

A C I C H P R O F I L E

# *The Health of* Canada's Children



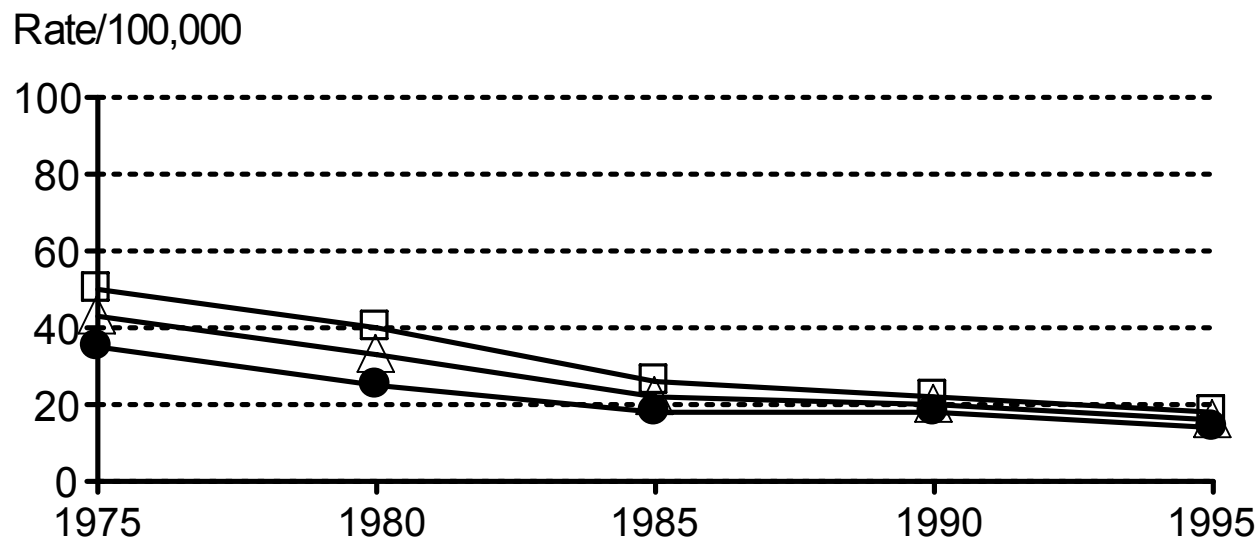
*Third edition*



CANADIAN INSTITUTE OF CHILD HEALTH

# Death Rates, All Causes, Children Aged 5-9 Years

Canada, 1975, 1980, 1985, 1990 and 1995

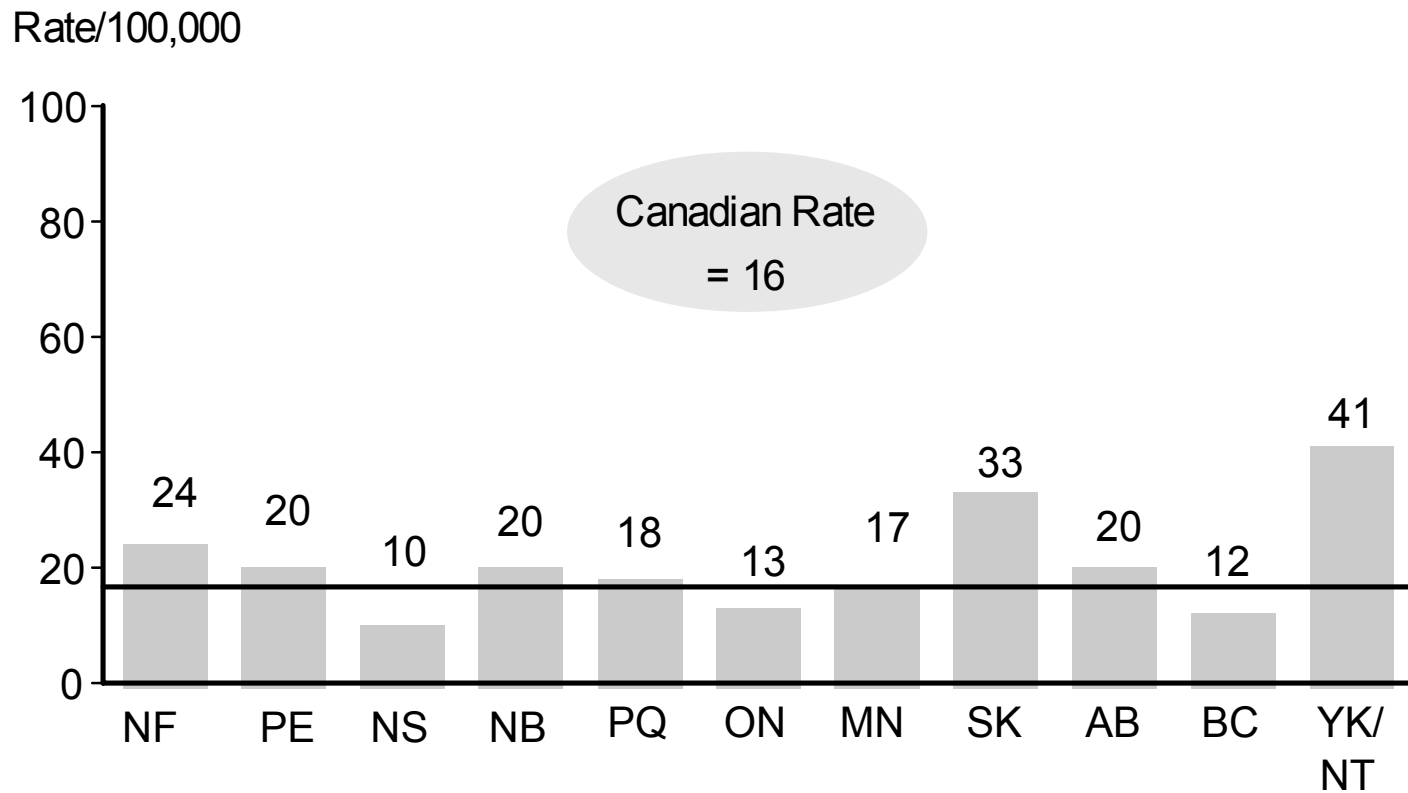


Male	□	50	40	26	22	18
Both	△	43	33	22	20	16
Female	●	35	25	18	18	14

Source: CICH using Statistics Canada. 1997. *Births and Deaths, 1995*.

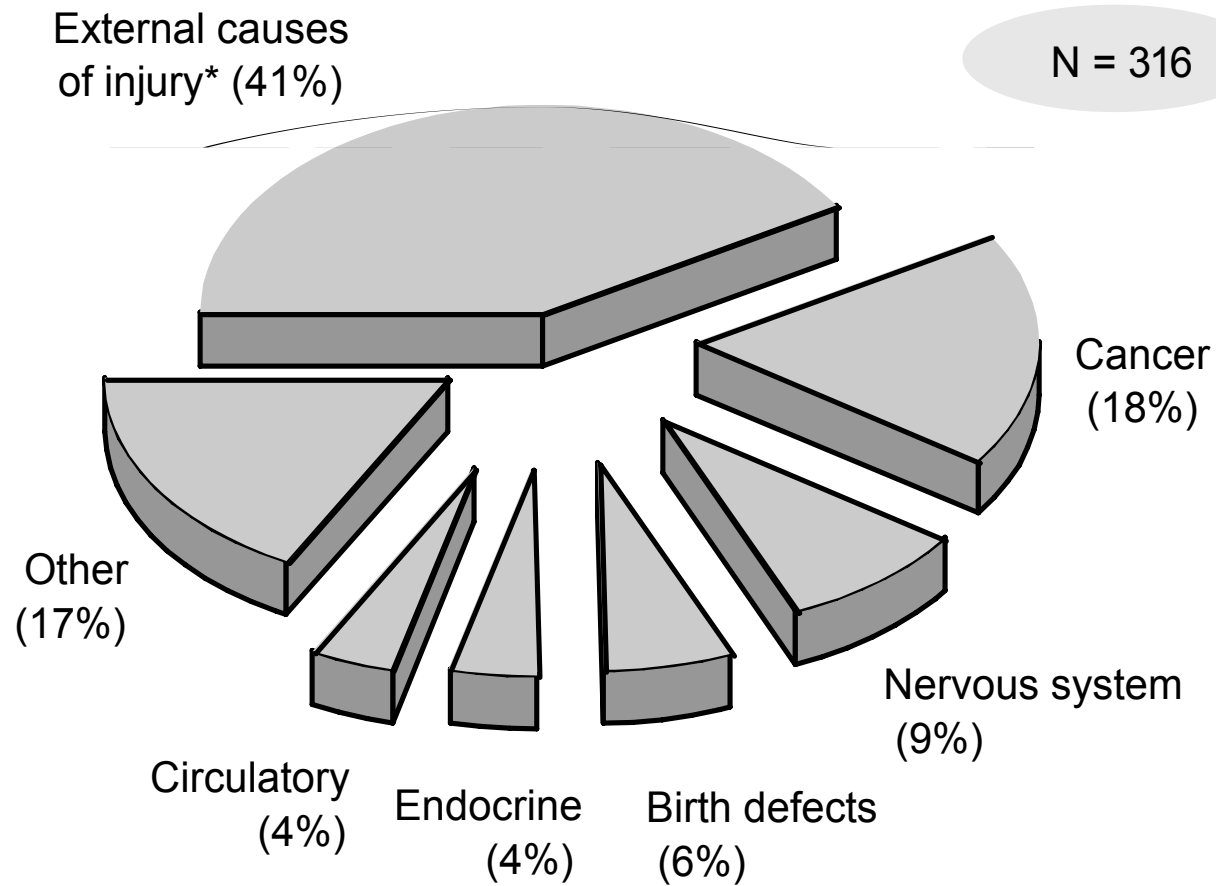
# Death Rates All Causes, Children Aged 5-9 Years

## Canada, Provinces and Territories, 1995



Source: CICH using Canadian Institute for Health Information data and Statistics Canada Census data.

