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The Injury Prevention Centre created this report based on the fundamental principle that effective injury prevention requires knowledge of the frequency and nature of injury incidents.

This report examines injury-related deaths, hospital admissions, and emergency department visits of Alberta First Nations residents compared to matched Alberta non-First Nations residents. It then provides an in-depth analysis of the leading causes of injury to Alberta First Nations – Falls, Violence/Injury Purposely Inflicted, Unintentional Poisonings, Motor Vehicle-Related Injury, Suicide/Self-harm and Off-Road Vehicles.

The reasons for the differing rates of injury among Alberta First Nations are complex and beyond the scope of this report. This report is a first step in supporting Alberta First Nations affected by injuries and decision-makers in the development of coordinated, evidence-based programs and strategies to reduce and prevent injuries.

Key findings of this report are:

- Injury is one of the leading causes of death in First Nations people in Alberta.
- First Nations people had an injury emergency department visit rate 2.5 times that of non-First Nations people.
- The injury hospital admission rate was 3 times that of non-First Nations people and an injury death rate 3.9 times that of non-First Nations people.
- The potential years life lost for intentional injuries of First Nations people was 4.5 times higher than non-First Nations people.
- The potential years life lost of unintentional injuries of First Nations people was 4.9 times higher than non-First Nations people.

OVERVIEW Category: First Nations Indicator - INJURY

Subset: Age-Standardized Rates of Hospital Separations due to Injury for Alberta by First Nations status, expressed as per 100,000 population.

Data Sources:

- » Alberta Hospital Morbidity file and Emergency Department visits.
- » Alberta Health Care Insurance Plan (AHCIP) Adjusted Population Registry Files
- » Alberta Health, Postal Code Translation file Statistics Canada, Census 2011 population data
- » First Nations Status Registry

Case Definition: Emergency Department Visits are derived from the Alberta Ambulatory Care Classification System file. Records from emergency departments and community urgent and advanced care centers are included. Injury visits are identified using the first occurrence of ICD9 or ICD10 injury diagnoses codes except for the adverse event which injury diagnoses codes don't have to be the first occurrence. See Injury Site Groups documentation for details on the groupings used. Visits are included if there is an injury code in any diagnosis position (e.g. most responsible or any other diagnosis).

Case Definition: Hospital admissions are derived from the Alberta Hospital Morbidity file by excluding the transfer records. Injuries are identified using the first occurrence of ICD9 or ICD10-CA injury diagnoses codes (excluding adverse events). See Injury Site Groups documentation for details on the groupings used. Hospital admissions are included if there is an injury code in any diagnosis position (e.g. most responsible or any other diagnosis).

Overall Description The Age-Standardized Rates of Hospital Separations due to Injury is a measure of the frequency (rate) at which injury related hospital separations occur if that population (Alberta) had the same age distribution as the standard population (Canada 2011). This measure captures multiple separations per person.

First Nations Status Assignment: The FN registry would include anyone ever having registered with the Alberta Health Care Insurance Plan as either status First Nations or Inuit and would also include some Alberta residents belonging to out of province bands. Non-Status First Nations and Metis cannot be identified in the AHCIP population registry so would not be included. The registry also includes individuals on accounts where the main account holder is First Nations (even though the individual is not).

Inclusion: Hospitalizations are derived from the Alberta Hospital Morbidity file by excluding the transfer records. Injury separations are identified using the first occurrence of ICD9 or ICD10 injury diagnoses codes except for the adverse event which injury diagnoses codes don't have to be the first occurrence. See Injury Site Groups documentation for details on the groupings used. Separations are included if there is an injury code in any diagnosis position (e.g. most responsible or any other diagnosis).

Geographic Assignment: The Alberta Hospital Morbidity file was linked with the Alberta Health Care Insurance Plan (AHCIP) Population Registration Data file to identify visits belonging to Alberta residents (at the time of visit or following fiscal year end). Only those of Alberta residents are included. The Alberta total may include cases that have not been assigned zones (so total may not appear to sum).

Age and Sex Assignment: The age and sex of the individual at each visit is identified on the Alberta Hospital Morbidity file.

