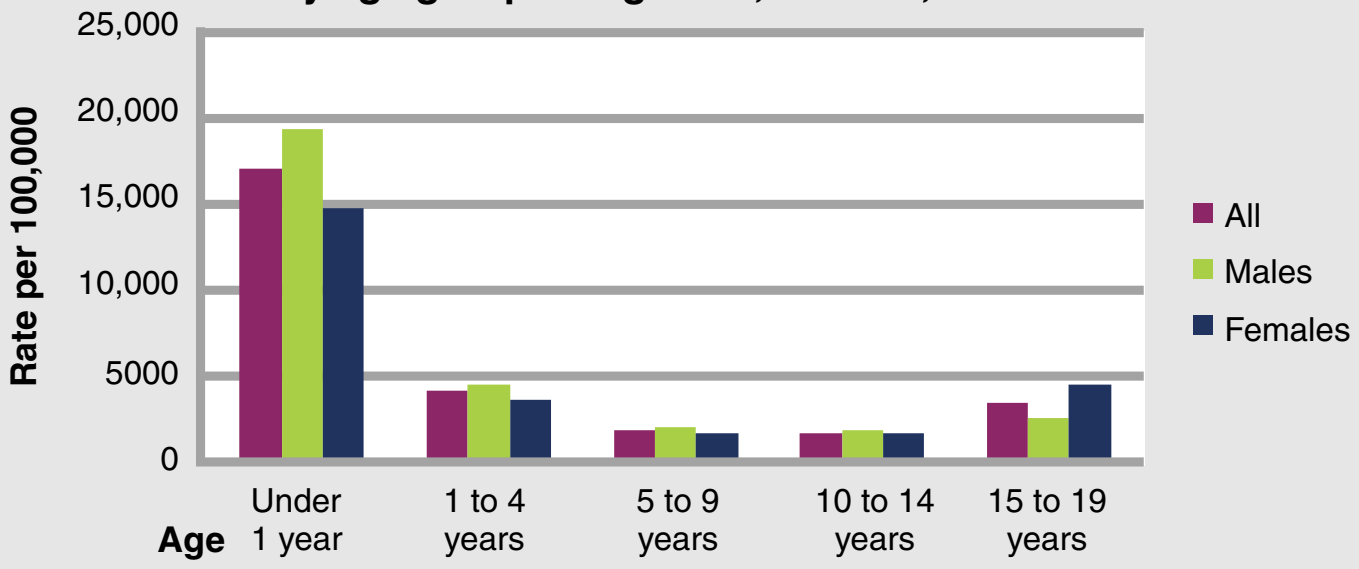
3.1.1 Hospitalizations

Fig. 3.1.1 Hospitalization rates for all causes, by age group and gender, Canada, 2009/10



Age	<1	1 – 4	5 – 9	10 – 14	15 – 19
Both	17,064	4,212	1,906	1,868	3,563
Males	19,298	4,633	2,073	1,922	2,634
Females	14,725	3,769	1,728	1,811	4,538

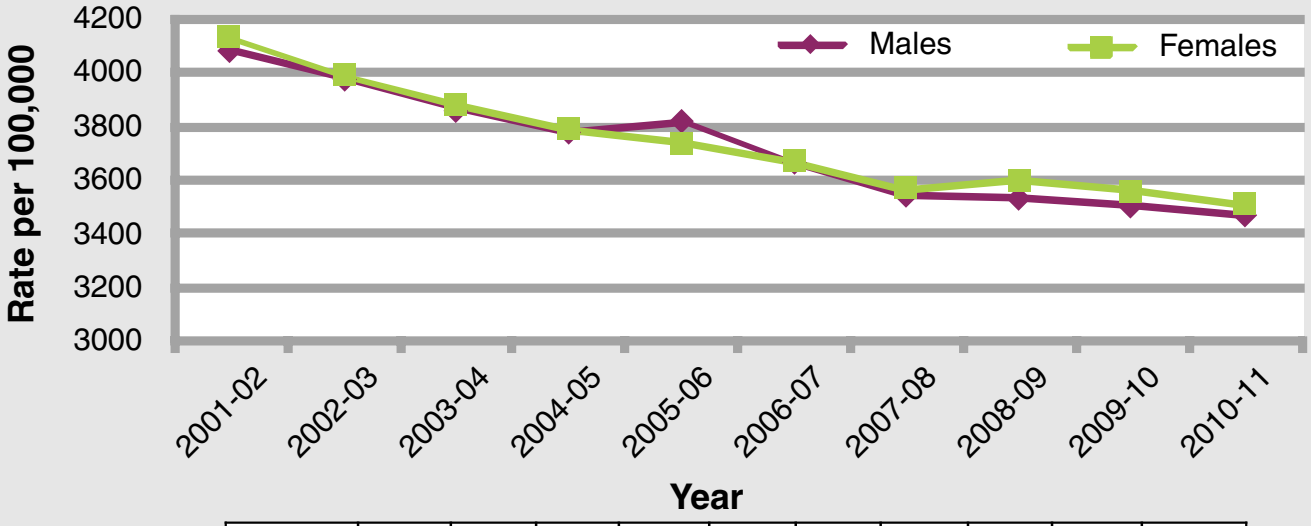
Adapted from the Canadian Institute for Health Information Discharge Abstract Database (DAD) http://www.cihi.ca/CIHI-ext-portal/internet/EN/Home/home/cihi000001. Accessed on July 10, 2012.

In 2009/10, infants had, by far, the highest rate of hospitalization of all age groups. Infants were discharged from hospital at a rate of 17,064 per 100,000, which was at least four times the rate of any of the other age group. Male infants were 1.3 times more likely to be hospitalized than were female infants.

Note: The figure presented here excludes all newborns born in the reporting facility and some newborns born outside the reporting facility but admitted to that facility within 24 hours of birth.

3.1.2 Hospitalizations

Fig. 3.1.2 Hospitalization rates for all causes, children 0 to 19 years, by gender, Canada, 2001/02 to 2010/11



	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11
Males	4,082	3,980	3,867	3,774	3,816	3,654	3,542	3,538	3,502	3,468
Females	4,126	3,983	3,884	3,783	3,742	3,669	3,559	3,596	3,563	3,506

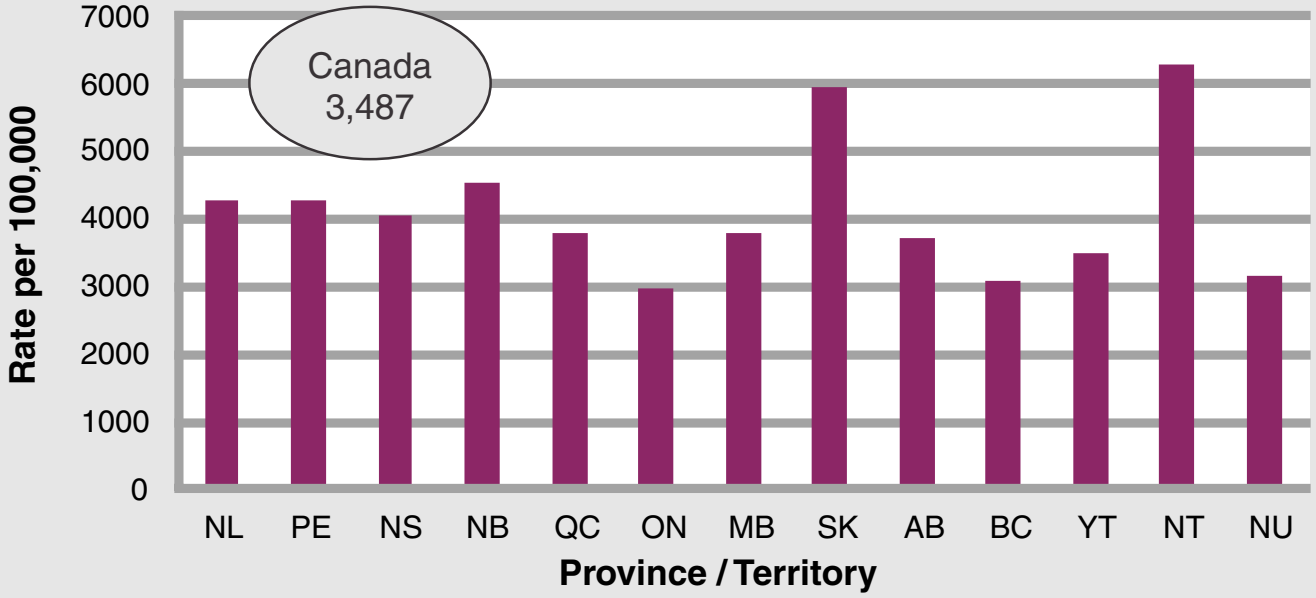
Adapted from the Canadian Institute for Health Information Discharge Abstract Database (DAD) http://www.cihi.ca/CIHI-ext-portal/internet/EN/Home/home/cihi000001. Accessed on July 10, 2012.

Hospitalization rates for all causes for males and females 0 to 19 years of age declined between 2001/02 and 2010/11. For males there was a 15% decline and for females a 16.1% decline. Improvements in the approaches to care and the quality of care, as well as health care reform, contributed to the decline in hospitalizations.

Note: The figure presented here excludes all newborns born in the reporting facility and some newborns born outside the reporting facility but admitted to that facility within 24 hours of birth.