# Leading Causes of Death, Children Aged 5-9 Years Canada, 1997



\* Includes poisonings and self-inflicted injuries.

Source: Statistics Canada. 1997. *Leading Causes of Death at Different Ages*. Shelf Tables.

# Number of Pedestrians Killed or Injured in Traffic Collisions, by Age Group and Pedestrian Action

Canada, 1995

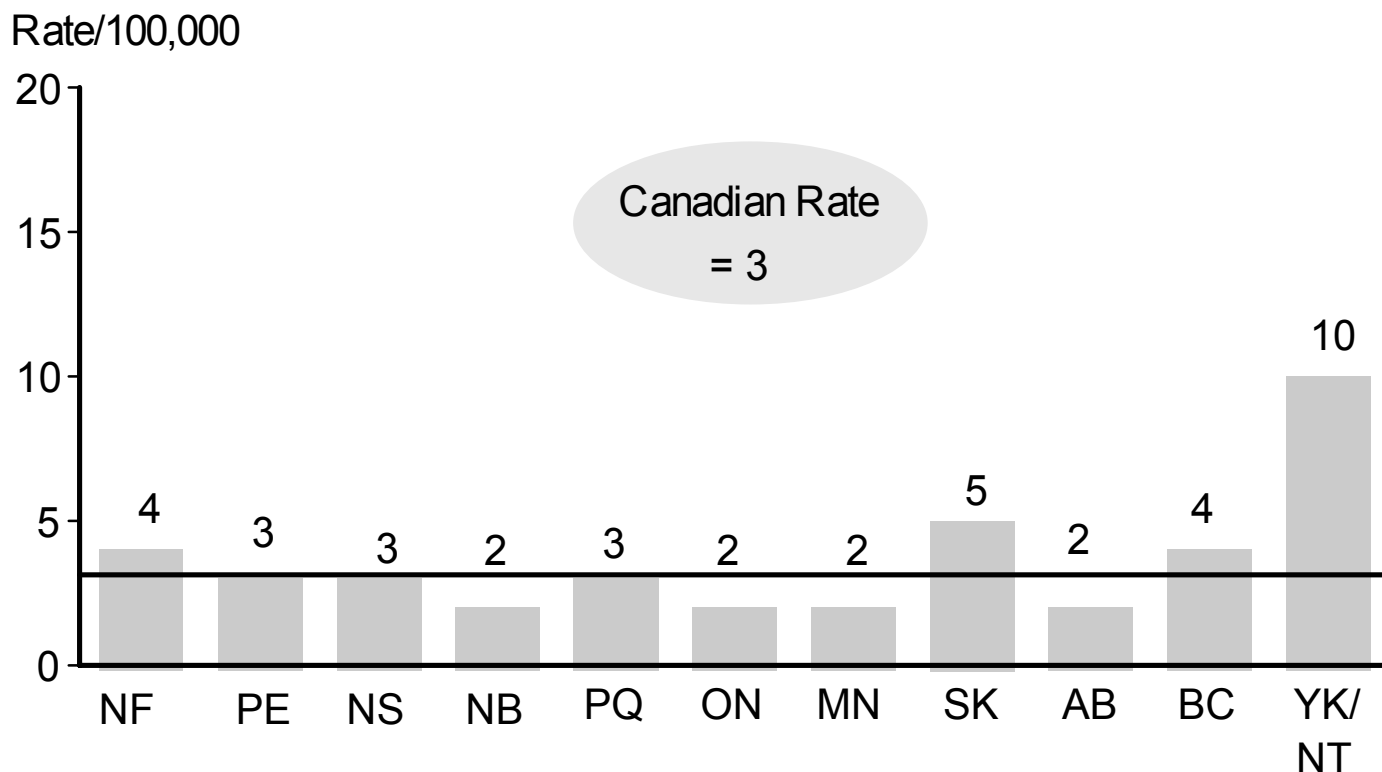
Pedestrian Action	Blrth-4 years	5-14 years	15-19 years
Crossing intersection with right-of-way	45	353	310
Crossing intersection without right-of-way	30	402	242
Crossing intersection/highway, no traffic control	64	641	318
Playing, walking, working, hiking on roadway*	21	228	183
Running into roadway	90	464	93
Other/unspecified	115	550	428

\* Includes rural highway and bridge.

Source: Transport Canada Safety and Security. 1996. *Traffic Collision Statistics in Canada - 1995. Road Safety.*

## Injury Death\* Rates, Children Aged 5-9 Years

Canada, Provinces and Territories, 1994-1996 (3-year Rate)

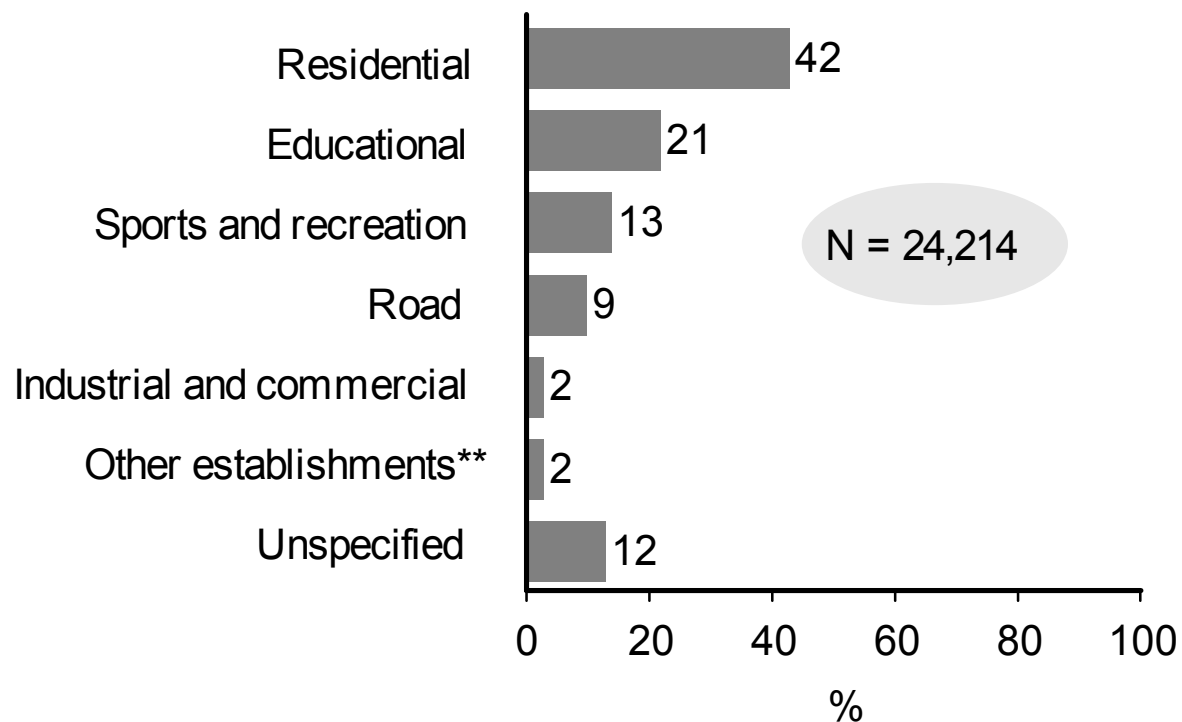


\* Deaths occurring in hospital only.

Note: Due to small number of deaths in this age group, the rate has been calculated based on deaths over a three year period.

Source: CIH using Canadian Institute for Health Information data and Statistics Canada Census data.

## Injuries by Location, Children Aged 5-9 Years Canada\*, 1997



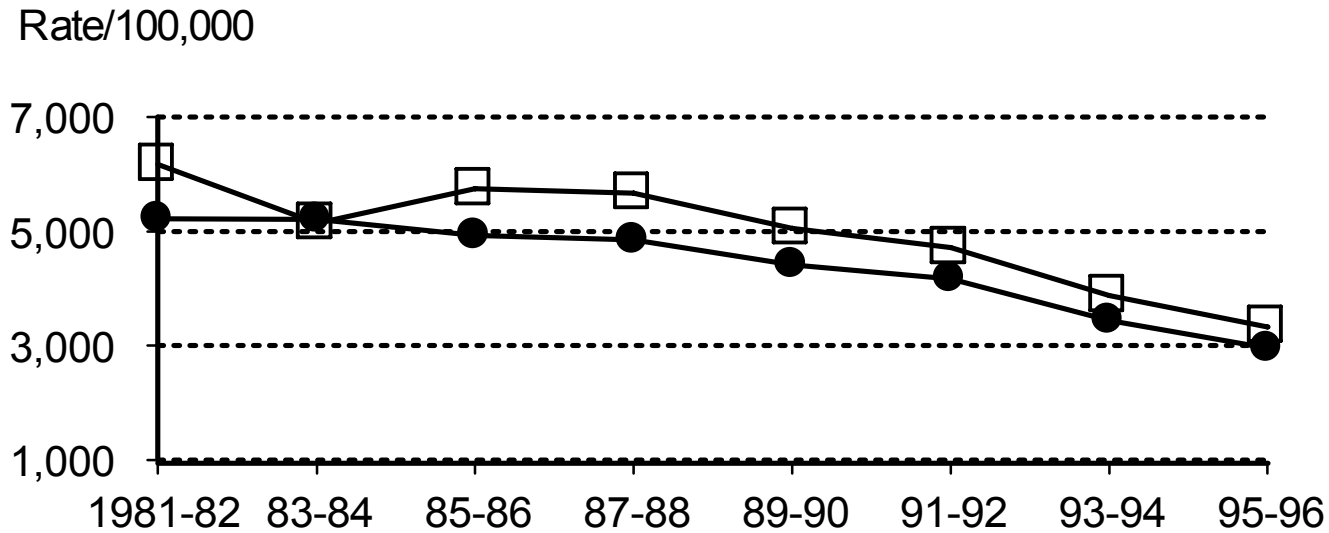
\* Cases reported by 15 Canadian hospitals of which 10 are paediatric, participating in CHIRPP.