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Alberta Health, Analytics and Performance Reporting Branch September 2020 Interactive Health Data Application: Injury © 2020 Government of Alberta 3 of 34 Classification: Protected A

DENOMINATOR

Inclusion: The population data is sourced from the mid-year adjusted AHCIP Population Registry Files (See the methodological notes for the adjusted population estimates in the Alberta Health, Interactive Health Database Application for more detail- IHDA). These population counts serve as estimates of person-years for a given calendar year.

Geographic Assignment: The postal code on the adjusted mid-year population registry file is used to determine the geographic location of the individual as of June 30 each year. The geography of residence is obtained by linking with the postal code using the postal code translation file.

Age and Sex Assignment: The date of birth and sex on the mid-year population registry file is used to calculate the age and sex of the individual as of June 30 each year.

The population exclude; members of the Armed Forces, RCMP, inmates in Federal Penitentiaries, or those who have opted out of the Alberta Health Care Insurance Plan.

Observations with a missing value for sex or age are excluded; transfers between facilities are included as multiple visits.

Adjusted population estimates (See the methodological notes for the adjusted population estimates in the IHDA for more detail) are used for the denominators of the rates. The newly recalculated incidence rates will differ slightly from all previously reported figures released on the IHDA prior to July, 2014. Emergency department visits by Alberta residents in the Lloydminster hospital (Saskatchewan side of border) are not included.

SELECTION OF CAUSES

The selection of leading causes included in this report was based on the percentage and number of emergency department visits, hospital admissions, deaths number and the availability of actionable prevention strategies.

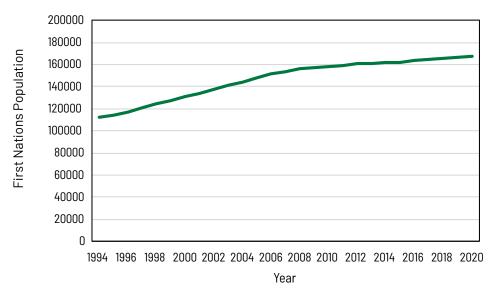
Injuries are defined as the physical damage a person suffers from mechanical energy (a motor vehicle crash), thermal energy (a burn from a flame), electrical energy (a shock) or chemical energy (poisoning) or from the absence of essentials such as heat (resulting in frost bite or hypothermia) or oxygen (resulting in suffocation). Injury can be further categorized as unintentional (unexpected), such as falling or drowning, or intentional (having an intent to harm oneself or others), such as suicide or violence.

Definitions for preventable leading causes:

- Falls include: ice and snow, slipping/tripping/stumbling, due to collision with, or pushing by another person, while being carried or supported by another person, falls involving wheelchairs and other type of walking devices, from furniture, playground equipment including trampolines, stairs/steps, ladders/scaffolding, out of/from buildings or structures, falls from high place, falls from one level to another, falls on same level, unspecified falls.
- » Violence include: injuries inflicted by another with the intent to injure or kill, by any means.
- Winintentional/undetermined poisoning include: A poisoning may occur when a substance (drug, medication or biological agent) is taken incorrectly. This includes wrong drug given/taken, wrong dosage, self-prescribed drug take in combination with a prescribed drug, any drug taken in combination with alcohol. According to coding standards, classify all poisonings as accidental unless there is clear documentation of intentional self-harm or undetermined intent.
- » Motor vehicle-related events include: traffic, nontraffic, and boarding incidents on/involving pedestrians, motorcycles, cars/pickup trucks/vans, heavy transport vehicles, buses, other land transport vehicles. Excludes: off-road vehicles which are reported separately.
- Suicide/self-inflicted injuries include: purposely self-inflicted poisoning or injury.
- Off-road vehicles include: all motor vehicles designed primarily for off-road use. This includes, ATVs, quads, side-by-sides, utility vehicles, dirt bikes and snowmobiles.
- Fire/flames include: exposure to uncontrolled fire in building/structure/forest fire, controlled fire in building/structure, fireplace/stove, campfire, contact with hot fluids, vapours/gases, household appliances, radiators/pipes, machinery/tools/metals and objects that are not normally hot, e.g. an object made hot by a house fire.

