| To:            | Mayor and Members  
Board of Health |
|---------------|-------------------|
| From:         | Elizabeth Richardson, MD, MHSc,  
FRCPC  
Medical Officer of Health  
Public Health Services |
| Telephone:    | (905) 546-2424 x3501 |
| Facsimile:    | (905) 546-4075 |
| E-mail:       | erichard@hamilton.ca |
| Date:         | October 4, 2007 |
| Re:           | Substance Abuse, Violence and Injury Prevention (SAVIP) Program Update  
BOH07054 (City Wide) |

**Council Direction:**

This report is provided in keeping with the Board of Health policy on communication between the Medical Officer of Health and the Board of Health, as outlined in Report PH06038.

**Information:**

**Overview of Program Activities**

Public Health Services collaborates with community partners to plan and implement programming that complements other community programs to reduce the incidence of injury and substance misuse in Hamilton. The following services are delivered by program staff:

*Falls and Injury in Older Adults:* Program staff work with community peers and professionals through partnerships that facilitate the dissemination of resources and best practice information. Strategies also focus on promoting physical activity through a communication campaign directed to women to prevent falls in later years.
**Child/Youth Injury:** A key area of focus to reduce child/youth injury involves promotion of safe modes of transportation. In response to legislative changes, a booster seat/child restraint education and awareness campaign was developed and implemented in 2006. Safe environments for children to walk to school are created through the Active and Safe Routes to school program. The use of helmets and safety gear is promoted through educational sessions for children in grades seven and eight.

**Bullying:** Staff support the work with the Hamilton Coalition Against Bullying. Additionally, Supporting Caring Schools, a bullying prevention and intervention program, has been developed and implemented in a number of schools. The program uses a comprehensive approach to deliver awareness and skill building activities for children, parents and education professionals. It supports the development of school policy and involves community stakeholders.

**Substance Abuse Prevention (Youth and Adults):** Current programming offers health promoting schools activities to educate students about the consequences of alcohol and drug use and increase knowledge of healthy alternatives, targeting students in grades seven and eight, and nine through twelve. The Ontario Student Drug and Health Survey was administered to students in grades seven through twelve across both school boards. Results of the survey will be released in October 2007 and will be used to inform current programming.

Working with Hamilton Drug and Alcohol Awareness Committee (HDAAC), educational programs targeting health professionals and workplaces have been developed and implemented. The Municipal Alcohol Guidelines have been reviewed, and revisions proposed. Program staff plan to implement the Safer Bars program in 2008.

**Intimate Partner Violence:** Focusing on youth, teenNERV is a communication campaign that has several components: a website, poster and resource cards and display. The campaign was created with the Dating Violence Prevention and Education Partnership. It provides information on controlling relationships, warning signs, and a checklist for healthy relationships.

**Suicide:** The program is currently working with Suicide Prevention Community Council of Hamilton to create a Hamilton Suicide Prevention Strategy. Additionally, the program promotes and provides policy support and training in early identification, and referral of ‘youth at risk of suicide’ with a yearly event to highlight suicide prevention.

**Youth Mental Health:** Youth Net Hamilton is a mental health promotion program which is directed by a coalition and uses focus groups and its Youth Advisory Team to improve mental health for youth in Hamilton. In 2007-2008, a randomized control trial funded by the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO (Children’s Hospital of Eastern Ontario) will be conducted to evaluate the effectiveness of Youth Net Hamilton focus groups in decreasing stigma towards mental illness, increasing self help-seeking behaviour, increasing willingness to help others, and increasing health and social services utilization.
Mandate and Standards

The Mandatory Health Programs and Services Guidelines (1997) include a goal to reduce disability, morbidity and mortality caused by motorized vehicles, bicycle crashes, alcohol and other substances, falls in the elderly and to prevent drowning in specific recreational facilities.