\*\* Includes hospitals.

Source: Special runs for CIH conducted by Health Canada, Bureau of Reproductive and Child Health.

# Hospitalization Rates, Children Aged 5-14 Years

Canada, Provinces and Territories, 1981-82 to 1995-1996



Male	□	6,173	5,145	5,742	5,676	5,059	4,715	3,879	3,335
Female	●	5,221	5,213	4,926	4,850	4,421	4,170	3,445	2,955

Note: Includes general and allied special hospitals (e.g. acute in-patient, chronic care and rehabilitation).

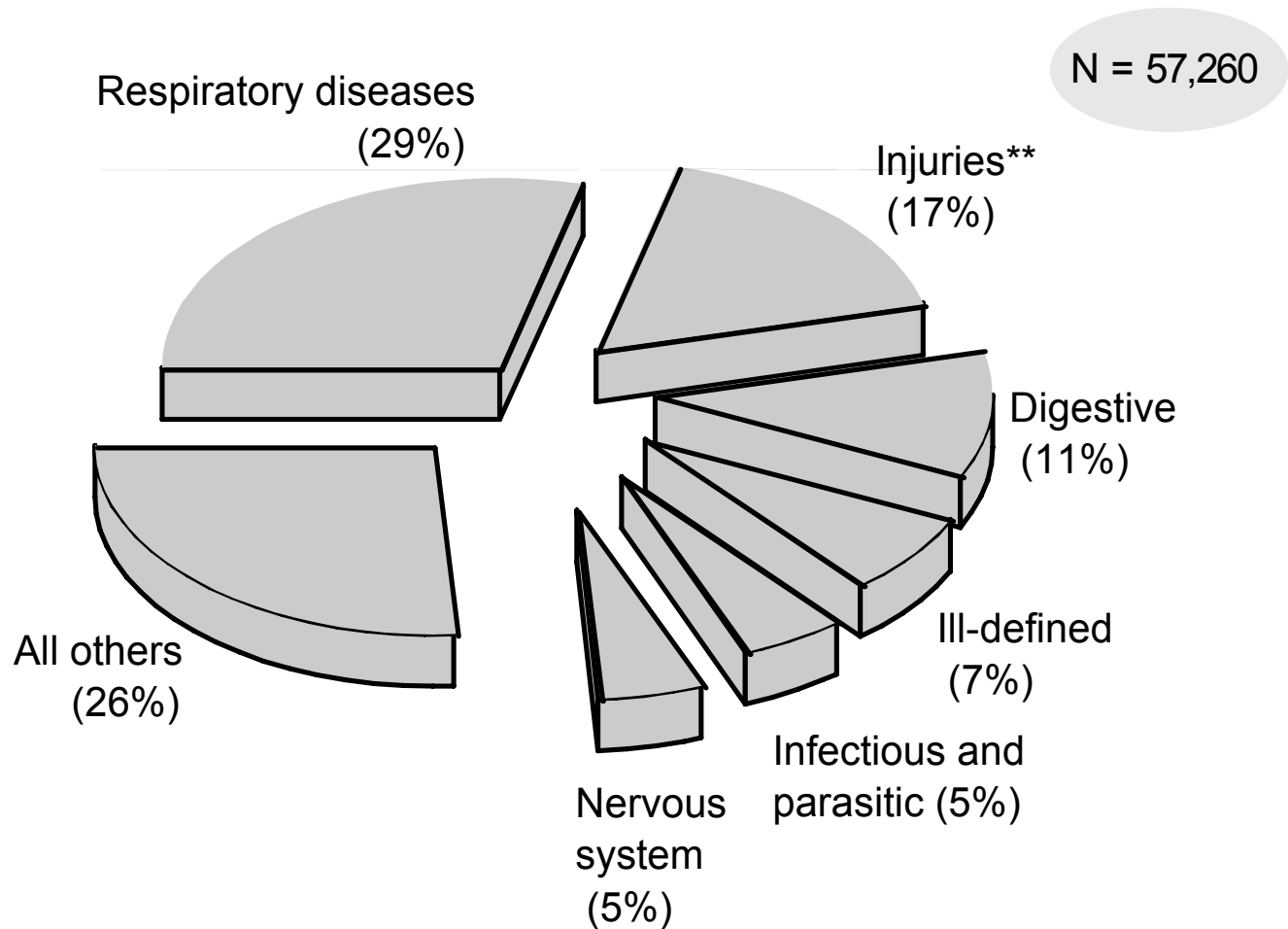
Source: Hanvey, L. et al. 1994. *The Health of Canada's Children: A CICH Profile, 2nd Edition*.

CICH using Canadian Institute for Health Information data and Statistics Canada Census data.

Statistics Canada. Summary statistics (see full citation in reference section).

# Hospitalization\* by Leading Causes, Children Aged 5-9 Years

Canada, 1996-97



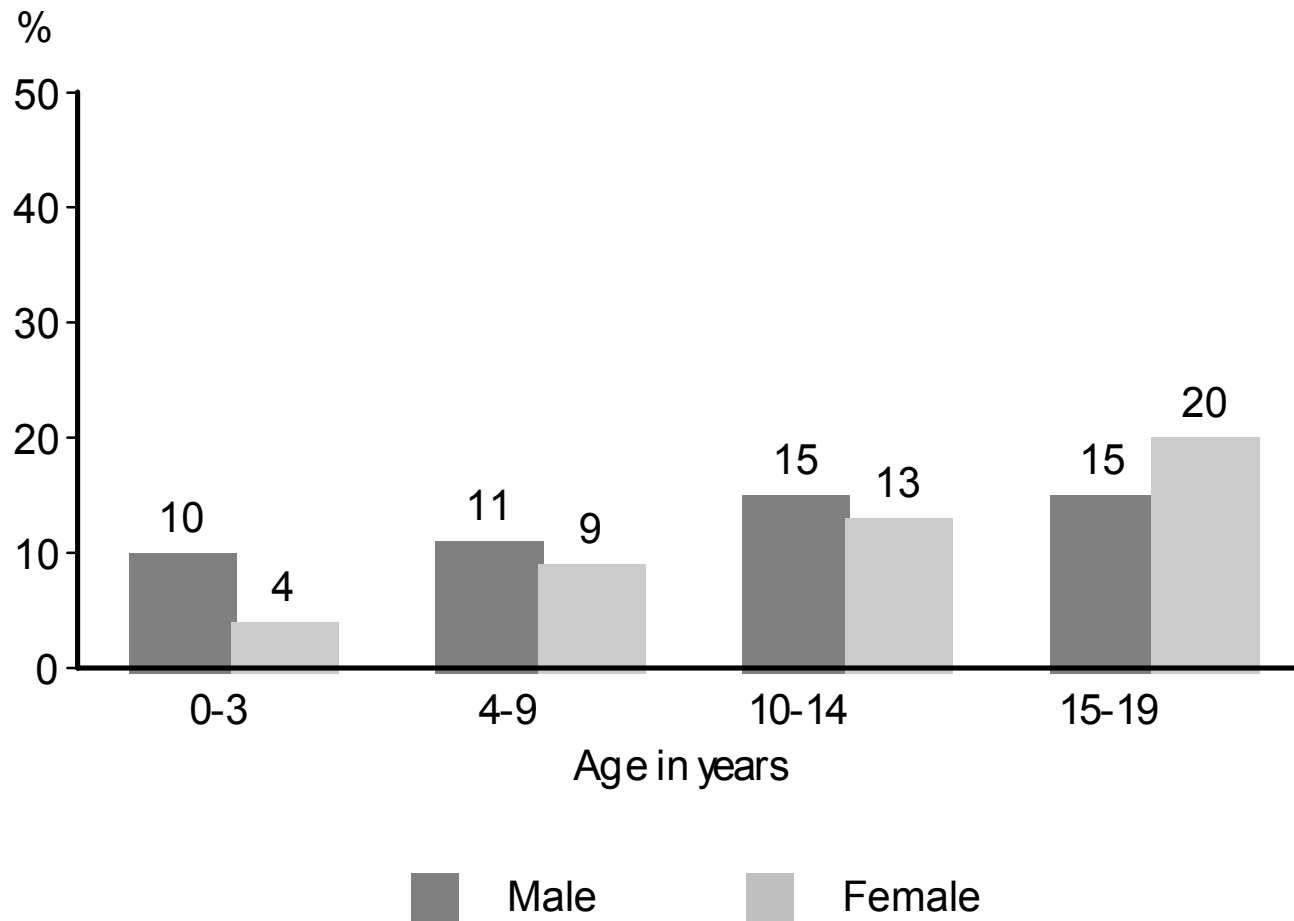
\* Acute care in-patient hospitalizations only.

\*\*Includes poisonings and self-inflicted injuries.

Source: Special runs conducted for CIHI by the Canadian Institute for Health Information.