3.1.3 Hospitalizations

Fig. 3.1.3 Hospitalization rates for all causes, children 0 to 19 years, for Canada, the provinces and territories, 2010/11



NL	PE	NS	NB	QC	ON	MB	SK	AB	BC	YT	NT	NU
4,296	4,276	4,056	4,534	3,804	2,980	3,784	5,958	3,720	3,077	3,500	6,297	3,171

Adapted from the Canadian Institute for Health Information Discharge Abstract Database (DAD) http://www.cihi.ca/CIHI-ext-portal/internet/EN/Home/home/cihi000001. Accessed on July 10, 2012.

In 2010/11, hospitalization rates for children and youth 0 to 19 years of age were highest in the Northwest Territories (6,297/100,000) and Saskatchewan (5,958/100,000) and lowest in Ontario (2,980/100,000) and British Columbia (3,077/100,000).

Note: The figure presented here excludes all newborns born in the reporting facility and some newborns born outside the reporting facility but admitted to that facility within 24 hours of birth.

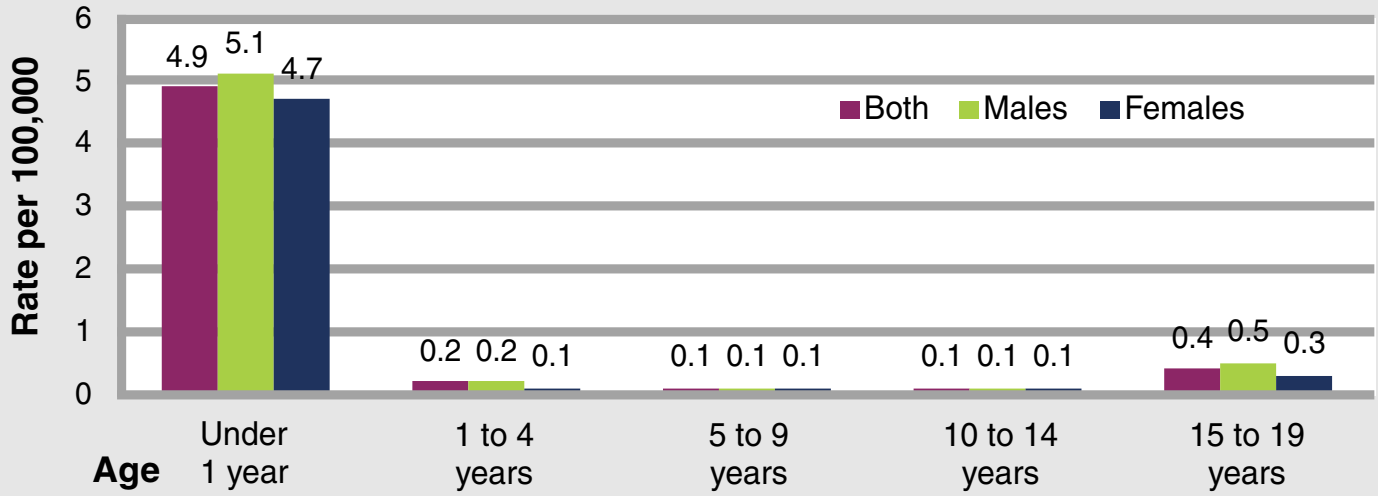
Implications

Differences in hospitalization rates in Canada may be attributable, in part, to the varying proportions of rural and remote communities, the socioeconomic status, and the number of Aboriginal children living in each province and territory. The rates of injury are higher in rural and remote communities, for Aboriginal children, and for those with a lower socioeconomic status. Further people in these situations often have to travel longer distances to reach medical services, thus increasing the likelihood of an overnight stay. The variation in hospitalization rates may also reflect differences in the management of care across jurisdictions.[1]

[1] Rural and Northern Healthcare Framework/Plan (2010). Ministry of Health and Long-Term Care. Accessed on May 28, 2012 at http://www.health.gov.on.ca/en/public/programs/ruralnorthern/docs/report_rural_northern_EN.pdf.

3.2.4 Death

Fig. 3.2.4 Death rates for all causes, by age group and gender, Canada, 2009



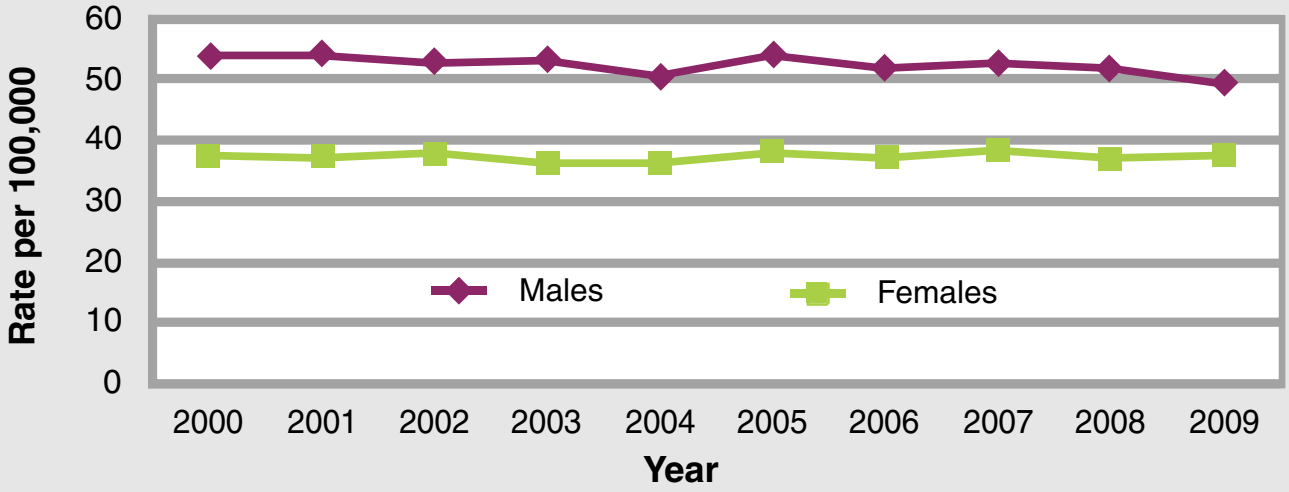
Age	<1	1–4	5–9	10–14	15–19
Both	491.5	17.1	10.2	11.7	39.4
Males	508.1	19.7	12.0	13.0	52.4
Females	474.1	14.3	8.2	10.3	25.9

Adapted from the Statistics Canada CANSIM database, http://cansim2.statcan.gc.ca, table no. 102-0551. Accessed on July 10, 2012.

While Canadian children and youth enjoy relatively good health compared to children in other parts of the world, they still face challenges to their health and well-being. These challenges vary according to age group and gender. In 2009, as in previous years, infants had the highest death rate among children and youth. Male infants had a higher death rate (508.1/100,000) than female infants (491.5/100,000). Between the ages of 1 and 14 years, death rates were consistently low and did not vary significantly between age groups. For youth 15 to 19 years of age, death rates were slightly higher, which is in part attributable to the increase in deaths due to injury among youth in this age group.

3.2.5 Death

Fig. 3.2.5 Death rates for all causes, children 0 to 19 years, by gender, Canada, 2000 to 2009



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Males	54.0	54.1	52.8	53.3	50.8	53.9	51.8	52.8	51.9	49.2
Females	37.6	36.9	37.9	36.2	36.2	38.1	37.1	38.2	37.1	37.5

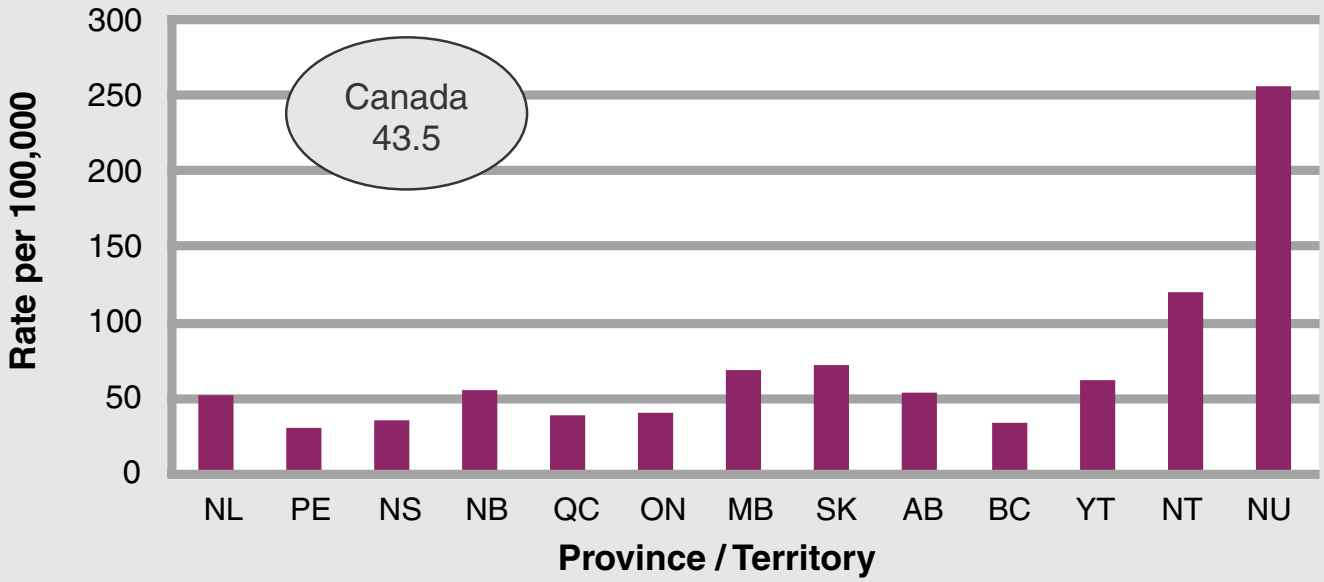
Adapted from the Statistics Canada CANSIM database, http://cansim2.statcan.gc.ca, table no. 102-0551. Accessed on July 10, 2012.

