

SASKATCHEWAN COMPREHENSIVE INJURY SURVEILLANCE REPORT, 1995-2005

Summary and Conclusions



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Safe Saskatchewan
University of Saskatchewan, Canadian Centre for Health and Safety in Agriculture
University of Regina, Faculty of Kinesiology and Health Studies
Saskatchewan's Regional Health Authorities (RHAs), Medical Health Officers

July 2008



Saskatchewan Comprehensive Injury Surveillance Report, 1995 - 2005

Contact Information:

Lead agency: Saskatchewan Ministry of Health
Toll-free: 1-800-667-7766
Phone: (306) 787-0146
E-mail: epidemiology@health.gov.sk.ca
Website: www.health.gov.sk.ca

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ERRATUM

The following bullet inadvertently placed under the Farm Injuries Section of the main report (*page xvi*) and the Summary and Conclusions (*page 11*) of ***Saskatchewan Comprehensive Injury Surveillance Report, 1995-2005*** is withdrawn:

- There are more acute injuries that result in death in farm related work than in all other Saskatchewan industries.

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Foreword

I am pleased to present to you the ***Saskatchewan Comprehensive Injury Surveillance Report, 1995-2005***. This project has been made possible by the joint efforts of several government ministries, agencies and stakeholders that have interest in assessing the status of injury occurrences and preventing them.

The report contains descriptive statistical information in the forms of tables, charts and bullet highlights on various aspects of injury occurrences in the province. It will provide government agencies, regional health authorities, other stakeholder organizations and communities with information for evidence-based planning and evaluation of injury prevention programs that impact on the population of Saskatchewan. At the same time, the publication may be of general interest to anyone wanting to learn about the injury situation in the province.

The data for preparation of this report were drawn from a variety of sources including Canadian Community Health Survey data and administrative databases housed at various Government of Saskatchewan ministries, Saskatchewan Government Insurance and the Saskatchewan Workers' Compensation Board. In most instances, the study analyzed information for a number of calendar or fiscal years between 1995 and 2005.

The full report covers information reported by the participating agencies and is intended to serve as a comprehensive resource to concerned agencies and stakeholders involved in injury prevention. This summary report contains the highlights of the study.

On behalf of all participating agencies, I commend the work of the Saskatchewan Comprehensive Injury Surveillance Working Group for all their efforts culminating in this report. This report fills an important gap in dealing with an important preventable cause of disability and death in the province. In particular, I would like to thank the authors and analysts who dedicated many hours of their time in compiling the document.

Thank you.

Ross Findlater, M.D., FRCP(C)
Chief Medical Health Officer
Population Health Branch
Saskatchewan Ministry of Health

Regina, Saskatchewan

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SASKATCHEWAN COMPREHENSIVE INJURY SURVEILLANCE REPORT, 1995-2005

Background

In Canada, as in many countries around the world, injuries, intentional and unintentional, have been one of the leading causes of death, particularly among the people between the ages of 1 and 44 years.¹ At the same time, injuries are considered one of the most preventable health problems, with 90% of injuries estimated as preventable. In Saskatchewan, there has been a recognized need for a comprehensive analysis of the magnitude of injury problems and the associated health burden and challenges across various relevant governmental and non-governmental agencies.

Various concerned ministries in the Government of Saskatchewan and other governmental and non-governmental agencies created a working group to develop a comprehensive study and this report. Those partners are: the Ministry of Health, Ministry of Advanced Education, Employment and Labour, Ministry of Social Services, Saskatchewan Prevention Institute, Saskatchewan Government Insurance (SGI), Saskatchewan Workers' Compensation Board, Canadian Center for Health and Safety in Agriculture (CCHSA) at the University of Saskatchewan, Safe Saskatchewan, Saskatchewan Population Health and Evaluation Research Unit, Faculty of Kinesiology and Health Studies at the University of Regina, and Saskatchewan's Regional Health Authorities (RHAs).