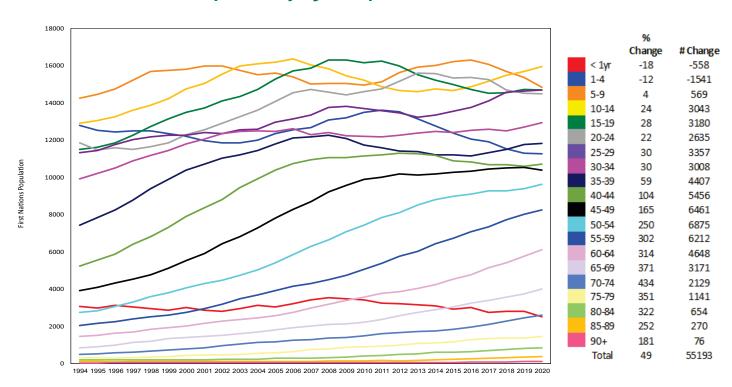
Population Summary

Alberta First Nations Population, 1994-2020



Over the 27-year period from 1994 to 2020 the population of First Nations people of Alberta increased 49% with an additional 55,193 people.

Alberta First Nations Population by Age Group, 1994-2020



The age group which experienced the greatest decrease in population was children between the ages of 1 and 4 years of age with a decreased of 12% with 1,541 fewer people.

First Nations people between 70 and 74 years of age had a 434% increase in population, with an additional 3,171 people.

Injury Summary

First Nations and non-First Nations Rate Ratio Comparison, 2015-2019

	Rate Ratio First Nat	ions/Non-Firs	t Nations
Mechanism of Injury	Emergency Dept Visits	Hospital Admissions	Deaths
All Injuries (excl adverse events, medical/surgical complications)	2.5	3.0	3.9
Falls	2.3	2.1	1.2
Violence/Injury Purposely Inflicted	11.9	13.7	10.0
Unintentional Poisoning	6.0	7.3	5.2
Motor Vehicle-Related	2.2	3.0	4.2
Suicide/Self Harm	5.2	4.5	3.5
Off Road Vehicle	1.7	3.2	6.6
Fire/flame Injury-Related	2.4	4.0	8.3

Overall, First Nations people had an emergency department visit rate 2.5 times higher than non-First Nations people. The injury-related hospital admission rate was 3.0 times higher for First Nations people than non-First Nations people and 3.9 time higher for injury-related deaths.

The mechanism of injury which had the largest rate difference of emergency department visits, hospital admissions and deaths was violence/injury purposely inflicted with First Nations people having a rate 11.9 times higher than that of non-First Nations people of emergency department visits, 13.7 times higher for admissions and 10.0 times higher for violence/injury purposely inflicted deaths.

First Nations, Emergency Department Visits, Hospital Admissions and Deaths by Number and Rate, 2015-2019

		Number		Rate per 100,00 population			
Mechanism of Injury	Emergency Dept Visits	Hospital Admissions	Deaths	Emergency Dept Visits	Hospital Admissions	Deaths	
All Injuries (excl adverse events, medical/surgical complications)	48002	3216	304	28491.7	2497.9	204.9	
Falls	11067	796	8	7670.3	861.9	8.9	
Violence/Injury Purposely Inflicted	6096	490	22	3399.7	290.8	12.9	
Unintentional Poisoning	3552	383	115	2070.9	268.8	76.8	
Motor Vehicle-Related	2091	231	42	1287.8	151.6	27.0	
Suicide/Self Harm	1461	362	77	749.7	197.3	46.2	
Off Road Vehicle	862	70	3	438.6	38.2	2.1	
Fire/flame Injury-Related	582	37	4	339.6	25.5	3.5	

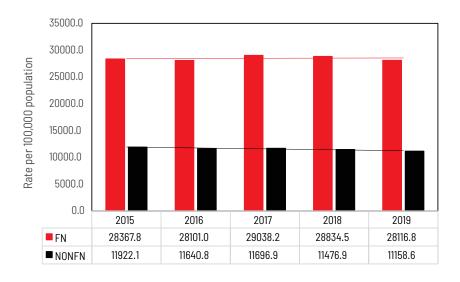
In Alberta, on average there were 132 injury-related emergency department visits of First Nations people every day. There were 9 injury-related hospital admissions and 1 injury-related death of First Nations people every day.