In Canada, the death rates for children and youth aged 0 to 19 years have remained relatively stable[1] over the 10-year period from 2000 to 2009, especially for females. For males 0 to 19 years, between 2000 and 2009, death rates declined by about 9%.

[1] Statistics Canada (2009). Canadian Vital Statistics, Birth and Death Databases and population estimates.

3.2.6 Death

Fig. 3.2.6 Death rates for all causes, children 0 to 19 years, for Canada, the provinces and territories, 2009



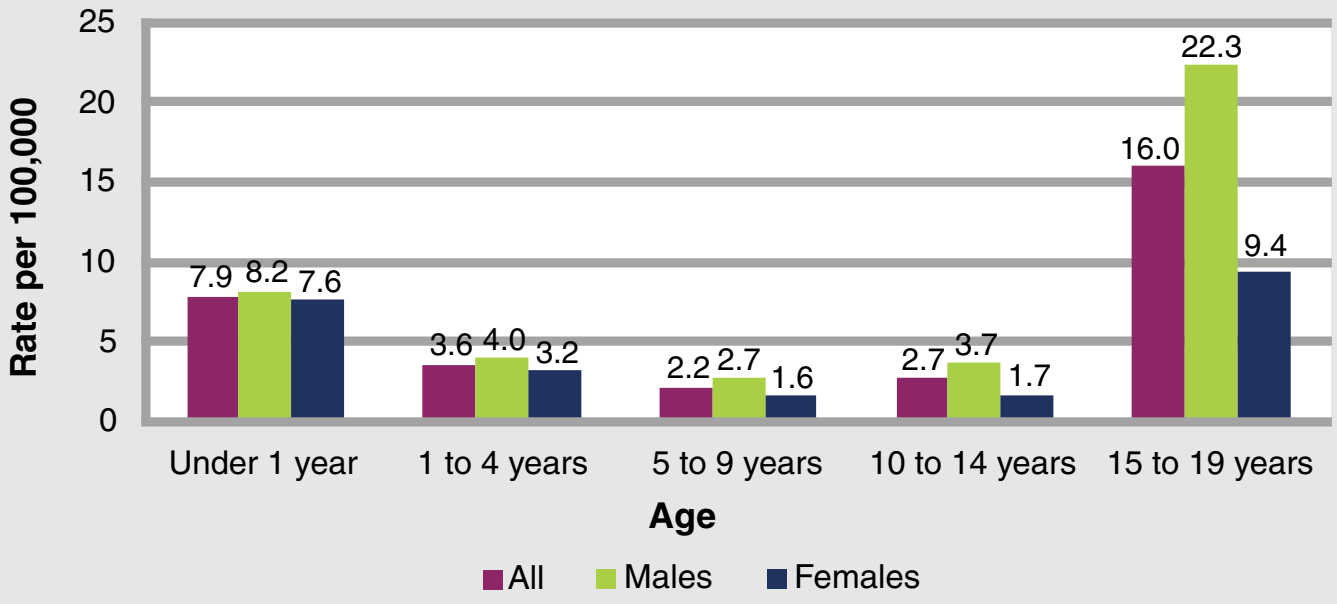
NL	PE	NS	NB	QC	ON	MB	SK	AB	BC	YT	NT	NU
51.8	29.7	34.5	55.8	38.1	40.2	67.8	71.7	53.9	33.4	61.4	120.2	257.0

Adapted from the Statistics Canada CANSIM database http://cansim2.statcan.gc.ca, table no. 102-0504. Accessed on July 10, 2012.

In 2009, 3,423 Canadian children and youth aged 0 to 19 years died, resulting in a death rate of 43.5 per 100,000. There was considerable provincial and territorial variation in the death rates for this age group. The territories had the highest death rates (Nunavut 257.0/100,000 and the Northwest Territories 120.2/100,000). Provincially, Saskatchewan (71.7/100,000) and Manitoba (67.8/100,000) reported the highest death rates for this age group, while Prince Edward Island (29.7/100,000) and British Columbia (33.4/100,000) had the lowest death rates.

3.3.7 Unintentional Injury

Fig. 3.3.7 Unintentional injury death rates, by age group and gender, Canada, 2009



Adapted from the Statistics Canada CANSIM database, http://cansim2.statcan.gc.ca, table no. 102-0540. Accessed on July 10, 2012.

Unintentional injuries continue to be the leading cause of death for Canadian children and youth over age 1. The highest rate of unintentional injury death is in the 15 to 19 year age group, at 16/100,000. In 2009, 360 youth aged 15 to 19 years died as a result of an unintentional injury, for a rate of 16.0/100,000. The unintentional injury death for infants was 7.9/100,000.

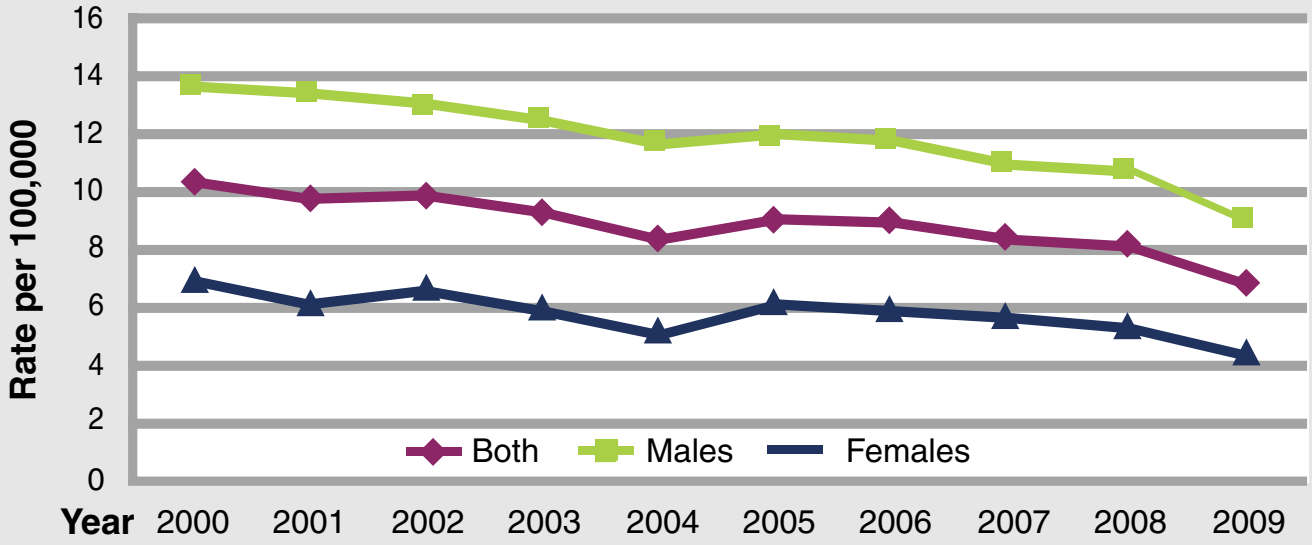
Implications

Starting at an early age, males experience more frequent and severe unintentional injuries than females.[1] The unintentional injury death rate of teenage males is almost 2½ times that of females.

[1] Canadian Institutes of Health Research (2005). Gender and Health. Accessed on May 28, 2012 at http://www.cihr-irsc.gc.ca/e/documents/gender_health_mpkit_2005_e.pdf.

3.3.8 Unintentional Injury

Fig. 3.3.8 Unintentional injury death rates, children 0 to 19 years, by gender, Canada, 2000 to 2009



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Both	10.4	9.8	9.9	9.3	8.4	9.1	9.0	8.4	8.1	6.8
Males	13.7	13.4	13.1	12.5	11.7	12.0	11.8	10.9	10.7	9.0
Females	6.9	6.1	6.6	5.9	5.0	6.1	5.9	5.6	5.3	4.4

Adapted from the Statistics Canada CANSIM database, http://cansim2.statcan.gc.ca, table no. 102-0540. Accessed on July 10, 2012.

Unintentional injury deaths for males and females 0 to 19 years of age declined between 2000 and 2009. For males there was a 34% decline and for females there was 36% decline.

Implications

Unintentional injuries are largely preventable. However, Canada ranks 18th out of 23 OECD countries in terms of injury mortality rates.[1] Common fatal injuries for children and youth include motor vehicle accidents, drowning, suffocation, strangulation, choking, pedestrian injuries, poisoning and falls.

Deaths as a result of unintentional injuries are the tip of the iceberg. Unintentional injuries are a major public health problem, and the burden falls disproportionately on the most vulnerable in our society. Approximately 500 children and youth 0 to 19 years die as a result of unintentional injuries, and a further 21,000 are hospitalized every year. Many of those who survive are left with disabilities, both physical and emotional. For a child, this can mean a lifetime of living with the consequences of an injury. The stress on the child, their family and the health care system cannot be underestimated.