# Proportion of Children Who Have Allergies, by Age and Gender

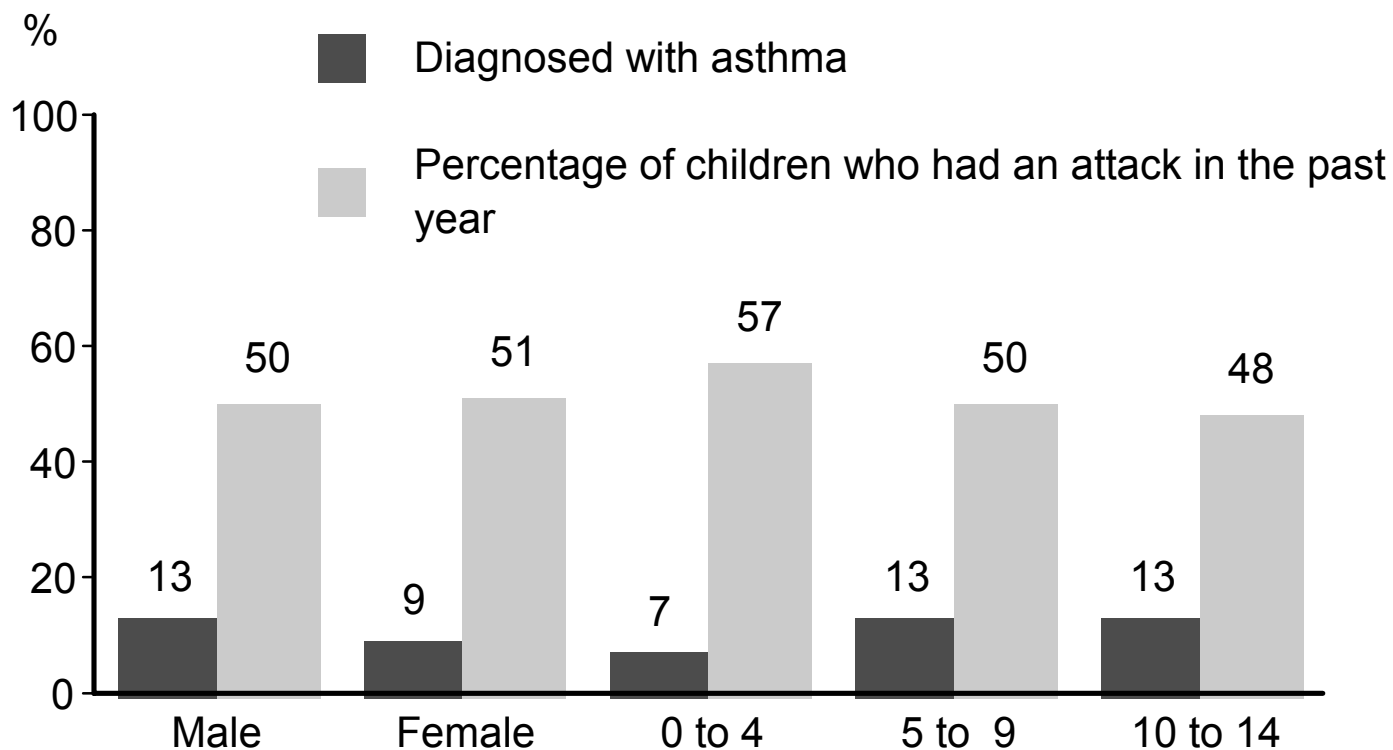
Canada, 1996-1997



Source: CICH using Statistics Canada. 1996-1997. *The National Population Health Survey*.

# Prevalence of Asthma Among Children Birth to 14 Years of Age, by Age and Sex

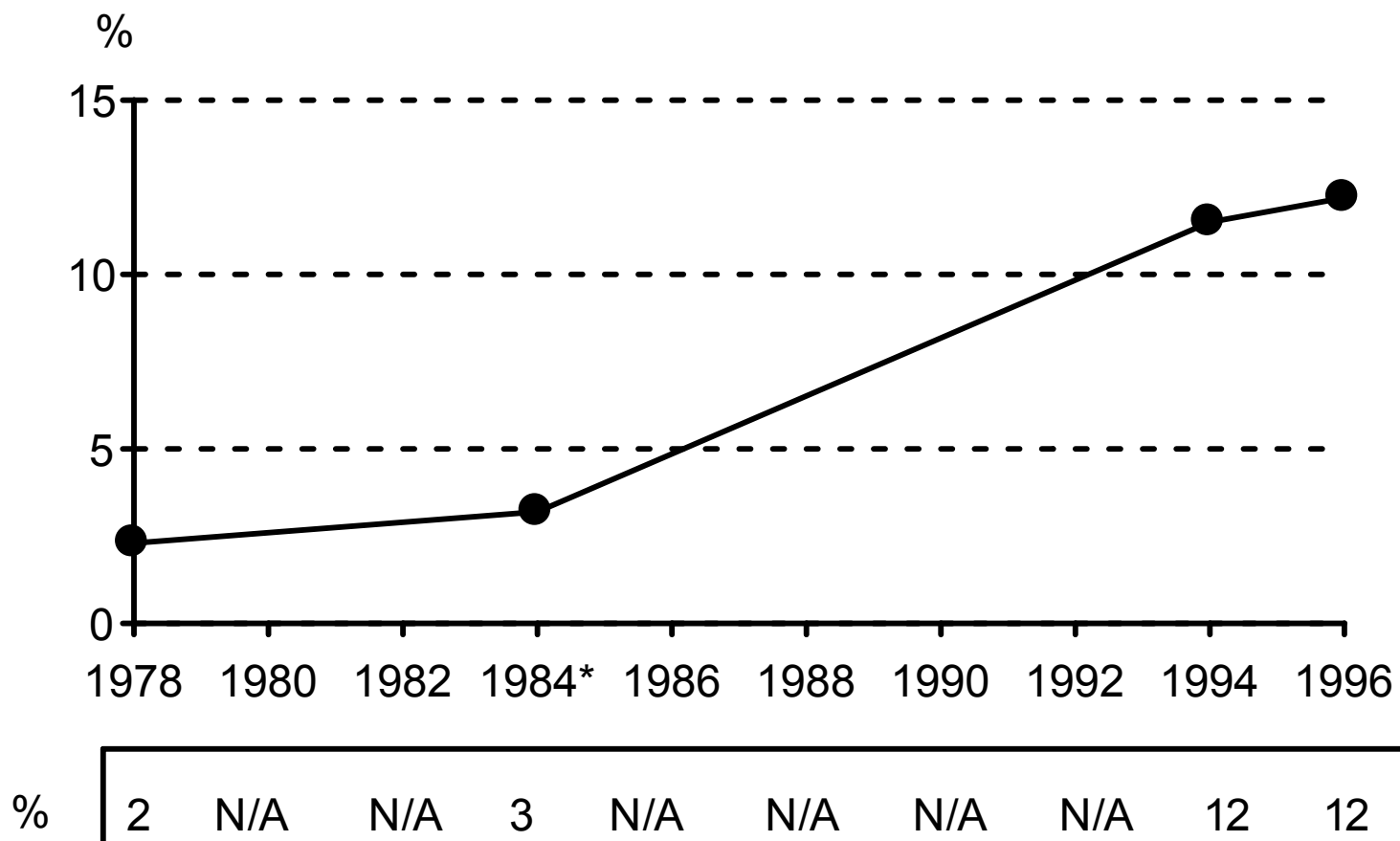
Canada, Excluding Territories, 1994-1995



Source: Millar, W.J. and Hill, G.B. Statistics Canada. 1998. Childhood Asthma. *Health Reports*. Vol 10. 3.

# Reported Asthma Prevalence, Birth to 19 Years

## Canada, 1978-1996



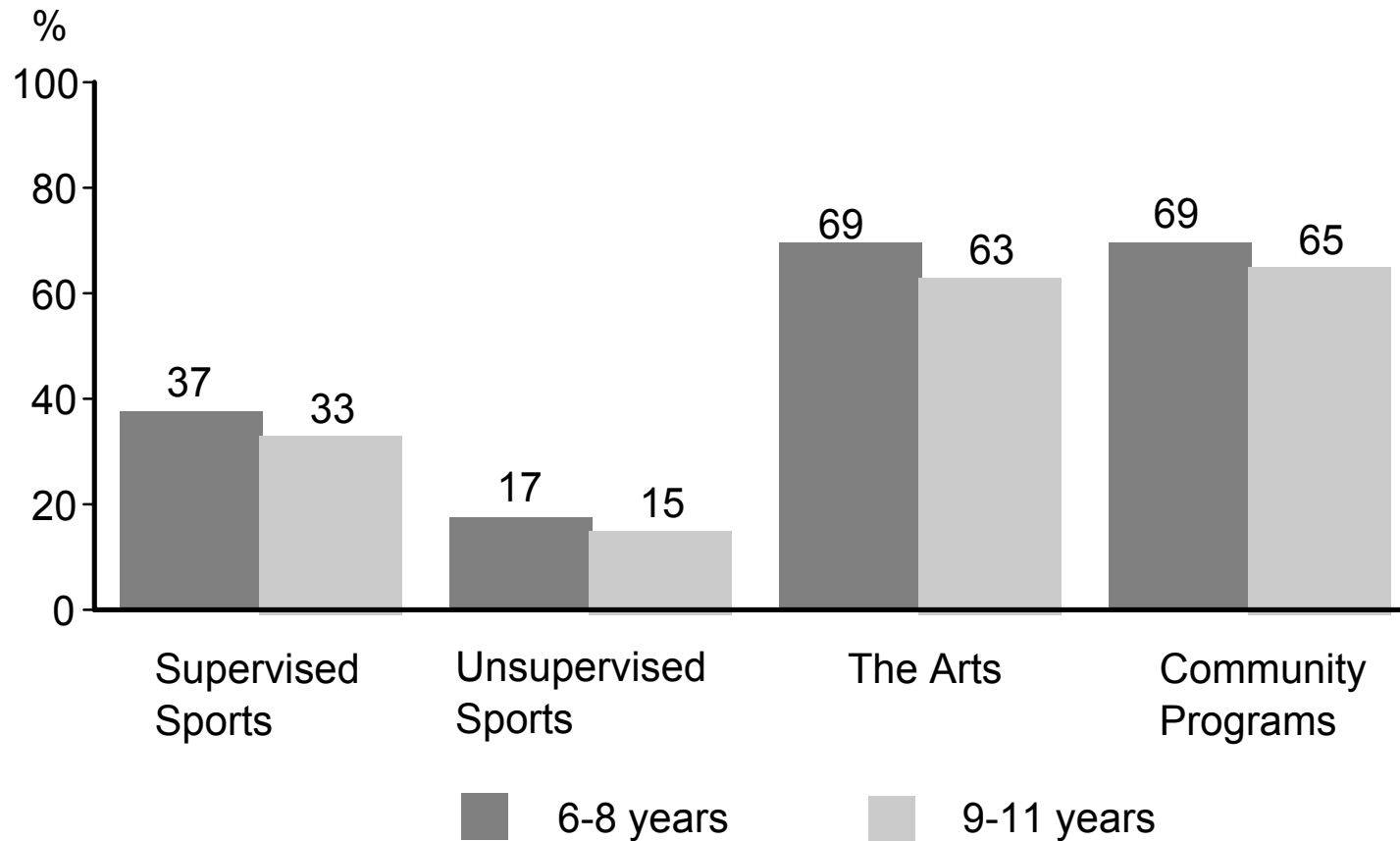
\* 1984 survey includes 0-14 years of age only.