Fall-related injuries had the highest emergency department visit and hospital admission numbers and rates. Unintentional poisonings had the highest number of deaths and death rate.

All Injuries

(excluding adverse events, medical/surgical complications)

Emergency Department Visit Rate Comparison by Year, 2015-2019



First Nations people had an overall injuryrelated emergency department visit rate 2.5 times higher than non-First Nations people.

The overall injury-related emergency department visit rate for First Nations people remained statistically unchanged over the 5 year period.

However, injury-related emergency department visits for non-First Nations people had a statistically significant average decrease in rate of 1.5% each year.

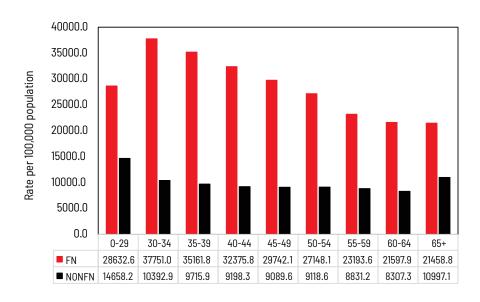
On average, each year there was **48,002** injury-related emergency department visits by First Nations people. This equates to 132 injury-related visits each day.

Emergency Department Visit Rate Comparison by Age Group, 2015-2019

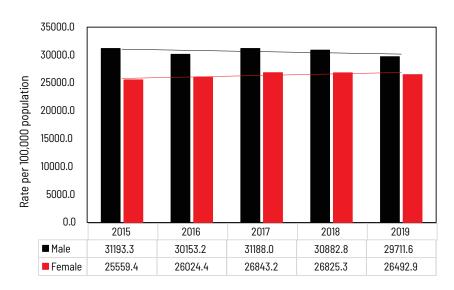
First Nations people had injury-related visit rates higher than non-First Nations people in every age group.

The age groups which had the largest rate difference between First Nations people and non-First Nations people were those 30 to 34 and those 35 to 39.

Overall, First Nations people had injuryrelated emergency department visit rates 3.6 times that of non-First Nations people.



First Nations, Emergency Department Visit Rate Comparison by Sex, 2015-2019



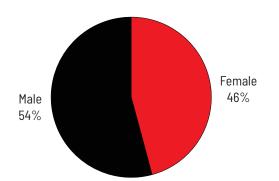
First Nations males had an overall injuryrelated emergency department visit rate consistently higher than First Nations females.

First Nations male injury-related emergency department visit rate was 1.2 times higher than First Nations female rate.

First Nations males experienced a slight decrease in injury-related emergency department visits of 0.7% each year.

First Nations females experienced an increase in injury-related emergency department visits of 1.0% each year.

First Nations, Proportion of Emergency Department Visits by Sex, 2015-2019



First Nations males accounted for 54% of the injury-related emergency department visits with an average of 26,008 visits each year.

First Nations females accounted for the remaining 46% of injury-related emergency department visits with an average of 21,995 visits each year.

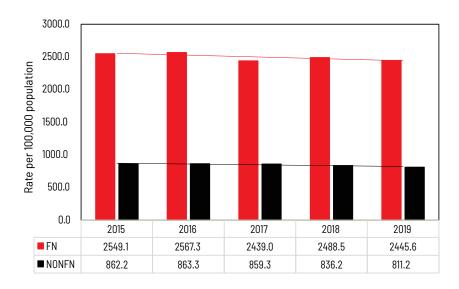
First Nations, Emergency Department Visit Numbers by Age Group and Year, 2015-2019