The working group analyzed the following six components of injury data: 1) Canadian Community Health Survey (CCHS), cycle 3.1, 2005, providing the self-reported injuries among Saskatchewan residents of ages 12 years or older; 2) hospital discharge databases, providing the data for serious injuries that required hospitalizations; 3) Vital Statistics, providing the data for deaths; 4) SGI motor vehicle collision database, 5) Saskatchewan Workers' Compensation Board database; and 6) farm injuries database supplied by CCHSA in conjunction with Occupational Health and Safety Division in the Ministry of Advanced Education, Employment and Labour. The results of the analyses of the data are outlined in the following chapters: self-reported injuries, injury hospitalizations, injury deaths, seniors' falls injury, child and youth injury, motor vehicle traffic injuries and deaths, workplace injuries and farm injuries.

¹ Canadian Institute for Health Information (CIHI). National Trauma Registry: 2006 Injury Hospitalization Highlights Report. May 9th, 2007.

Summary of Findings

Self-Reported Injuries by Saskatchewan Residents Aged 12 Years or Older

- Overall, 14.6% of Saskatchewan residents 12 years or older self-reported being injured over the 12-month period prior to the survey in 2005. The percentage decreased with increasing age from 28.6% in the 12-19 year age group to 7.4% in seniors 65 years or older. Males (17.1%) aged 12 years and older injured over a 12-month period were higher than females injured (12.2%).
- Prairie North (17.9%), Saskatoon (16.1%) and Heartland (15.6%) health regions had the higher percentage of injured residents compared to the provincial average.
- Overall, 'sprain/strain' was the most frequent type of injury (32.9%) followed by 'broken bones' (23.7%) among residents self-reporting injury over the 12-month period in 2005. 'Ankle/foot' was the body part most frequently injured in residents aged less than 65 years.
- Home/surrounding was the place where the highest percentage of injury occurred in all age groups except 12-19 years. For the 12-19 year age group, the non-school sport had the highest percentage of injuries.
- 'Sports/exercise' was the most frequent activity related to injury in the 12-19 and 20-34 year age groups (66.2% and 28.3%, respectively), while 'working at job' and 'household chores' had the highest injuries in 35-64 and 65+ year age groups, respectively.
- Overall, fall was the most frequent cause of injury accounting for 38.6% of injuries. This was true across all age groups with 52.8%, 45.3%, 33.7% and 33.6% of injuries among seniors (65+ years), children (12-19 years) and 20-34 and 35-64 year olds, respectively.
- Sunrise (25.2%), Heartland (27.1%), Prince Albert Parkland (36.2%), Prairie North and the three northern health regions (24.2%) had a higher percentage of multiple injuries than the provincial average of 22.2%.

Injury Hospitalizations

- Between the fiscal years 1995/96 and 2004/05, falls ranked as the highest cause category of injury hospitalization overall, followed by motor vehicle transport incidents (traffic and non-traffic). Suicide attempts and self-harm, assault and homicide, poisoning, and drowning, submersion and suffocation ranked third to sixth respectively.
- Across the age groups, fall was the most frequent cause of injury in 0-9, 10-14, 35-64 and 65+ years, while 15-19 and 20-34 year age groups had motor vehicle transport incidents in the first rank of external cause of injury.
- The overall provincial age-sex adjusted rate of injury hospitalizations was 125 per 10,000 population in Saskatchewan during the 1995/96-2004/05 period.
- The average annual unadjusted rate of injury hospitalizations over the 10-year study period was lowest in the Saskatoon Health Region (95 per 10,000 population), while Athabasca, Mamawetan Churchill River, Sunrise and Keewatin Yatthé had the highest rates at 223, 182, 174 and 171 per 10,000 population, respectively.
- Seniors aged 65+ of both sexes had the highest rates of injuries among all age groups for all injuries largely due to the corresponding high rates for fall injuries.

- All injury rates increased with age in both sexes until reaching 15-19 year age groups, followed by declining rates in subsequent age groups until attaining 35-64 years. These trends were mainly due to declining rates for motor vehicle transport collisions, suicide and self-harm and assault.
- The age-sex adjusted rates of persons with unintentional fall injury hospitalization tended to increase from 1995/96 to 2004/05.
- In general, the age-sex specific rates of persons hospitalized with motor vehicle transport injuries, suicide attempts and self-inflicted injuries, drowning, submersion or suffocation injuries, and burn injury, followed a declining trend across years from 1995/96 to 2004/05.
- Overall, a rising trend in the age-sex adjusted rate of assault and poisoning as the cause of injury hospitalization was observed from 1995/96 to 2004/05.
- Fractures were the major type of injury in Saskatchewan residents. The three-year average age-sex adjusted rate of patients hospitalized with fractures was 628.8 per 100,000 population from 2002/03 to 2004/05.