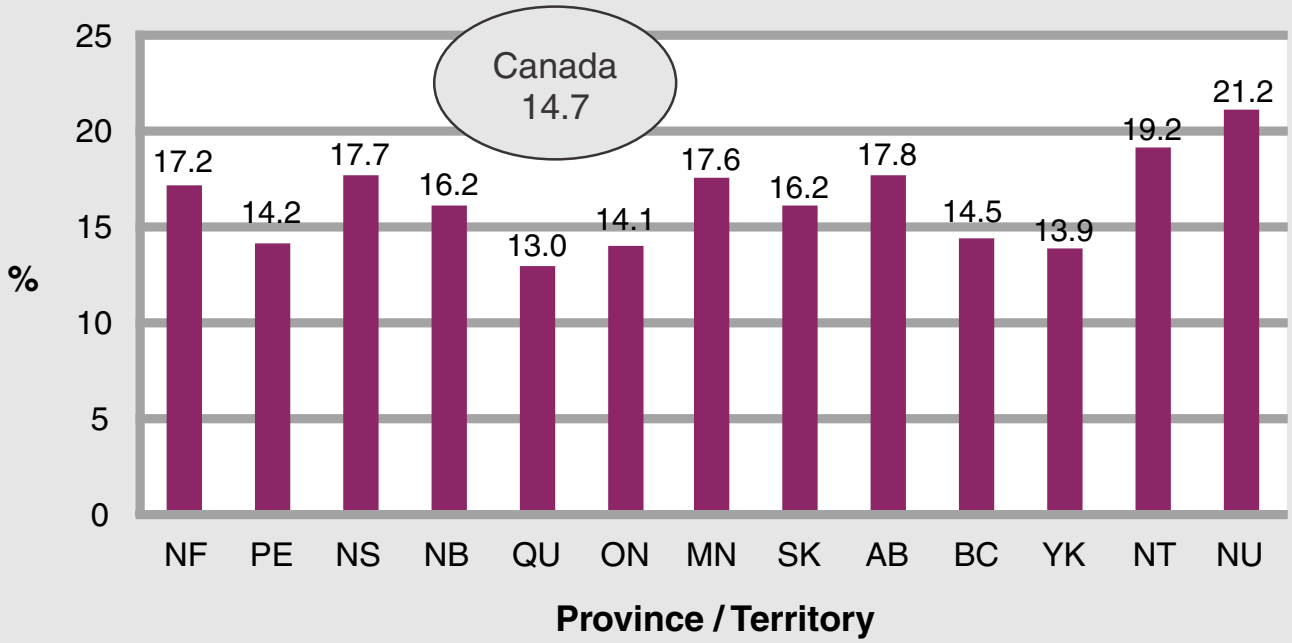
The economic burden of unintentional injuries to children is substantial, costing Canadians $4 billion per year.[2]

[1] Safe Kids Canada (2011). The financial costs and prevention strategies of unintentional injuries. Accessed on May 28, 2012 at http://www.safekidscanada.ca/Professionals/Documents/33201-PublicSectorDigestInjuryPrevention.pdf.

[2] Safe Kids Canada. About Injuries. http://www.safekidscanada.ca/Professionals/Safety-Information/About-Injuries/Index.aspx. Accessed on July 6, 2012.

3.4.9 Disability

Fig. 3.4.9 Youth 12 to 19 years who reported being limited in selected activities,* for Canada, the provinces and territories, 2009/10



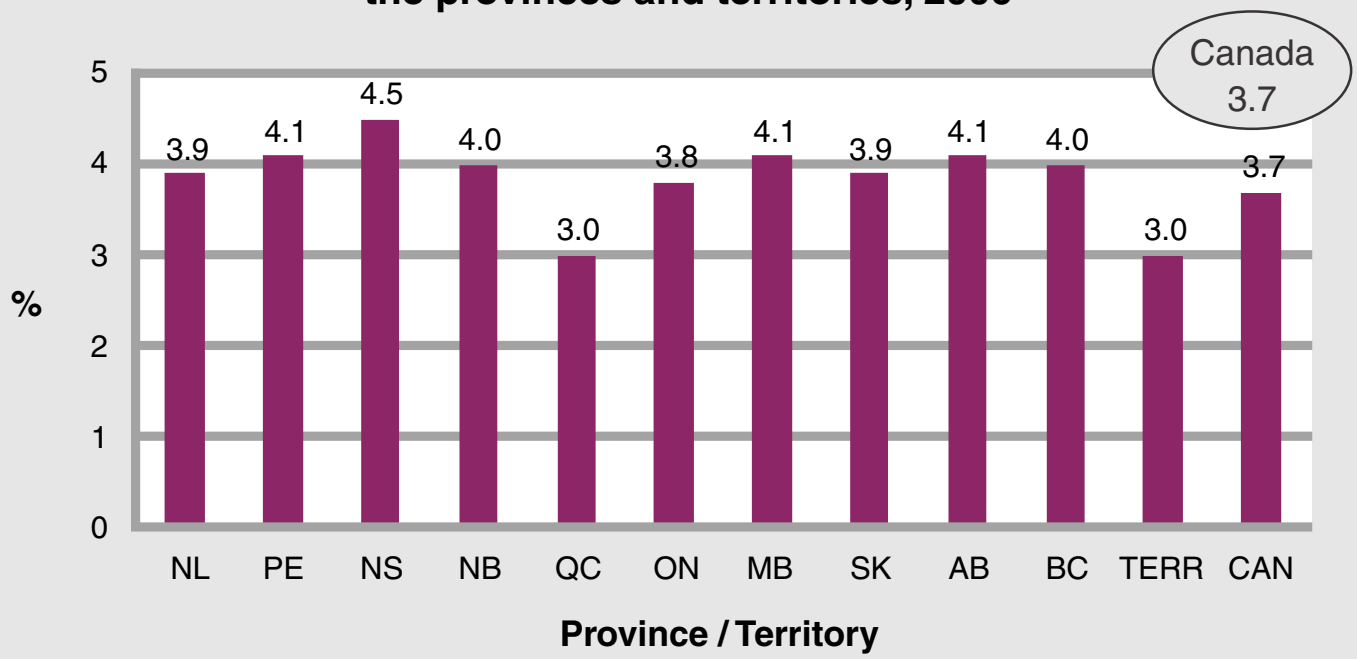
* The term "activity limitation" refers to physical, developmental, learning, behavioural or emotional problems that limit certain activities on a continuing basis.

Adapted from the Statistics Canada CANSIM database http://cansim2.statcan.gc.ca, table no. 105-0502. Accessed on July 10, 2012.

According to the 2009/10 Canadian Community Health Survey, activity limitations are common among youth in Canada. In Nunavut, 21.2% of youth 12 to 19 years of age reported having an activity limitation, the highest across the provinces and territories. In Prince Edward Island, Quebec, Ontario, British Columbia and the Yukon, the proportion of youth 12 to 19 years of age reporting an activity limitation just under to the national average of 14.7%.

3.4.10 Disability

Fig. 3.4.10 Children under 15 years with disabilities, for Canada, the provinces and territories, 2006



Statistics Canada, Participation and Activity Limitations Survey, http://www.statcan.gc.ca/pub/89-628-x/89-628-x2008004-eng.pdf. Accessed on July 10, 2012.

In Canada, 3.7% of children under 15 years of age reported having a disability in 2006. Among the provinces and territories, Nova Scotia had the highest rate, with 4.5% of children reporting a disability.

Implications

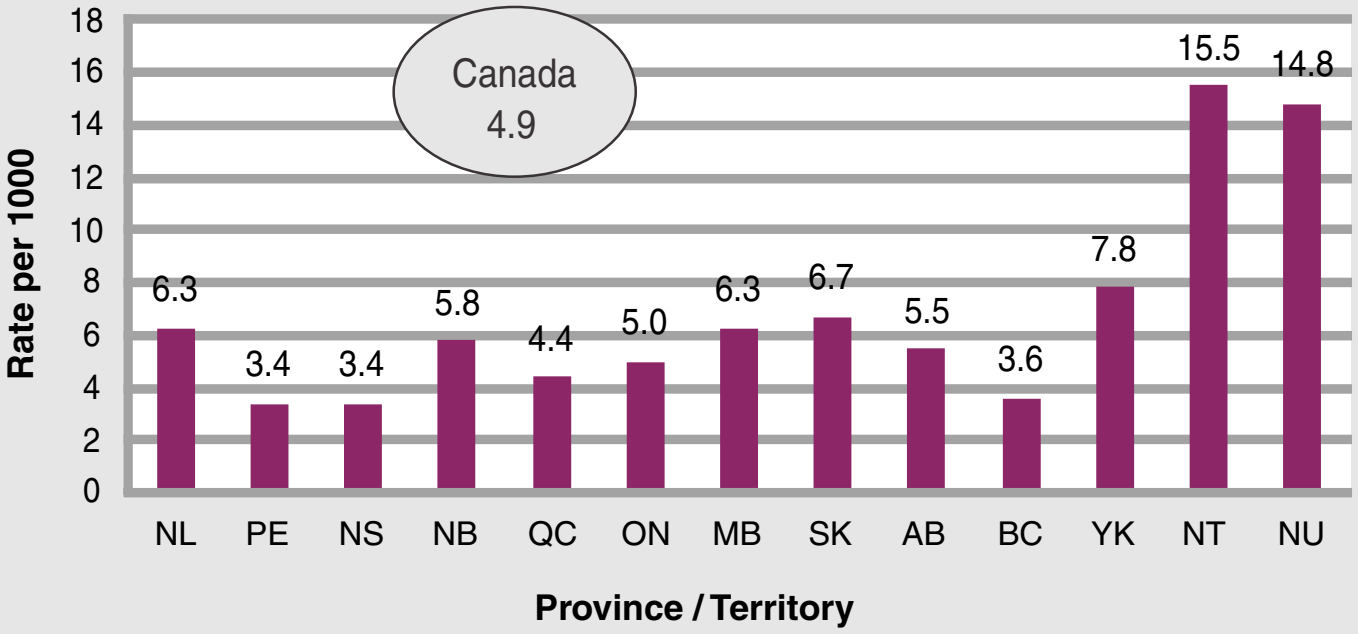
In 2006, almost half of the parents who reported having a child with a disability also reported having difficulties in obtaining special education programs regardless of the type of disability[1] or level of severity. Access to special education for children with disabilities is important. Parents who reported having unmet needs for their child in school also reported a shortfall in their performance.[2]

[1] Persons with disabilities are those who reported difficulties with daily living activities or who indicated that a physical or mental condition or health problem reduced the kind or amount of activities they do.