Note: Percentages are weighted estimates.

Source: Health Canada, 1999. *Measuring Up: A Health Surveillance Update on Canadian Children and Youth.*

# Rate of "Almost Never" Participating in Sports, the Arts and Community Programs in the Last Twelve Months, by Age

Canada, 1994-1995



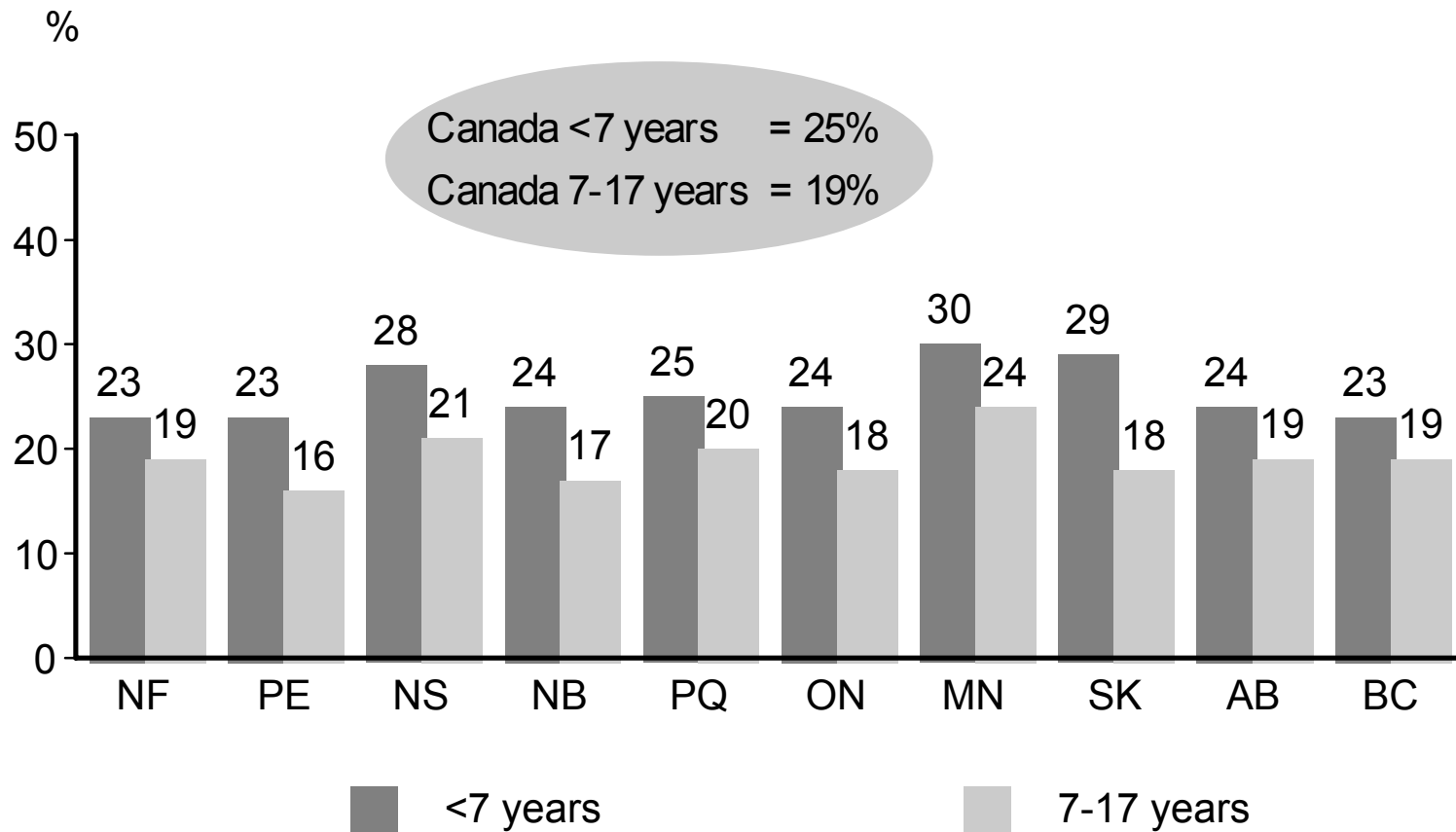
Source: Offord, D.R. et al. 1998. *Sports, the Arts and Community Programs: Rates and Correlates of Participation*. Workshop Paper for: "Investing in Children: A National Research Conference, 1998."

# Home Alone



# Rate of Poverty for Children Under 7 and Between 7 and 17 Years

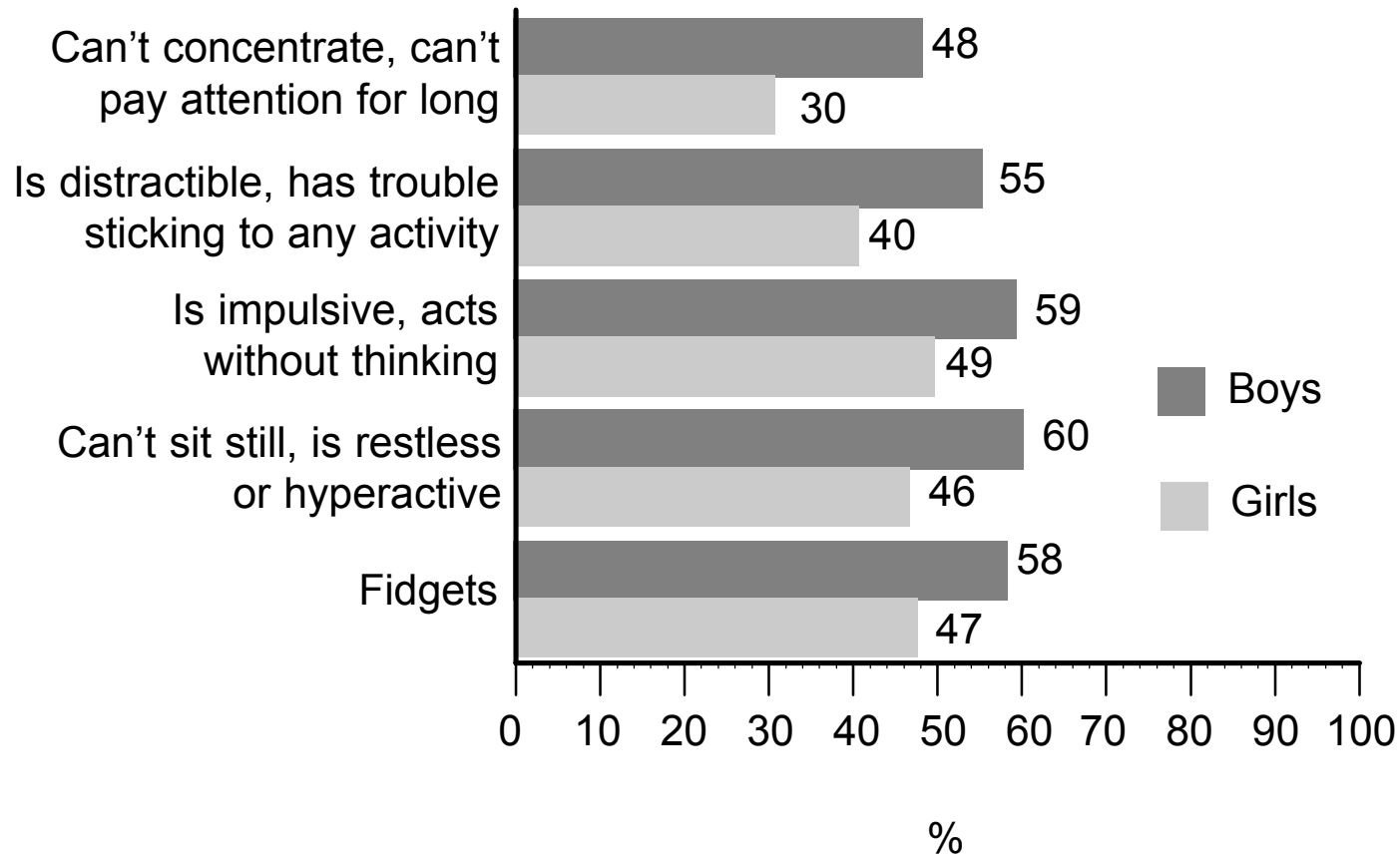
Canada and Provinces, 1996



Source: Special runs conducted for CICH by the Canadian Council on Social Development using Statistics Canada's Survey of Consumer Finances Micro-data.

