Works!