[2] Participation and Activity Limitation Survey 2006: A Profile of Education for Children with Disabilities in Canada (2008). Statistics Canada. Accessed on May 28, 2012, at http://www.statcan.gc.ca/pub/89-628-x/89-628-x2008004-eng.pdf.

3.5.11 Infant Death

Fig. 3.5.11 Infant death rates, for Canada, the provinces and territories, 2009



Adapted from the Statistics Canada CANSIM database http://cansim2.statcan.gc.ca, table no. 102-0507. Accessed on July 10, 2012.

In 2009, 1,911 infants died in Canada, for a death rate of 4.9/1,000. The trend in infant death rates was relatively stable at 5.3/1,000 in 1999 compared with 4.9/1,000 in 2009.[1] In 2009, the highest infant death rates were reported in the Northwest Territories (15.5/1,000), Nunavut (14.8/1,000) and the Yukon (7.8/1,000). The lowest infant death rates were reported in Prince Edward Island (3.4/1,000), Nova Scotia (3.4/1,000) and British Columbia (3.6/100,000). In 2009, the overall infant death rate in Canada was 4.9/1,000.

[1] Statistics Canada (2008), Canadian Vital Statistics, Birth and Death Databases and population estimates.

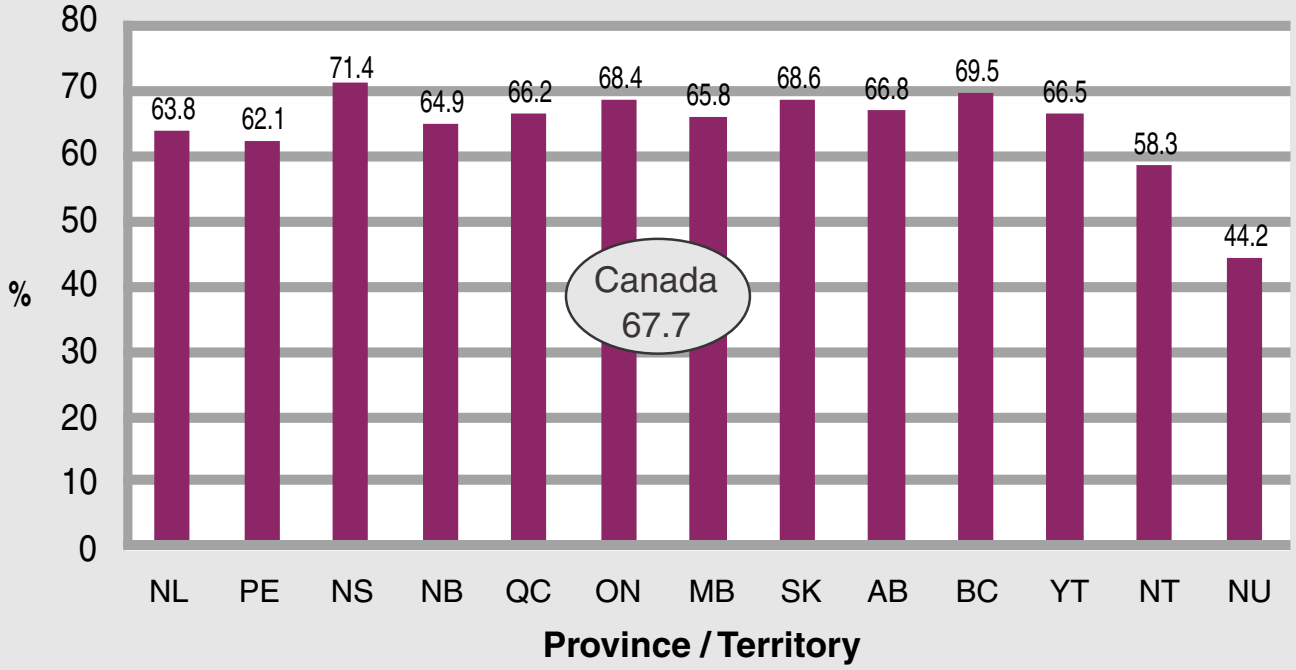
Implications

Although the Public Health Agency of Canada considers Canada's overall infant mortality rate to be in line with other OECD countries,[2] some populations and certain communities experience much higher rates of infant death.

[2] Public Health Agency of Canada (2008). The Chief Public Health Officer's Report on The State of Public Health in Canada 2008. Accessed on May 29, 2012, at www.phac-aspc.gc.ca/cphorsphc-respcacsp/2008/fr-rc/cphorsphc-respcacsp06c-eng.php.

3.6.12 Self-perceived Health

Fig. 3.6.12 Children 12 to 19 years who perceived their health to be "very good" or "excellent", for Canada, the provinces and territories, 2009/10

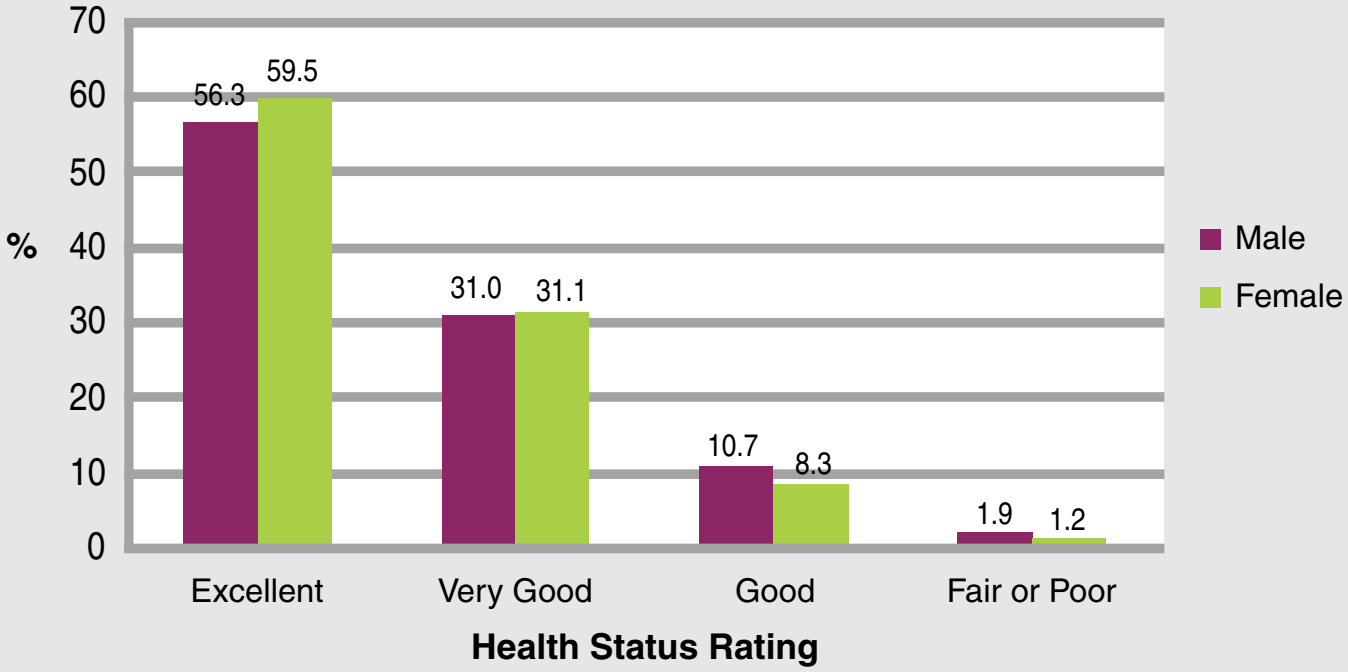


Adapted from the Statistics Canada CANSIM database http://cansim2.statcan.gc.ca, table no. 105-0502. Accessed on July 10, 2012.

According to the 2009/10 Canadian Community Health Survey, almost 68% of youth 12 to 19 years of age reported that their health was either "very good" or "excellent". Nova Scotia had the greatest proportion of youth perceiving their health to be "very good" or "excellent" (71.4%), while Nunavut had the lowest proportion (44.2%).