# Frequency of Selected Hyperactivity Symptoms, Parent's Report Children Aged 8-11 Years, by Gender

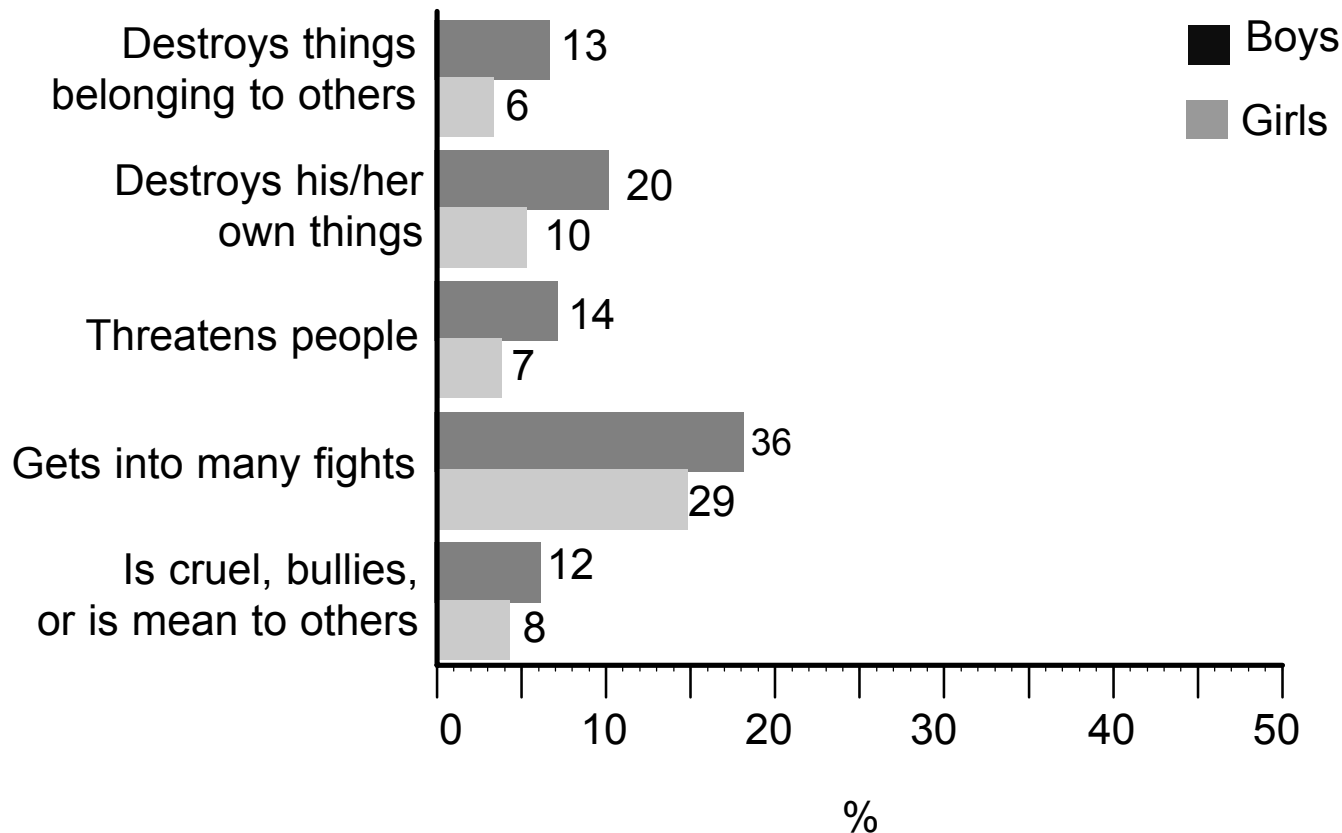
Canada, 1994-1995



Offord, D., Lipman, E. and Duka, E. (Forthcoming), *Epidemiology of Problem Behaviour*. To Appear in Study Group Report on Very Young Offenders. Rolf Loeber and David P. Farrington, eds. Sage Publications.

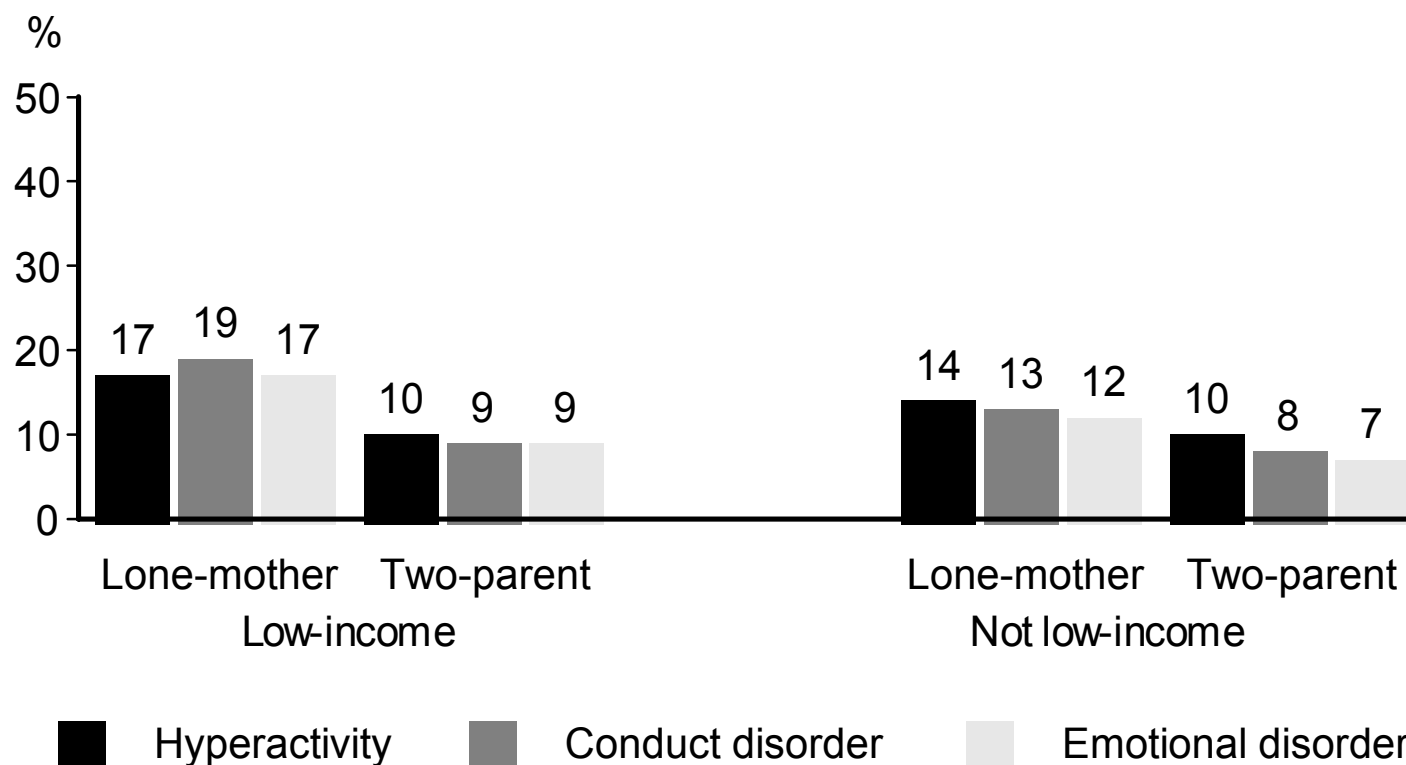
# Frequency of Selected Conduct Symptoms, Parent's Report, Children Aged 8-11 Years, by Gender

Canada, 1994-1995



Offord, D., Lipman, E. and Duka, E. (Forthcoming), *Epidemiology of Problem Behaviour*.  
To Appear in Study Group Report on Very Young Offenders. Rolf Loeber and David P. Farrington, eds.  
Sage Publications.