Injury Deaths

- Injury was the fourth major cause of death in Saskatchewan in each of the five year time periods, 1995 to 1999 and 2000 to 2004 (See table 1.0 for the latter period).

Table 1.0 Ranking of top five major causes of death, by age group, Saskatchewan, 2000 to 2004.

Rank	Age Groups, years						Total
	0-9	10-14	15-19	20-34	35-64	65+	
1	Certain conditions originating in the Perinatal Period 132	Injury 53	Injury 221	Injury 536	Neoplasms 2545	Diseases of the Circulatory System 14183	Diseases of the Circulatory System 15741
2	Congenital Malformations, Deformations and Chromosomal 96	Neoplasms 13	Neoplasms 15	Neoplasms 75	Diseases of the Circulatory System 1470	Neoplasms 8780	Neoplasms 11444
3	Injury 76	Diseases of the Nervous System 7	Diseases of the Nervous System 11	Diseases of the Circulatory System 60	Injury 898	Diseases of the Respiratory System 3532	Diseases of the Respiratory System 3837
4	Diseases of the Nervous System 31	Diseases of the Circulatory System (<5)	Diseases of the Circulatory System 8	Diseases of the Nervous System 28	Diseases of the Digestive System 357	Diseases of the Nervous System 1882	Injury 2858
5	Diseases of the Respiratory System 26	Diseases of the Respiratory System (<5)	Diseases of the Respiratory System 6	Mental and Behaviour Disorders 24	Endocrine, Nutritional and Metabolic Diseases 273	Endocrine, Nutritional and Metabolic Diseases 1583	Diseases of the Nervous System 2193

- From 1995 to 1999, the major cause of injury-related death was motor vehicle traffic incidents (707), accounting for 26% of the deaths. From 2000 to 2004, the major cause of injury-related death was motor vehicle incidents (685), accounting for 24% of the deaths (See table 2.0).
- In the 0 - 9 year age group, there were 126 and 74 injury-related deaths in 1995 to 1999 and 2000 to 2004, respectively. In the 10 - 14 year age group, there were 62 and 55 injury-related deaths from 1995 to 1999 and 2000 to 2004, respectively. There were 209 and 220 deaths from 1995 to 1999 and 2000 to 2004 for the 15 - 19 year age group.

Table 2.0 Ranking of top five causes of injury deaths, by age group, Saskatchewan, 2000 to 2004.

Rank	Age groups, years						Total
	0-9	10-14	15-19	20-34	35-64	65+	
1	Motor Vehicle Incidents 19	Motor Vehicle Incidents 24	Motor Vehicle Incidents 104	Motor Vehicle Incidents 185	Intentional self-harm 266	Exposure to other and unspecified factors 337	Motor Vehicle Incidents 685
2	Drowning and submersion 13	Intentional self-harm 12	Intentional self-harm 58	Intentional self-harm 156	Motor Vehicle Incidents 214	Falls 324	Intentional self-harm 553
3	Other threats to breathing 10	Exposure to smoke, fire and flames (<5)	Assault 12	Assault 58	Poisoning and exposure to other noxious substances 106	Motor Vehicle Incidents 139	Falls 406
4	Exposure to smoke, fire and flames 8	Poisoning and exposure to other noxious substances (<5)	Poisoning and exposure to other noxious substances 11	Poisoning and exposure to other noxious substances 49	Falls 62	Intentional self-harm 61	Exposure to other and unspecified factors 364
5	Falls 7	Assault (<5)	Drowning and submersion 7	Exposure to smoke, fire and flames 15	Assault 54	Other threats to breathing 53	Poisoning and exposure to other noxious substances 194

- In the 20 - 34 year age group, there were 598 and 536 injury-related deaths from 1995 to 1999 and 2000 to 2004, respectively. For 35 - 64 year olds, there were 881 and 897 injury-related deaths from 1995 to 1999 and 2000 to 2004. In the 65 plus age group, there were 893 and 1072 deaths, respectively, from 1995 to 1999 and 2000 to 2004.
- Saskatchewan's rate of injury-related death was 53.9 deaths per 100,000 population from 1995 to 1999 and 55.6 deaths per 100,000 from 2000 to 2004.
- The rate of injury-related deaths was twice as high for males (74.2 per 100,000 population) as for females (37.1 per 100,000), in the period 1995 to 1999. In 2000 to 2004, the rate for males (74.9 per 100,000 population) was twice as high as the female rate (33.1 per 100,000).