The Ontario Public Health Standards (2007), for which specific protocols are being developed, direct Public Health activities with a goal to reduce the frequency, severity and impact of preventable injury and of substance misuse. Programs aim to achieve the following:

- Increased awareness of community partners about community health status, risk, protective and resiliency factors and impact associated with injury and substance misuse required to inform program planning
- Increased capacity of the public to prevent injury and substance misuse
- Change in public’s cultural norms toward viewing injuries as predictable and preventable
- Increase proportion of the public who live in safe and supportive environments
- Reduced incidence and severity of injuries and injury-related hospitalizations, disabilities and deaths
- Reduced incidence and severity of substance misuse and related hospitalizations, disabilities and deaths

Resources: Budget and Source

<table>
<thead>
<tr>
<th>Source</th>
<th>2007 Budget Gross</th>
<th>2007 Budget Net</th>
<th>FTE</th>
<th># Staff</th>
<th>Type of Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost Shared 75:25</td>
<td>$962,020</td>
<td>$255,510</td>
<td>10.5</td>
<td>12</td>
<td>6 Public Health Nurses</td>
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<td></td>
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<td></td>
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<td></td>
<td>2 Health Promotion Specialists</td>
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<td></td>
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<td>2 Program Secretaries</td>
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<td></td>
<td></td>
<td></td>
<td>1 Youth Advisor</td>
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<td></td>
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<td></td>
<td>1 Manager</td>
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</table>
How are we doing?

i) **Impact on the health of Hamiltonians**

<table>
<thead>
<tr>
<th>Cause of Injury for Hospitalizations in Hamilton (2004/2005)</th>
</tr>
</thead>
</table>
| □ Fall
| □ Transport
| □ Poisoning
| □ Struck by or against (Unintentional)
| □ Self inflicted
| □ Violence
| □ Other

The chart depicts the major causes of injury hospitalizations in Hamilton in 2004/2005

- Transport injuries (10.8%) and falls (50.5%) continue to be the leading cause of unintentional injury related hospitalization and emergency room visits in Hamilton. Transport injuries include injuries resulting from collisions with motorized vehicles, pedestrians and bicycles. Recent reports indicate that a large number of parents are not ensuring that their children are restrained correctly while traveling as passengers in vehicles, identifying a need for further education. An opportunity exists with the evolving work of the Traffic and Pedestrian Safety Committee to more effectively address these issues. Hospitalization rates for falls are greatest for children 7 – 15 years of age and older adults 75-84 years of age. The hospitalization rate for falls among seniors in the City of Hamilton increases with age for both males and females. However, in most age groups, rates for females are higher than for males. A significant proportion of falls results from tripping or slipping, falling from stairs or involve ice and snow.
ii) **Comparison to Peer Communities**

Hospitalizations due to select injury related causes, City of Hamilton, select cities and Ontario, 2003

<table>
<thead>
<tr>
<th></th>
<th>City of Hamilton</th>
<th>Middlesex-London</th>
<th>Ottawa</th>
<th>Windsor-Essex</th>
<th>Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental Fall</td>
<td>20.3%</td>
<td>20.8%</td>
<td>23.2%</td>
<td>22.8%</td>
<td>23.3%</td>
</tr>
<tr>
<td>Assault</td>
<td>1.7%</td>
<td>1.8%</td>
<td>1.1%</td>
<td>1.4%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Motor Vehicle Traffic Crashes</td>
<td>3.2%</td>
<td>4.6%</td>
<td>2.8%</td>
<td>4.1%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Suicide &amp; Self Inflicted</td>
<td>4.9%</td>
<td>6.5%</td>
<td>5.3%</td>
<td>7.0%</td>
<td>6.0%</td>
</tr>
</tbody>
</table>

*Source: Provincial Health Planning Database (PHPDB), 2003*

### Emerging Issues/Opportunities

**Program Review**

A review of the SAVIP program was conducted involving a literature review of best practices and analysis of epidemiological data. Reach and effectiveness of program services delivered were also examined. Review findings indicated that all services offered by the program were determined to be effective, but to improve the impact on
health outcomes program services will be aligned to four key areas (Unintentional Injury Prevention, Violence Prevention, Mental Health Promotion and Substance Abuse Prevention).

Additionally, in August 2007, the Ministry of Health Promotion launched the Ontario Injury Prevention Strategy outlining key community based public health activities. Program staff are currently reviewing the strategy and working with community stakeholders to begin implementation in 2008.

Elizabeth Richardson, MD, MHSc, FRCPC
Medical Officer of Health
Public Health Services