Age Group	2015	2016	2017	2018	2019	Total	+/- Change
00 to 29	25,917	25,789	26,634	25,407	24,595	128,342	-1,322
30 to 34	4,640	4,401	4,775	5,000	4,852	23,668	212
35 to 39	3,774	3,665	4,019	4,342	4,231	20,031	457
40 to 44	3,494	3,566	3,331	3,561	3,427	17,379	-67
45 to 49	3,044	3,050	3,306	3,049	3,038	15,487	-6
50 to 54	2,433	2,467	2,486	2,559	2,548	12,493	115
55 to 59	1,463	1,641	1,767	1,856	1,837	8,564	374
60 to 64	1,038	975	1,098	1,140	1,280	5,531	242
65+	1,463	1,574	1,751	1,847	1,882	8,517	419
Total	47,266	47,128	49,167	48,761	47,690	240,012	424

Over the 5-year period from 2015 to 2019, there was an increase of 424 injury-related emergency department visits of First Nations people. Those 35 to 39 years of age had the highest increase of visits with 457. First Nations people 65 years of age and older had the second highest increase in additional injury-related emergency department visits with 419 visits.

First Nations people 0 to 29 years of age experienced the largest decline in emergency department visits with 1322 fewer.

Hospital Admission Rate Comparison by Year, 2015-2019



First Nations people had an overall injuryrelated hospital admission rate 3.0 times higher than non-First Nations people.

First Nations people experienced a decrease in injury-related hospital admissions on average of 1.1% each year.

Non-First Nations people experienced a statistically significant decrease in injury-related hospital admissions on average of 1.5% each year.

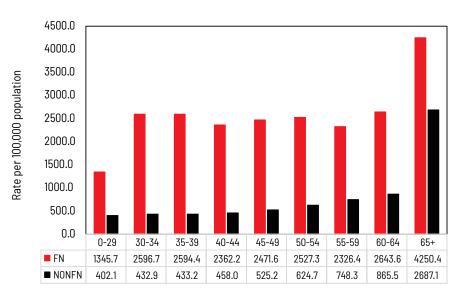
On average, each year there was **3,216** injury-related hospital admissions of First Nations people. This equate to 9 injury-related admissions each day.

Hospital Admission Rate Comparison by Age Group, 2015-2019

First Nations people had higher injuryrelated hospital admission rates than non-First Nations people in every age group.

The age groups which had the largest rate difference between First Nations people and non-First Nations people were those 30 to 34 years old and 35 to 39 years old, with First Nations people having fall-related hospital admission rate 6.0 times higher than non-First Nations people.

This was followed by those 40 to 44 years of age in which First Nations people had an overall injury-related hospital admission rate 5.2 times higher than non-First Nations people.



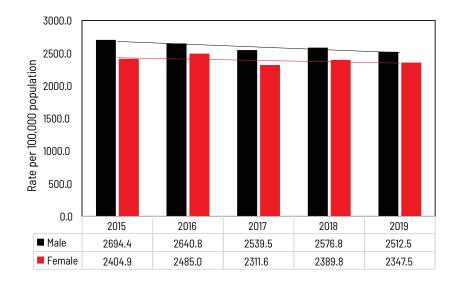
First Nations, Hospital Admission Rate Comparison by Sex, 2015-2019

First Nations males had injury-related hospital admission rates consistently higher than First Nations females.

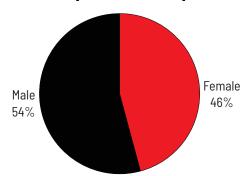
First Nations males had injury-related hospital admission rates 1.1 times higher than First Nations females.

First Nations males experienced a statistically significant decrease in injury-related hospital admissions on average of 1.6% each year.

First Nations females experienced a slight decrease in injury-related hospital admissions on average of 0.9% each year.



First Nations, Proportion of Hospital Admissions by Sex, 2015-2019



First Nations males accounted for 54% of injury-related hospital admissions with an average of 1,742 admissions each year.

First Nations females accounted for the remaining 46% of the injury-related hospital admissions with an average of 1,474 admissions each year.