- From 1995 to 1999, Keewatin Yatthé had the highest rate of injury-related deaths in the province at 100.3 per 100,000 population. Athabasca Health Authority, during the period 2000 to 2004 had the highest rate of injury-related deaths in Saskatchewan at 127.1 per 100,000 population.
- The highest age adjusted injury-related death rates were found in Athabasca health region at 166.6 deaths per 100,000 population. The lowest age-sex adjusted injury-related death rates are found in Saskatoon health region at 60.5 per 100,000 population.

Falls in Seniors

- Overall, the likelihood of experiencing a fall serious enough to limit normal activities as a cause of injury was 69% among the injured Saskatchewan seniors in the previous year.
- The percentage of seniors reporting falls as the cause of serious injury increased with age group. In the 65-74 year age group, 49.8% reported falls compared to 76.5% of 75-84 year olds and 90.2% of those over age 85.
- Women (71.87%) were more likely to report a fall as the cause of serious injury than men (63.3 %).
- Broken bones were by far the most commonly reported serious falls injury across seniors' age groups. Interestingly, the younger seniors were more likely to report broken bones. Approximately 56% of those seniors aged 65-74 and 48% of seniors 75-84 reported broken bones, while 43% of seniors 85 years and older cited broken bones as the type of most serious injury.
- Falls injury in the home or surrounding area was most often the case for those aged 85 and older (about 75%). Approximately 58% of seniors between 65-74 years and roughly 65% of those between 75-84 years experienced an injury in the home or surrounding area.
- Household chores were the first most commonly reported activity resulting in falls for the seniors aged 65 -74 years (about 37%), while leisure was the first most commonly reported activity for those 75-84 years (approximately 29%) and 85 years and over (32%).
- Overall, the trend in the unadjusted rates was fairly stable for hospitalization of seniors due to falls injury at around 20-22 per 1,000 population over the 10-year period.
- Seniors in the Heartland health region had the highest rate of hospitalization due to a falls injury with a rate of 32 per 1,000 population during 1995/96 to 2004/05.
- Overall, average length of stay (ALOS) in hospital due to falls injury declined between 1995/96 and 2004/05 from about 8.9 days in 1995/96 to about 7.0 days in 2004/05. ALOS in hospital due to falls injury was shorter for women (about 7.7 days) than men (approximately 8.0 days).

Child and Youth Injuries

- For the period of 1995/96 to 2004/05, the total number of injury-related hospitalizations for children and youth under 20 years of age was 30,896.
- Male children and youth accounted for 62% of these injury-related hospitalizations, while the majority of hospitalizations occurred in the 15 to 19 year age group. Falls were the number one cause of hospitalizations.
- Motor vehicle transport-related injuries were the second leading cause of hospitalization (18.2%), followed by suicide/self-inflicted harm (7.8%), poisoning (6.2%), assault, homicide, and injury purposely inflicted by other persons (5.5%), drowning, submersion and suffocation (2.6%), and fire and flames (0.9%).
- For the three northern health regions, (Mamawetan Churchill River, Keewatin Yatthé, and Athabasca) the injury hospitalization rates for children and youth for all causes tend to be greater than the Saskatchewan rate.
- Fire and flame-related injuries account for the longest Average Length of Stay (ALOS) in hospital for children and youth. Males have slightly longer ALOS than females. Children under age one tend to stay the longest in hospital after injury.
- A total of 812 Saskatchewan children and youth died due to injury in the period of 1995 to 2005. In all age categories, the greatest number of injury deaths occurred in males.
- Motor vehicle-related injuries account for the largest proportion of all injury related deaths (39.2%) followed by self-injury (19.1%) and drowning (8.6%).
- The northern health regions had the highest rates of child and youth injury-related deaths in the province. The north-central regions (Kelsey Trail, Prince Albert Parkland and Prairie North) had injury-related rates of death that were slightly higher than the provincial rate.