3.6.13 Self-perceived Health

Fig. 3.6.13 Self-perceived health status of children 6 to 9 years, by gender, Canada, 2006/07

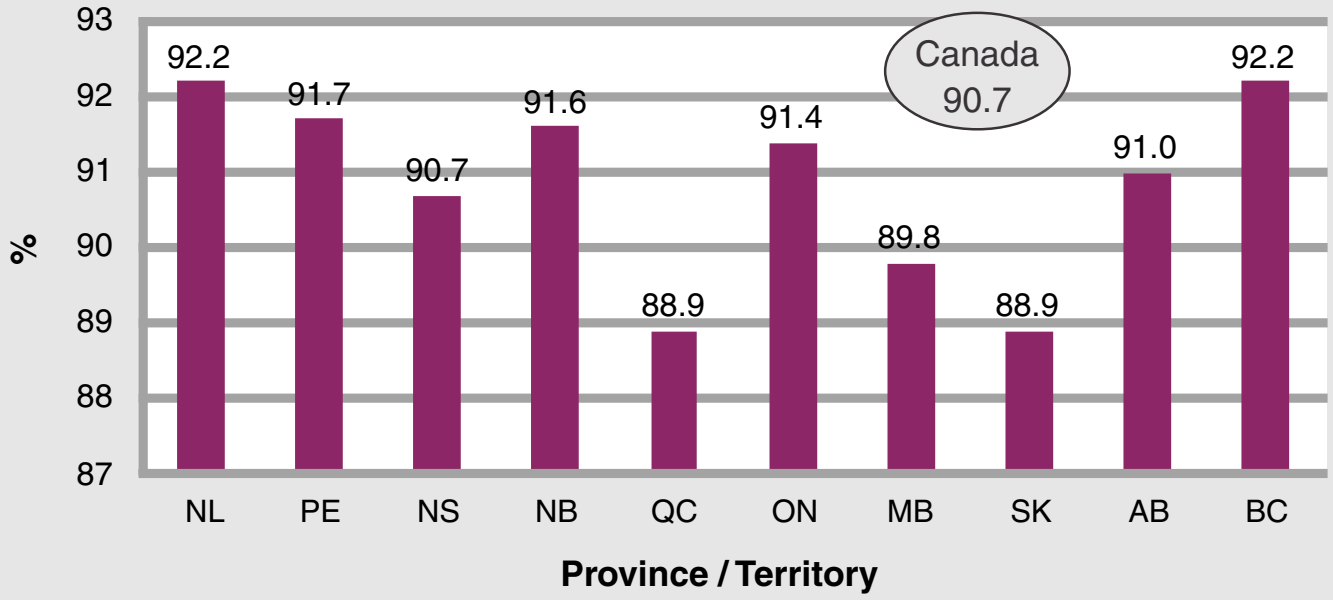


Statistics Canada, custom tabulation, National Longitudinal Survey of Children and Youth, 2006/07.

According to the 2006/07 National Longitudinal Survey of Children and Youth, 56.3% of males and 59.5% of females aged 6 to 9 years reported excellent health status, and a further 31.0% of males and 31.1% of females reported very good health status. Very few males and females reported fair or poor health status, at 1.9% and 1.2%, respectively.

3.6.14 Self-perceived Health

Fig. 3.6.14 Parental rating of child's health as "very good" or "excellent", children 0 to 7 years, for Canada and the provinces, 2008/09

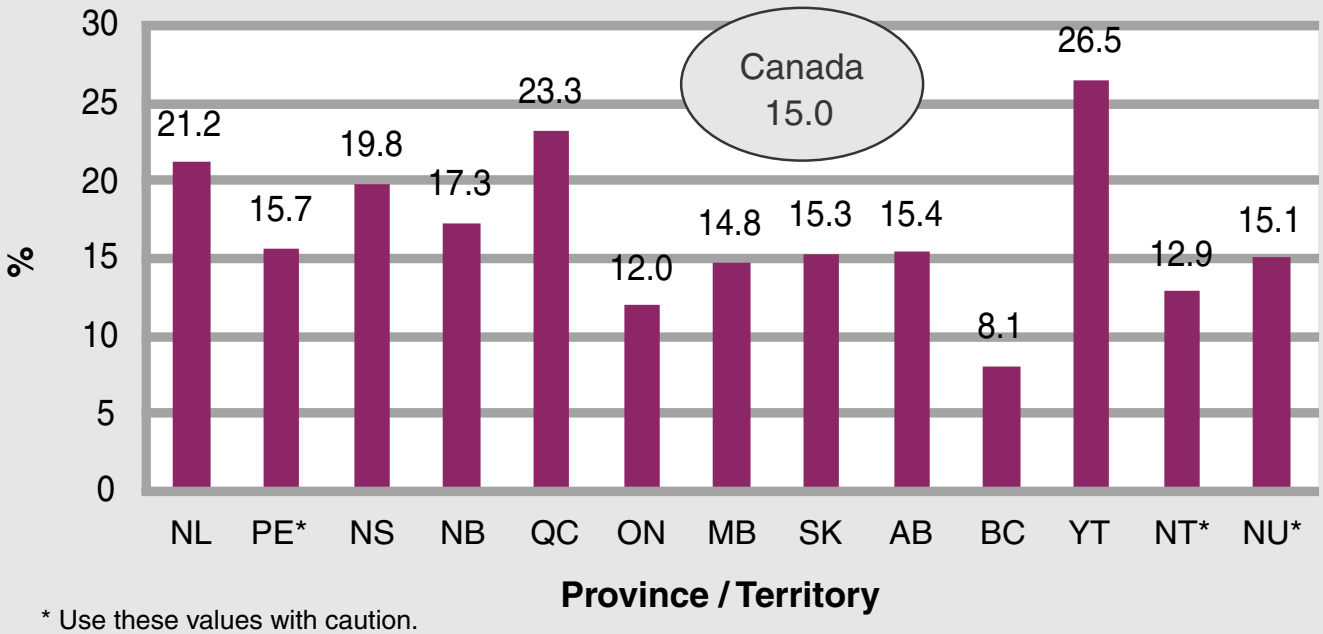


Statistics Canada, custom tabulation, National Longitudinal Survey of Children and Youth, 2008/09.

According to the 2008/09 National Longitudinal Survey of Children and Youth, 90.7% of the persons most knowledgeable (PMK) of children 0 to 7 years of age rated the child's health status as "very good" or "excellent". (In over 90% of cases, the PMK was the child's mother.)

3.7.15 Environmental Health

Fig. 3.7.15 Exposure to secondhand smoke at home, 12 to 19 years of age, for Canada, the provinces and territories, 2009/10



* Use these values with caution.

Adapted from the Statistics Canada CANSIM database, http://cansim2.statcan.gc.ca, table no. 105-0502. Accessed on July 10, 2012.

According to the 2009/10 Canadian Community Health Survey, 15% of Canadians 12 to 19 years of age were exposed to second-hand smoke at home. British Columbia (8.1%) and Ontario (12.0%) reported the lowest rates of exposure to smoke at home.

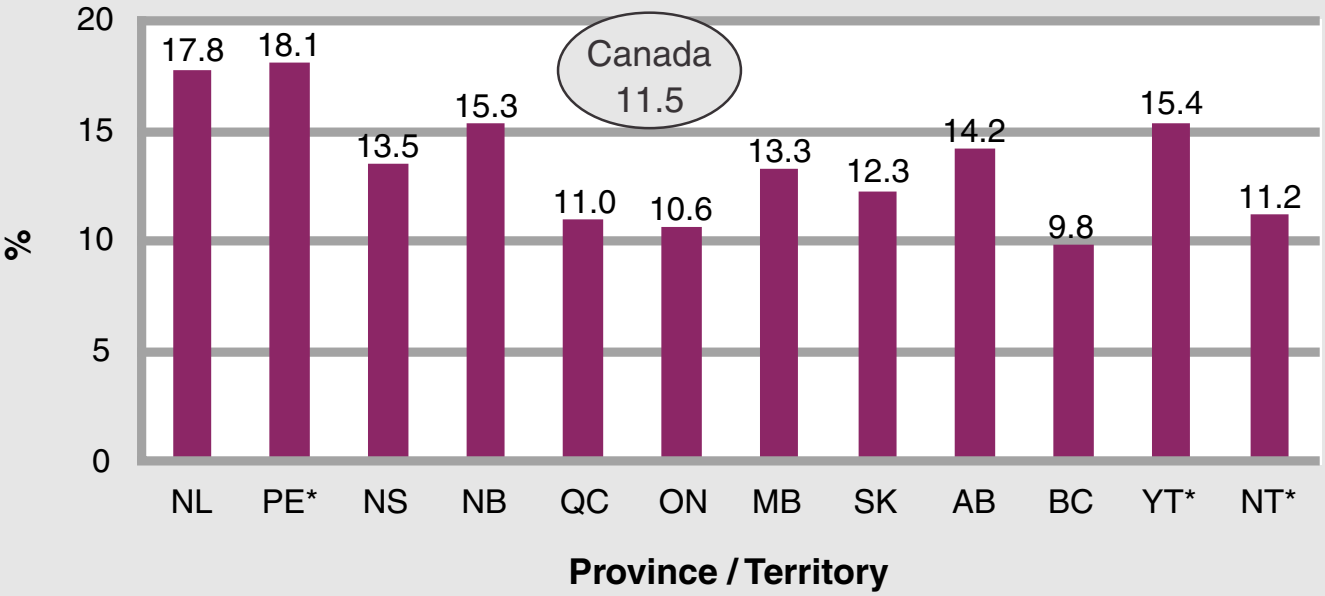
Implications

Initiatives to reduce smoking at home are important for youth. As well as reducing their exposure to environmental toxins, reducing environmental tobacco smoke in a community has a potential impact on future adolescent smoking habits because it makes smoking less visible.[1]

[1] Health Canada (1999). Youth and Tobacco. Accessed on May, 28 2012, at http://www.hc-sc.gc.ca/hc-ps/alt_formats/hecs-sesc/pdf/pubs/tobac-tabac/youth-jeunes/youth-jeunes-eng.pdf.

3.7.16 Environmental Health

Fig. 3.7.16 Children 12 to 19 years who have been diagnosed by a health professional as having asthma, for Canada, the provinces and territories, 2009/10



* Use these values with caution.

Adapted from the Statistics Canada CANSIM database, http://cansim2.statcan.gc.ca, table no. 105-0502. Accessed on July 10, 2012.

Asthma, a chronic inflammatory disorder of the airways, is one of the more prevalent chronic conditions in Canada.[1] According to the 2009/10 Canadian Community Health Survey, 11.5% of youth 12 to 19 years of age were diagnosed with asthma by a health professional.