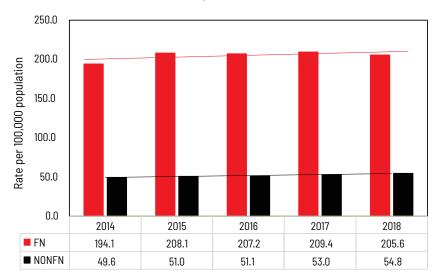
First Nations, Hospital Admission Numbers by Age Group and Year, 2015-2019

Age Group	2015	2016	2017	2018	2019	Total	+/-Change
00 to 29	1,197	1,287	1,240	1,184	1,124	6,032	-73
30 to 34	331	282	339	350	326	1,628	-5
35 to 39	318	246	286	296	332	1,478	14
40 to 44	275	271	236	260	226	1,268	-49
45 to 49	257	258	270	249	253	1,287	-4
50 to 54	227	243	230	231	232	1,163	5
55 to 59	149	173	162	181	194	859	45
60 to 64	123	137	132	139	146	677	23
65+	305	330	304	365	383	1,687	78
Total	3,182	3,227	3,199	3,255	3,216	16,079	34

Over the 5-year period from 2015 to 2019, there were 34 additional injury-related hospital admissions of First Nations people. Seniors, those 65 years of age and older had the highest number of additional injury-related hospital admissions with 78 admissions.

Those 0 to 29 years of age had the largest decrease in number of injury-related hospital admission with 73 fewer admissions.

Death Rate Comparison by Year, 2014-2018



First Nations people had an injury-related death rate 3.9 times higher than non-First Nations people.

The injury-related death rate for First Nations people increased 1.1% each year.

The injury-related death rate for non-First Nations people had a statistically significant increase of 2.4% each year.

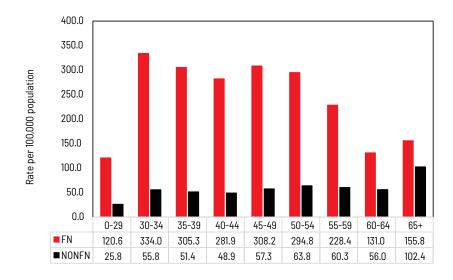
On average, each year there was **304** injury-related deaths of First Nations people.

Death Rate Comparison by Age Group, 2014-2018

First Nations people had higher injury-related deaths rates than non-First Nations in every age group.

The age group which had the largest injury-related death rate difference between First Nations people and non-First Nations people was those 30 to 34 year olds, with an injury-related death rate 6 times higher than non-First Nations people.

First Nations people 35 to 39 and 40 to 44 had injury-related death rates 5.9 and 5.8 times higher than those of non-First Nations persons, respectively.



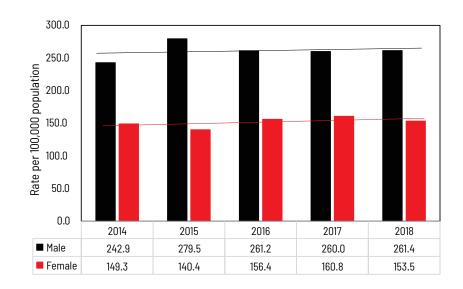
First Nations, Death Rate Comparison by Sex, 2014-2018

Over the 5-year period from 2014 to 2018 First Nations males consistently had higher injury-related death rates higher than First Nations females.

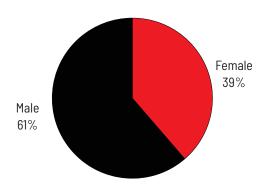
First Nations males had an injury-related death rate 1.7 times higher than First Nations females.

The injury-related death rate for First Nations males increased 0.5% each year.

The injury-related death rate for First Nations females increased 1.8% each year.



First Nations, Proportion of Deaths by Sex, 2014-2018

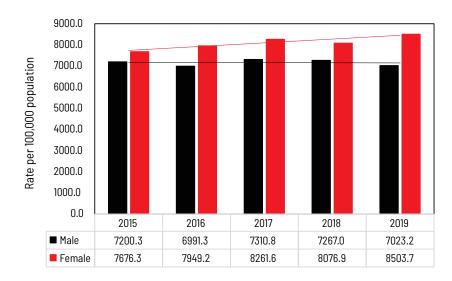


First Nations males accounted for 61% of the injury-related deaths with an average of 186 each year.