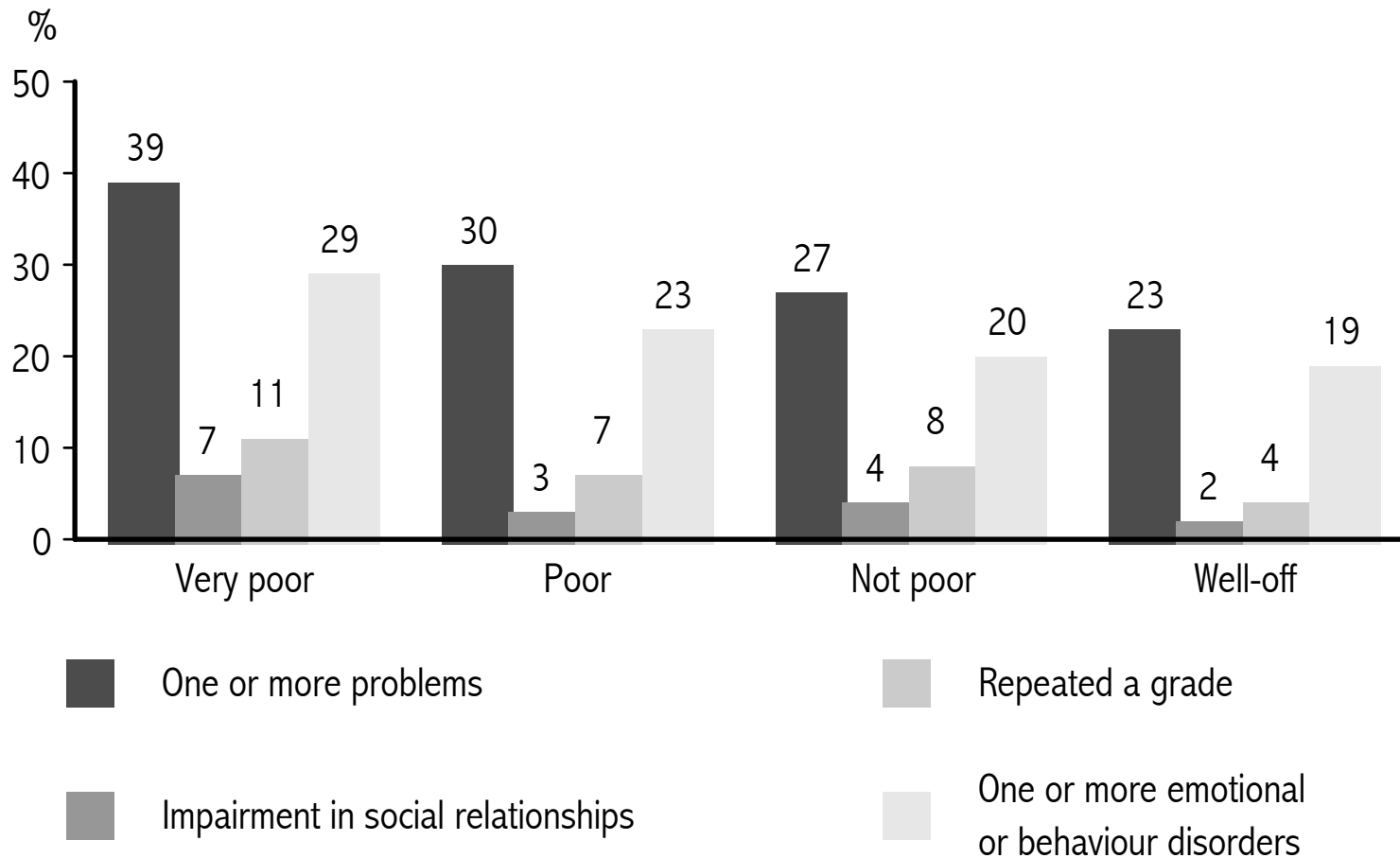
# Rates of Problems for Children Aged 4-11 Years From Lone-mother Families and Two-parent Families, by Income Canada, 1996



Note: Income categories: Low income = Income  $\leq$  LICO; Not low income = income  $>$ LICO  
 Source: Lipman, E.L. et al. 1996. What Do We Know About Children From Single-mother Families? Questions and Answers From the NLSCY. In Human Resources Development Canada and Statistics Canada: *Growing Up in Canada. NLSCY.*

# Frequency of Psychosocial Problems in Children, by Adjusted Household Income

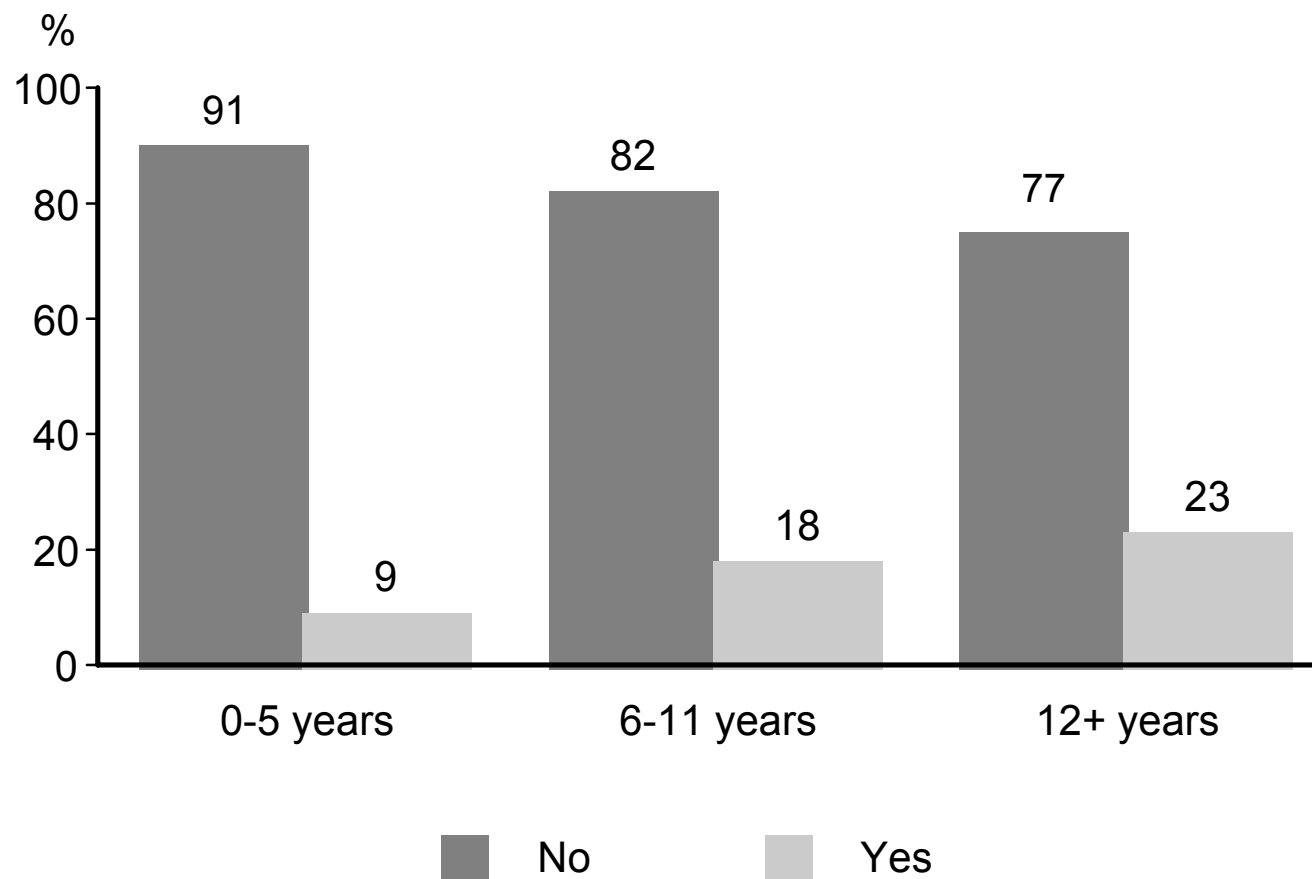
Canada, 1994-1995



Source: Offord, D.R. and Lipman, E.L. 1996. Emotional and Behavioural Problems. In Human Resources Development Canada and Statistics Canada: *Growing Up in Canada. NLSCY.*

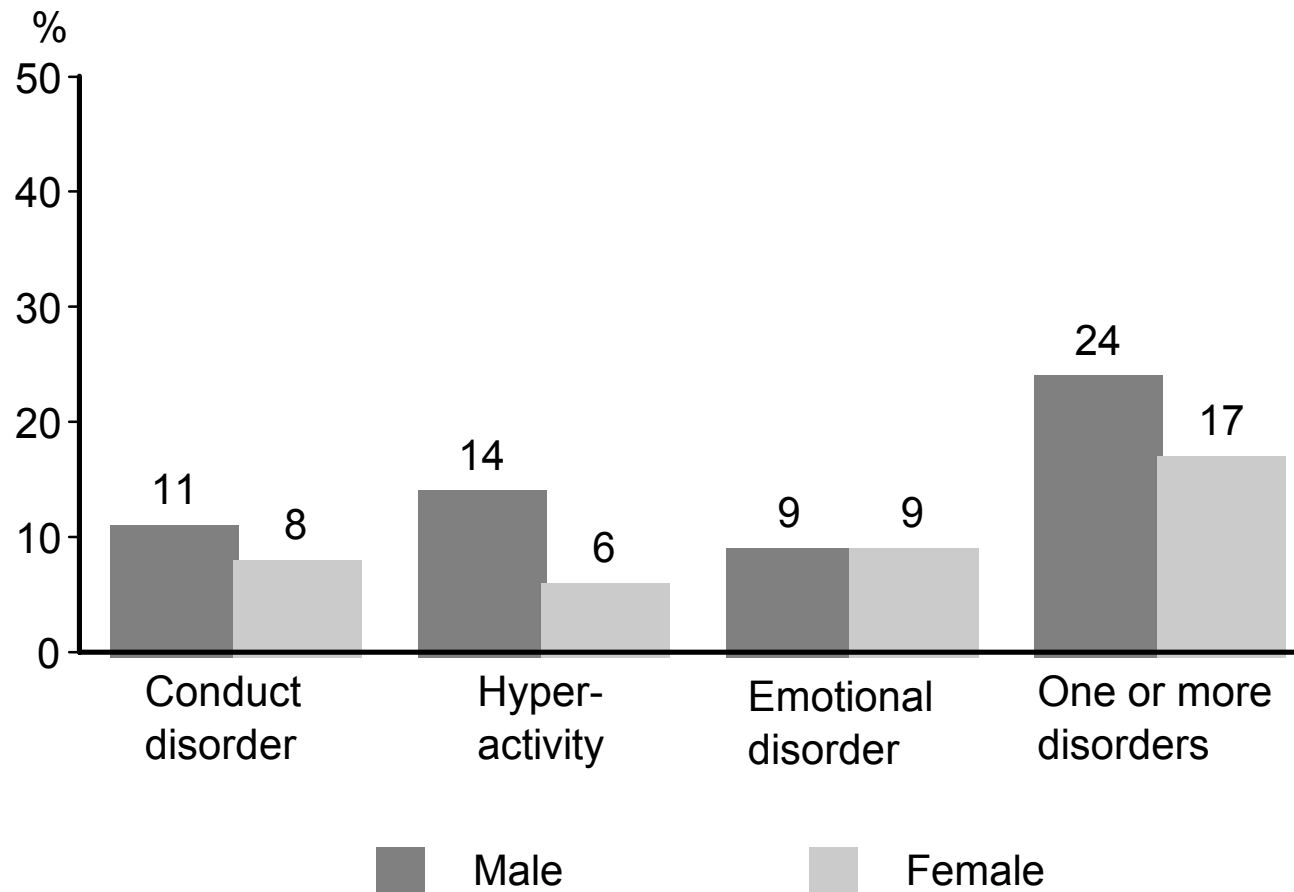
# Emotional or Behavioural Problems, by Age Group

First Nations and Inuit Regional Health Survey, 1997



Source: MacMillan, H. et. al. 1999. *Children's Health*. In First Nations and Inuit Regional Health Survey National Report. 1999.