[1] Gershon, A., et al., (2007). ICES Report: The burden of asthma: can it be eased? Accessed on May 28, 2012, at http://www.longwoods.com/content/18644.

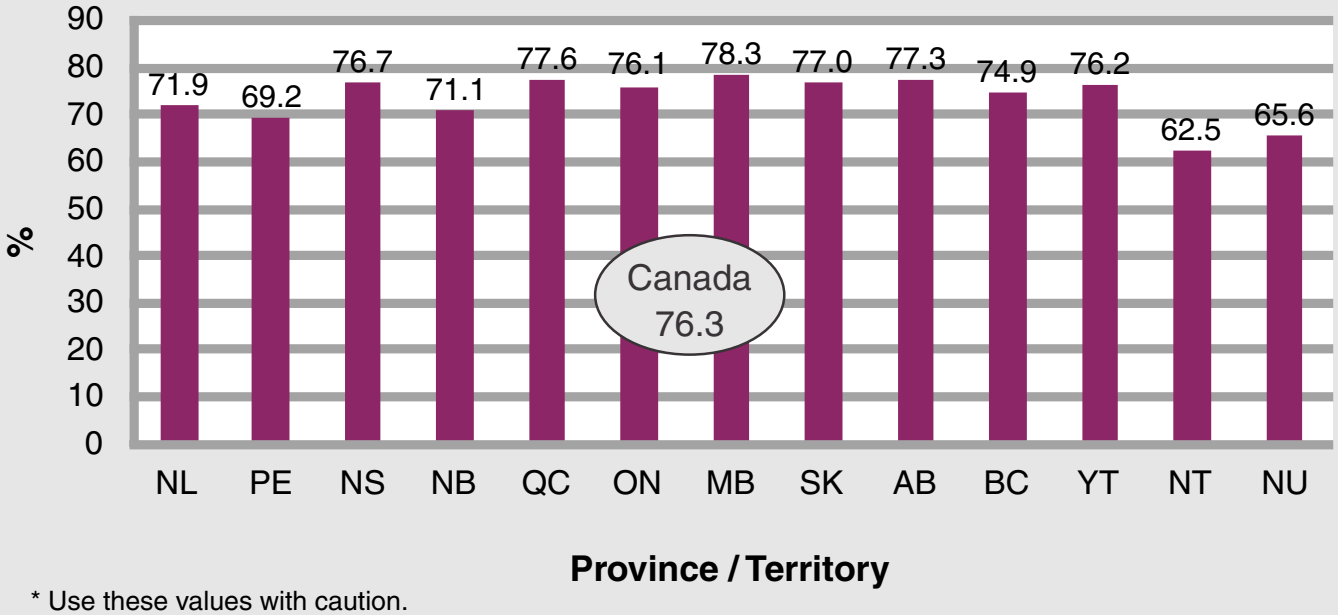
Implications

After cardiovascular disease (34%) and cancer (29%), chronic respiratory disease is responsible for the greatest proportion of chronic disease deaths in adults (4.3%) in Canada.[1]

[1] Gershon, A., et al., (2007). ICES Report: The burden of asthma: can it be eased? Accessed on May 28, 2012, at http://www.longwoods.com/content/18644.

3.8.17 Mental Health

Fig. 3.8.17 Children 12 to 19 years who perceived their mental health to be "very good" or "excellent", for Canada, the provinces and territories, 2009/10



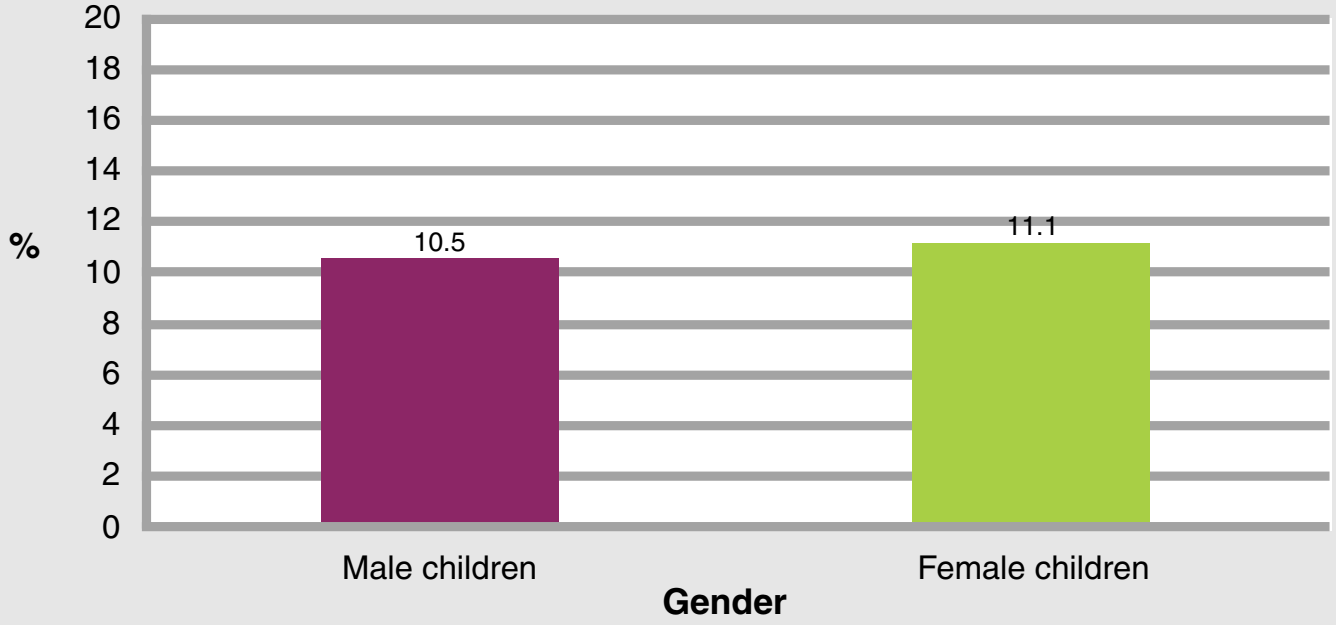
* Use these values with caution.

Adapted from the Statistics Canada CANSIM database, http://cansim2.statcan.gc.ca, table no. 105-0502. Accessed on July 10, 2012.

According to the 2009/10 Canadian Community Health Survey, 76.3% of youth 12 to 19 years of age reported their mental health was either "very good" or "excellent". Manitoba had the greatest proportion of youth perceiving their mental health to be "very good" or "excellent" (78.3%), while the Northwest Territories had the lowest proportion at 62.5%. Consistently, across Canada, the proportion of youth reporting "very good" or "excellent" mental health was higher than the proportion reporting "very good" or "excellent" general health.

3.8.18 Mental Health

Fig. 3.8.18 High depressive symptoms among parents of children 6 to 9 years, by gender, Canada, 2006/07



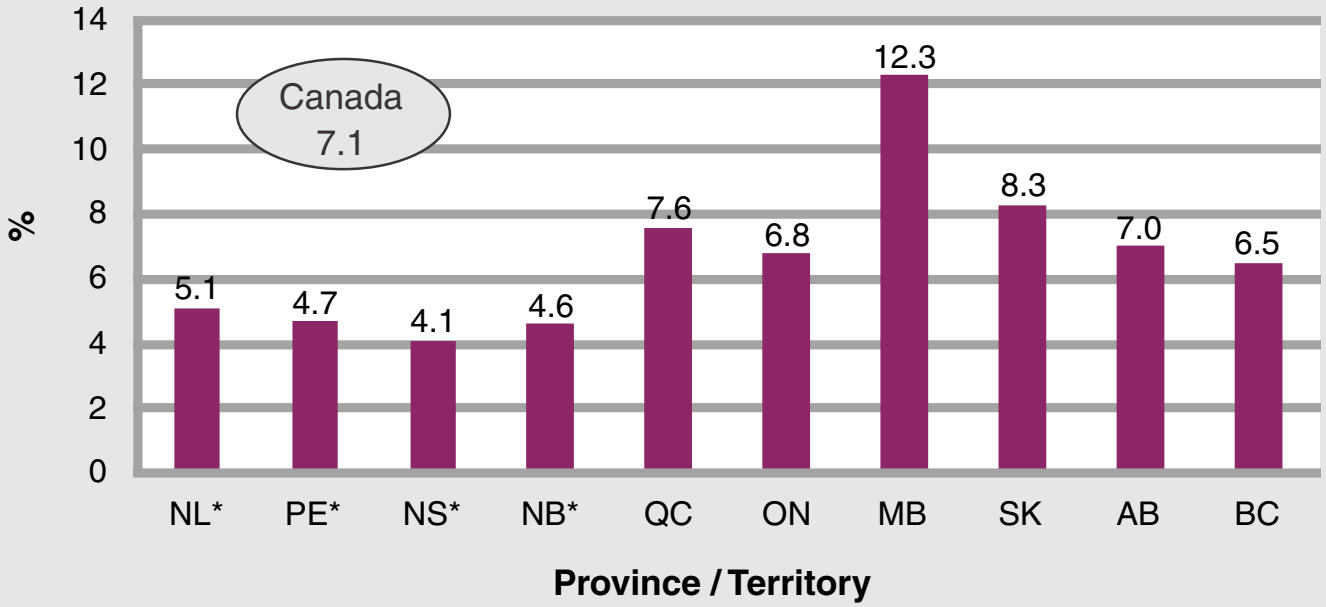
Statistics Canada, custom tabulation, National Longitudinal Survey of Children and Youth, 2006/07.