First Nations females accounted for the remaining 39% of the injury-related deaths with an average of 117 deaths each year.

Falls

First Nations, Emergency Department Visit Rate Comparison by Sex, 2015-2019



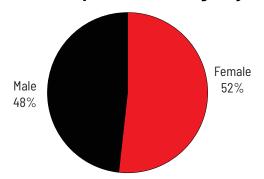
First Nations females had fall-related emergency department visits consistently higher than First Nations males.

First Nations female fall-related emergency department visit rate was 1.1 times higher than First Nations males.

First Nations females experienced a statistically significant increase in fall-related emergency department visits with an increase of 2.2% each year.

First Nations males experienced a slight decrease in fall-related emergency department visits of 0.1% each year.

First Nations, Proportion of Emergency Department Visits by Sex, 2015-2019



First Nations females accounted for 52% of fall-related emergency department visits with an average of 5,728 visits each year.

First Nations male accounted for the remaining 48% of the fall-related emergency department visits with an average of 5,338 visits each year.

First Nations, Emergency Department Visit Numbers by Age Group and Year, 2015-2019

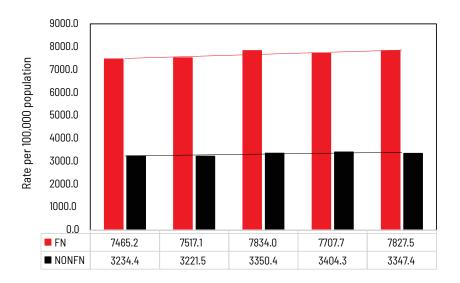
Age Group	2015	2016	2017	2018	2019	Total	+/-Change
00 to 29	5,313	5,272	5,502	5,156	5,164	26,407	-149
30 to 34	768	687	802	803	815	3,875	47
35 to 39	749	682	730	818	774	3,753	25
40 to 44	814	743	787	800	755	3,899	-59
45 to 49	757	778	796	751	790	3,872	33
50 to 54	685	772	755	782	793	3,787	108
55 to 59	508	623	625	671	649	3,076	141
60 to 64	396	385	478	468	514	2,241	118
65+	688	821	907	956	1,052	4,424	364
Total	10,678	10,763	11,382	11,205	11,306	55,334	628

Over the 5-year period from 2015 to 2019, there were 628 additional fall-related emergency department visits of First Nations people. Seniors, those 65 years of age and older had the highest number of additional fall-related emergency department visits with 364 visits. This accounted for more than half (58%) of the additional visits.

Falls

Falls include: ice and snow, slipping/tripping/stumbling, due to collision with, or pushing by another person, while being carried or supported by another person, falls involving wheelchairs and other type of walking devices, from furniture, playground equipment including trampolines, stairs/steps, ladders/scaffolding, out of/from buildings or structures, falls from high place, falls from one level to another, falls on same level, unspecified falls.

Emergency Department Visit Rate Comparison by Year, 2015-2019



Overall, First Nations people had a fallrelated emergency department visit rate twice that of non-First Nations people.

The fall-related emergency department visit rates for both First Nations and non-First Nations increased an average of 1.2% each year.

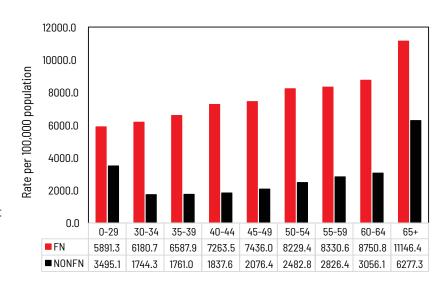
On average, each year there was **11,067** fall-related emergency department visits of First Nations people. This equate to 30 fall-related visits each day.