Motor Vehicle Injuries and Fatalities

- From 1995 to 1997, there was an average of 5,078 casualty collisions per year. In 2004 there were 5,506 which is an 8.4% increase from 1995 to 1997.
- The rate of serious injuries per 1,000 licensed drivers has been decreasing since 1994. After peaking in 1999, the fatality rate has also been trending downwards.
- Between 1995 and 2004, the majority (63.7%) of injury collisions in Saskatchewan occurred on urban roads while significantly fewer collisions (21.7%) occurred on highways. In contrast, fatal collisions tended to be more likely to occur on a highway than an urban road.
- Overall, alcohol was the most prevalent factor in traffic deaths in Saskatchewan from 1995 to 2004. There were 585 occurrences of alcohol in fatal collisions during this time period. In fatal collisions where those fatally injured were in 15-64 years age group, alcohol was most often a factor.
- Driver inattention or distraction occurred most often in fatal collisions that involved the death of a child between one and 14 years or a person over 64. This human condition was a factor that occurred 170 times for these age groups.
- Driver condition accounted for over 42% of all factors reported in fatal collisions, followed by driver action at over 35%. The human condition of driver inattention or distraction occurred most often overall (29,214 times) and in each of the age categories in traffic collisions that involved one or more injured persons.
- Driver condition accounted for over 37% of all factors reported in injury collisions, followed by driver action at over 34%.

- Young people tend to be over-represented in motor vehicle collisions. Of the 1,521 people fatally injured between 1995 and 2004, 223 or 14.7% were 15-19 year olds.
- The severity of injury is much lower for victims using safety restraints. Ninety-one per cent of those using safety restraints sustained minor or moderate injuries. Those occupants not using safety restraints were severely or fatally injured 26.4% of the time, compared to 8.6% of those using restraints.
- With age groups older than 19 years, the number of drinking drivers continuously decreased. The number of people injured due to a motor vehicle collision involving a drinking driver follows a similar trend. In 1997, 1,050 people were injured in a collision. This number drops to 780 people in 2004.

Workplace Injuries

- From 1999 to 2005, there was an average of 14,373 accepted annual time loss claims due to injury in the workplace. In 2005, there were 13,904 accepted time loss claims, 3.26% below the seven year average.
- Consistently over the seven-year period, the government and municipal industry, which includes health care, long-term care facilities and schools, had the highest number of accepted time loss claims. Utility operations had the lowest number of accepted time loss claims between 1999 and 2005.
- On average, between 1999 and 2005, back injuries accounted for 6,017 of all accepted claims per year, 15.4% more than the next highest body part injured, fingers. The top body part injured for workers age 20 and over was the back.
- The highest number of back injuries occurred in the 40-49 year age group with a total of 3,666 accepted time loss claims.
- Occupations in labour-intensive and other elemental work had the highest number of injuries with an average of 1,092 accepted time loss claims per year between 1999 and 2005, which was 42.4% higher than the next highest occupation.
- On average, bodily reaction and exertion accounted for 6,412 time loss claims per year between 1999 and 2005.
- Males had almost double the number of time loss claims than females. The average number of total time loss claims per year for males was 9,191 versus 4,851 for females.
- The age group with the highest time loss claims for males was the 20-29 year range. For females, the age group with the highest number of time loss claims was the 40-49 year range.
- The most frequent cause of injury involved bodily reaction and exertion with a total of 19,053 time loss claims. The 40 - 49 year age group accounted for 5,851 or 30.7% of the accepted time loss claims for bodily reaction and exertion.
- From 1999 to 2005, there was an average of 26 accepted fatality claims. In 2005, there were 20 accepted fatality claims, which is 23.5% below the seven-year average.
- Overall, the development-mineral resources industry had the highest average number of fatalities between 1999 and 2005. Transportation and warehousing industry had the highest number (13) of fatalities in 2000.
- Males had significantly more fatalities than females in every age group. Females averaged one fatality per year. The 40 - 49 year age group had the highest fatality rates for males.