According to the 2006/07 National Longitudinal Survey of Children and Youth, 10.8% of parents of children 6 to 9 years of age had high symptoms of depression.[1] This was the case for the parent of 10.5% of males and 11.1% of females aged 6 to 9 years.

[1] To identify the presence of parental depression, thresholds (or cutoff points) were established by taking the scale score that is closest to the 90th percentile based on Cycle 3 data for children in all provinces. The variable represents the proportion of children whose PMK exhibits higher levels of depressive symptoms and those whose PMK does not. Higher PMK depressive symptoms correspond to a score of 11 or higher on the parental depression scale.

3.8.19 Mental Health

Fig. 3.8.19 Children 2 to 5 years reported to have high symptoms of an emotional disorder, for Canada and the provinces, 2010/11



* Use these values with caution.

Statistics Canada, custom tabulation, Survey of Young Canadians, 2010/11.

According to the 2010/11 Survey of Young Canadians, 7.1% of children 2 to 5 years were reported[1] to have high symptoms of an emotional disorder. Manitoba had the highest reported rate at 12.3%.

[1] Reported by the person most knowledgeable, which was the mother in over 90% of cases.

3.8.20 Mental Health

Fig. 3.8.20 Suicide rates, youth 15 to 19 years of age, by gender, Canada, 2000 to 2009

Adapted from the Statistics Canada CANSIM database, http://cansim2.statcan.gc.ca, table no. 102-0540. Accessed on July 10, 2012.

In Canada, suicide is among the top causes of death for youth and young adults. For males 15 to 19 years of age, there was a 23% decline in the suicide rate between 2000 and 2009. For females, the suicide rate remained relatively stable over this period.

Implications

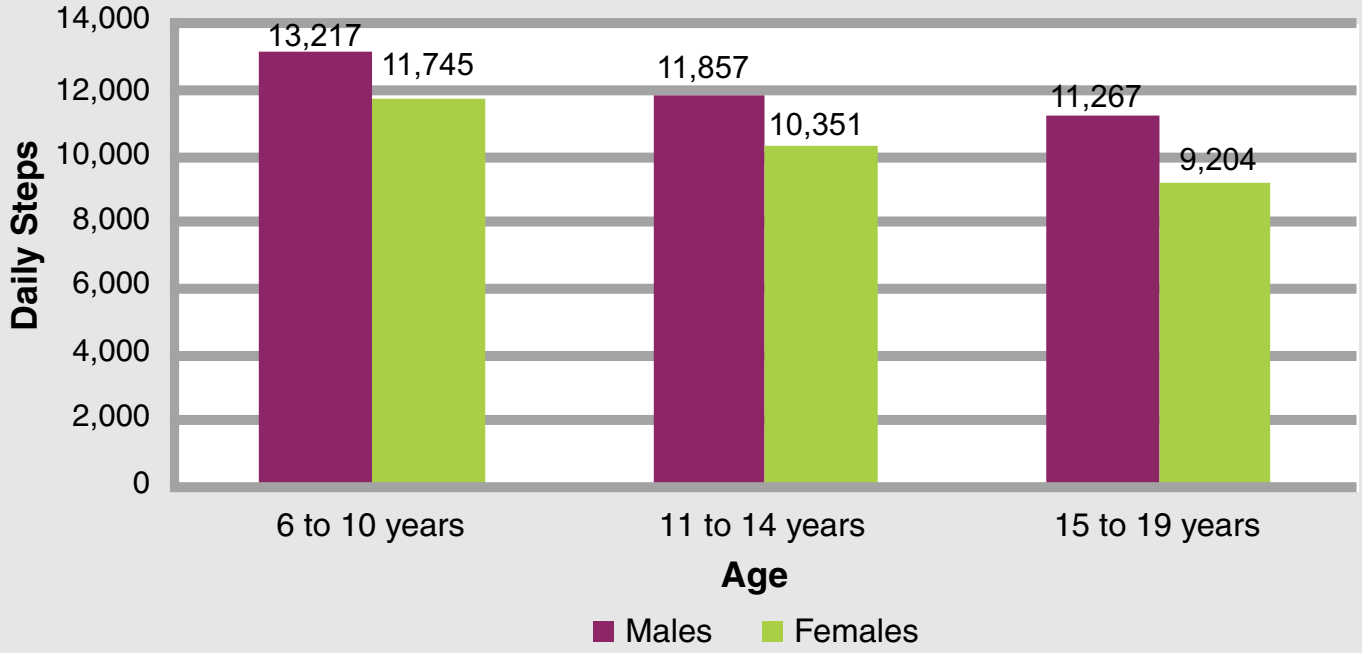
Young women attempt suicide more often than young men; however, young men succeed more often than young women.[1] Poor mental health has a significant impact on the overall health and well-being of Canadian youth and young adults and can lead to tragic outcomes in this age group.[2]

[1] Canadian Institutes of Health Research (2005). Gender and Health. Accessed on May 28, 2012, at http://www.cihr-irsc.gc.ca/e/documents/gender_health_mpkit_2005_e.pdf.

[2] Government of Canada (2006). The Human Face of Mental Health and Mental Illness in Canada. Accessed on May 28, 2012, at http://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human_face_e.pdf.

3.9.21 Healthy Active Living

Fig. 3.9.21 Average daily step counts, by gender and age group, Canada, 2007–2009



Statistics Canada, Canadian Health Measures Survey, 2007–2009, http://www.statcan.gc.ca/pub/82-003-x/2011001/article/11397/tbl/tbl4-eng.htm. Accessed on July 10, 2012.

According to the 2007–2009 Canadian Health Measures Survey, younger boys and girls are more likely to be physically active – as measured by average daily step counts – than are teenagers. At all ages, boys are more likely to be physically active than are girls. The average daily step count declined by 15% among boys from the ages of 6 to 10 years to the teen years. The decline for girls was about 22%.

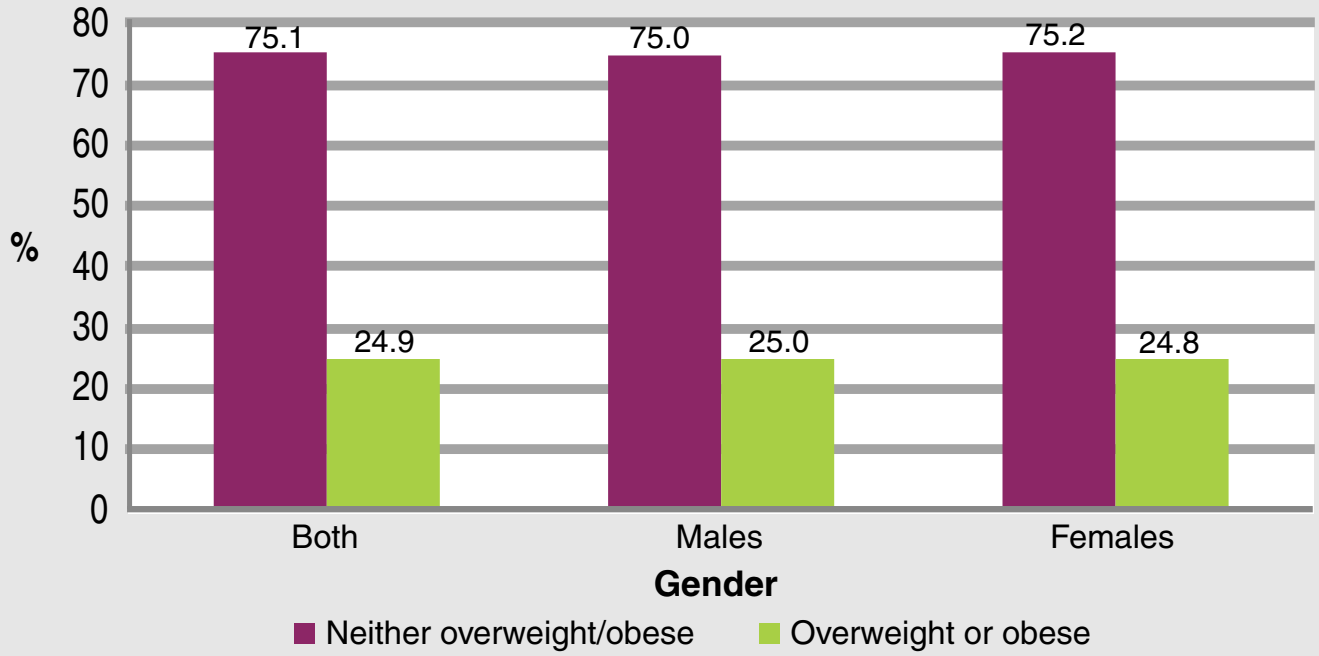
Implications

According to the Report Card on Physical Activity for Children and Youth, only 7% of children and youth are meeting the Canadian guidelines of 60 minutes of physical activity per day.[1]

[1] Canadian Health Measures Survey (2007–2009). Statistics Canada.

3.9.22 Healthy Active Living

Fig. 3.9.22 Youth 12 to 17 years who reported being overweight or obese,* Canada, by gender, 2008



Adapted from the Statistics Canada CANSIM database, http://cansim2.statcan.gc.ca, table no. 105-0506. Accessed on July 10, 2012.

Roughly 75% of Canadian youth aged 12 to 17 years recorded a healthy weight for their height when measured. Among females, 75.2% measured a body mass index (BMI) that was neither overweight nor obese, as did 75.0% of males. About 25% of males and females in this age group had a BMI that falls into the overweight or obese category.

* Calculated using Body Mass Index (BMI). Index based on age- and sex-specific cut-off points as defined by Cole and others. BMI is calculated by dividing the respondent's body weight (in kilograms) by their height (in metres) squared.