# Frequency of Problems, Children Aged 4-11 Years, by Gender Canada, 1994-1995

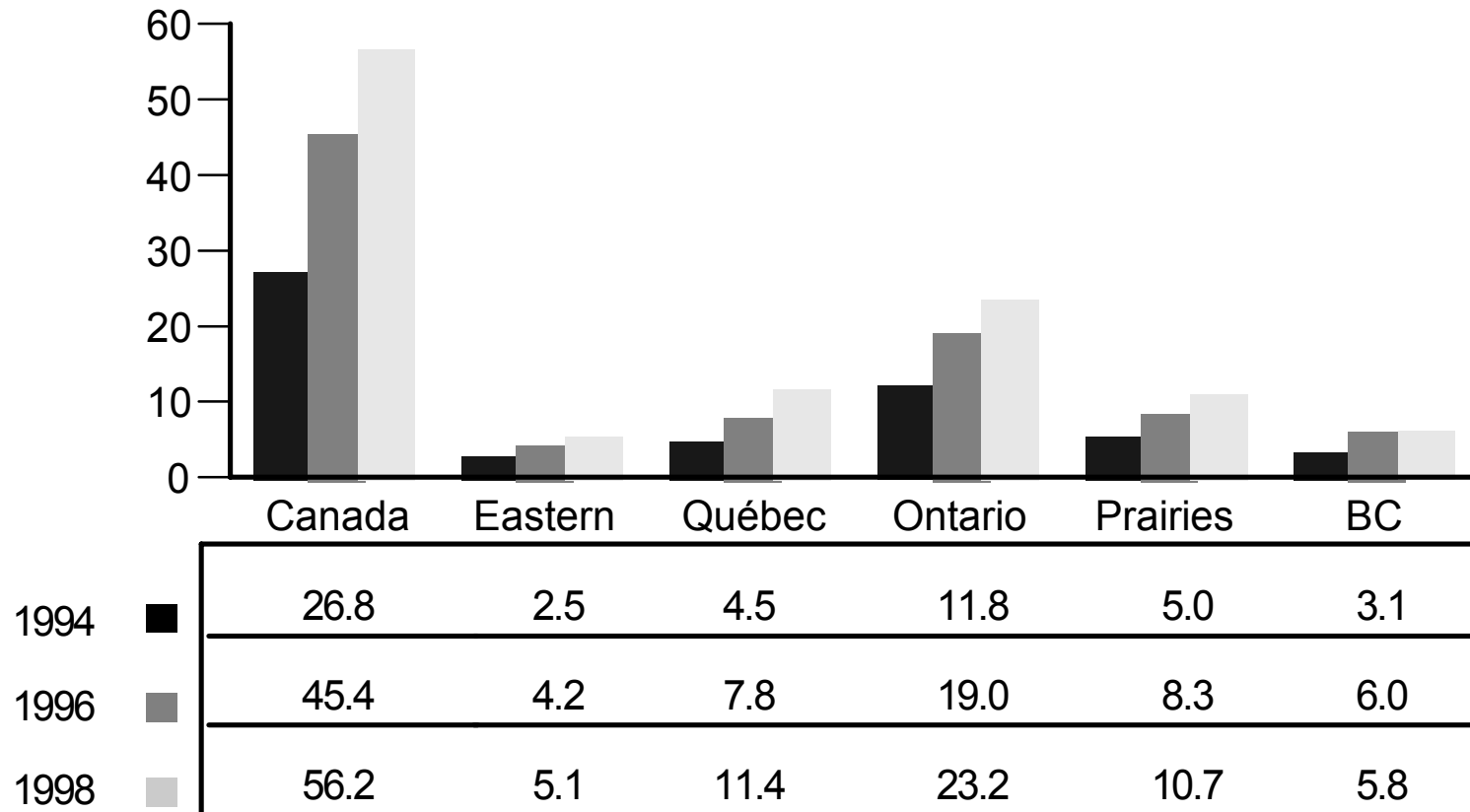


Source: Offord, D.R. and Lipman, E.L. 1996. Emotional and Behavioural Problems. In Human Resources Development Canada and Statistics Canada: *Growing Up in Canada. NLSCY.*

# Number of Ritalin\* Pills Dispensed in Canadian Retail Pharmacies

Canada, 1994, 1996 and 1998

# of pills dispensed, in millions



\* Ritalin = Methylphenidate

Source: IMS HEALTH, CompuScript 1999.

# Diabetes

- 2.3% of male Aboriginal youth (15 to 24 year of age) are diagnosed with diabetes compared with 0.4% of the male youth population in Canada. The difference is even greater between female Aboriginal youth (3.6%) and the female youth population in Canada (0.4%) .
- The elevated risk diabetes among Aboriginal people increases with age. 18.1% of Aboriginal men, aged 45 to 54 years, were diagnosed with diabetes. The rate for all men in Canada was 3.4%. 22.2% of Aboriginal women, aged 45-54 years, were diagnosed with diabetes compared with 3% of all women in Canada. More women than men report being diagnosed with diabetes.
- Nutrition, beginning with maternal nutrition during pregnancy and continuing through the life cycle, is an important factor contributing to the prevalence of diabetes.
- Genetic predisposition, in combination with diet and exercise, is another contributing factor to the prevalence of diabetes among Aboriginal people.

Source: Young T.K. 1999. Research based on the FNIRHS. Personal communication. Health Canada. (1998). Diabetes Among First Nations People.

# Children of the Arctic

Low Literacy

Life Skills

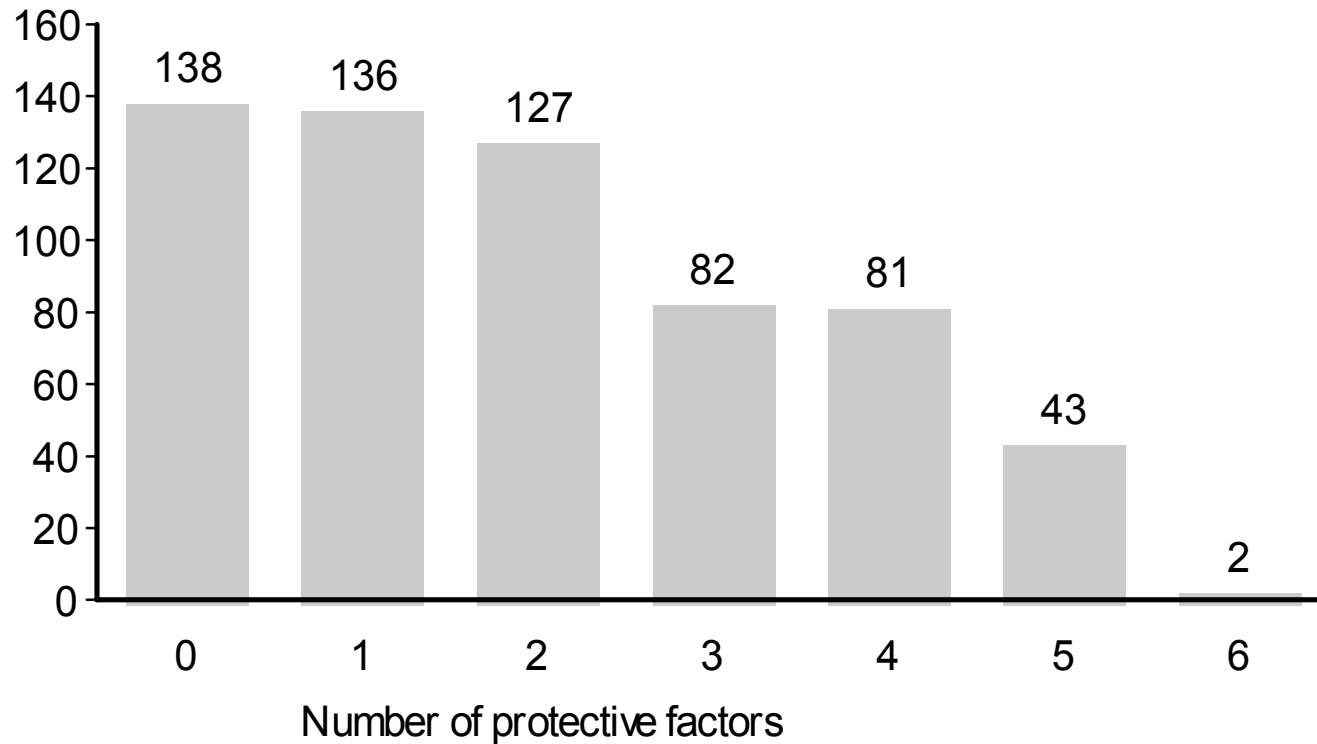
Smoking/Diet

Traditional Family Life Threatened by POPs

# Youth Suicide Rates by Number of Cultural Continuity Factors\* in Aboriginal Communities

British Columbia, 1987-1992

Youth suicide rate  
per 100,000



\* Cultural factors include self-governance, land claims negotiation, cultural facilities (as defined by the band) and local control over education, health services, and police/fire services.

Source: Chandler, M.J. and Lalonde, C.E. 1998. Cultural Continuity as a Hedge Against Suicide in Canada's First Nations. *Transcultural Psychiatry*.

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