Farm Injuries

- From 1995 to 2004, the average annual rate of fatal farm injuries increased with increasing age. There was a sharp increase observed for persons 70 years and older. Fatal farm injuries occur primarily among males. The overall male to female ratio is 12.6:1.
- Fatal injury events where the agent of injury was a farm machine accounted for 77% of the total. Machinery rollover events primarily involved tractors during transport and grain trucks during transport.
- The leading mechanism of injury for all age groups was animal-related.
- The average annual rate of hospitalized farm injuries increased with increasing age. There was a sharp increase observed for persons 80 years and older.
- Hospitalized farm injuries occurred primarily among males. The overall male to female ratio was 5.4:1.
- An increase in the frequency of farm injuries could be observed during the busy growing season with peaks in the months of May and September corresponding with seeding and harvest activities.
- Machinery-related injuries accounted for 46% of hospitalized farm injuries. This compared to 74% of fatal injuries.
- Animal-related injuries, machinery entanglements and falls accounted for 57% of all hospitalized farm injuries. A wide variety of other mechanisms accounted for the remainder.
- Tractors, augers and combines were involved in 50% of all machine-related farm injuries. Tractors were also the most common machine involved in fatal farm injuries.
- Entanglement with augers was the most common hospitalized farm injury type involved in farm injuries. The primary diagnoses most frequently associated with entanglement injuries were fractures, amputations, lacerations and contusions with over half of these involving the upper limbs.
- Persons in the 20 - 39 year age group and in the 60 years and older age were over-represented in machinery entanglement injuries according to the proportion of the farm population that they represent.
- [This bullet is withdrawn. See ERRATUM.]
- Non-machinery related hospitalizations accounted for 54% of all farm injury hospitalizations. This is different from the pattern observed for fatal injuries where non-machine related fatalities represented 26% of all farm work related fatalities.
- Animal-related injuries, falls, and being struck by an object accounted for 74% of all non-machine related farm injury hospitalizations.
- Persons in the oldest age group were clearly over-represented among those who were involved in animal-related injuries according to the proportion of the farm population that they represent.

Conclusions

Saskatchewan has traditionally been one of the provinces most impacted by injury. However, we needed the documented evidence to inform appropriate injury prevention strategies. Until now, the evidence has been collected by various agencies in isolation and has not been reported on in a comprehensive manner.

This report is the result of collaboration among eleven agencies that have significant impact on injury in their day-to-day practices and performance. The purpose of the report was to bring together information and data on all types of injury and facilitate access to injury data for impact and burden estimation, programming, funding, evaluation and research.

This report is a model of inter-agency collaboration from which all Saskatchewan residents will benefit. The cooperative exchange of information between partners can only facilitate the development of evidence-based injury prevention policies and programs. In our view, this report did achieve its objectives.

The chapters of this report have included surveillance information that described distribution and trends of injuries as we drive, play, work, farm or rest in Saskatchewan. They have incorporated self-reported injuries based on the responses of the Canadian Community Health Survey (CCHS) Cycle 3.1 (2005), injury and poisoning diagnoses from hospitalization data (1995/96 – 2004/05), and fall injuries in seniors from both these sources of information. Other chapters have continued with analysis of child and youth injuries diagnosed from hospitalization data (1995/96 – 2004/05), workplace injuries (1999 - 2005) and farm injuries (1995-2004).

The most striking parts of the report are the ranking tables in each section describing the risk of injury or death by age group. It would be worth taking a closer look at these tables. The information analyzed by age, sex and health regions provided an insight into identifying the vulnerable demographic groups. Such identification facilitates the calculation of the burden of the problem and assists with targeting and focussing scarce resources for preventing or controlling injuries.

Furthermore, each chapter has identified populations or subgroups that were at the highest risk or most vulnerable for each type of injury. Invariably children, young adults and seniors were most vulnerable for suffering an injury. This type of information can assist health regions in aligning their priorities for appropriately targeting their injury control resources.

Saskatchewan's vital statistics data indicated that injury was the first ranking cause of deaths among residents in the age groups 10-14, 15-19 and 20-34 years for the two study periods 1995-2000 and 2001-2005, while in age groups 0-9 years and 35-64 years, it ranked third for both the periods. Since almost every injury is preventable, there is no justification for these deaths. Injury fatalities occurred in every sector of the society or activity. This finding could be the clarion call for our society at all levels and government to garner available resources to prevent these premature fatalities.

Injuries do not affect only the injured; they affect families, jobs, income, school attendance and the general economy of the province. This report has shown that injury prevention should be everybody's business and concern.