Emergency Department Visit Rate Comparison by Age Group, 2015-2019

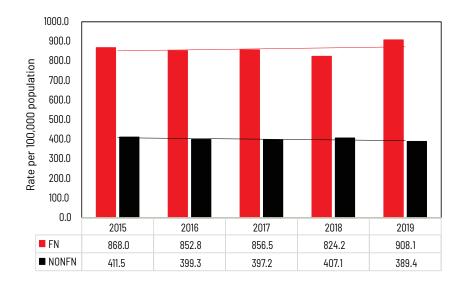
First Nations people had injury-related emergency department visit rates higher than non-First Nations in every age group.

The fall-related emergency department visit rates for First Nations people increased with age.

The age group which had the largest rate difference between First Nations people and non-First Nations was those 40 to 44 year olds, with First Nations people having fall-related emergency department visit rate 4.0 times that of non-First Nations. This was followed by those 35 to 39 years of age where First Nations people had a rate 3.7 times higher than of non-First Nations.



Hospital Admissions, Comparison by Year, 2015-2019



First Nations people had a fall relatedrelated emergency department visit rate 2.1 times higher than non-First Nations people.

First Nations people experienced a slight increase in fall-related hospital admissions of 0.8% each year.

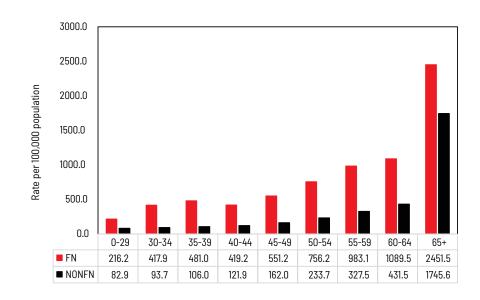
Non-First Nations people experienced a slight decrease in fall-related hospital admissions of 0.9% each year.

On average, each year there was **796** fall-related hospital admission of First Nations people. This equate to 2 fall-related admissions each day.

Hospital Admission Rate Comparison by Age Group, 2015-2019

The fall-related hospital admission rates for First Nations increased with age.

The age groups which had the largest rate difference between First Nations people and non-First Nations were those 30 to 34 and 35 to 39 years of age with First Nations people having fall-related hospital admission rate 4.5 times higher than non-First Nations.



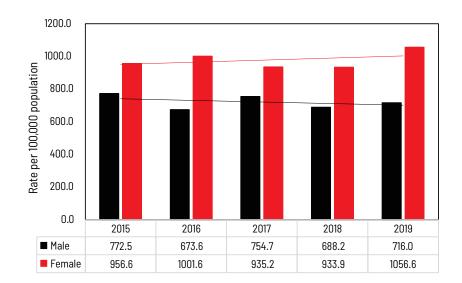
First Nations, Hospital Admission Rate Comparison by Sex, 2015-2019

First Nations females had fall-related hospital admissions consistently higher than First Nations males.

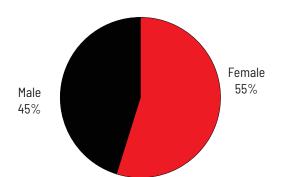
First Nations female fall-related emergency department visit rate was 1.4 times higher than First Nations male rate.

First Nations females experienced an increase in fall-related hospital admissions of 1.5% each year.

First Nations males experienced a slight decrease in fall-related hospital admissions 0.8% each year.



First Nations, Proportion of Hospital Admissions by Sex, 2015-2019



First Nations females accounted for 55% of fall-related hospital admissions with an average of 436 admissions each year.

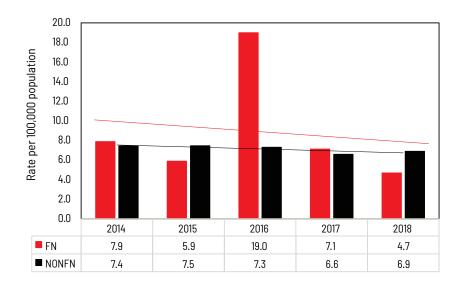
First Nations males accounted for 45% of the fall-related hospital admissions with an average of 360 each year.

First Nations, Hospital Admission Numbers by Age Group and Year, 2015-2019

Age Group	2015	2016	2017	2018	2019	Total	+/-Change
00 to 29	204	200	221	157	187	969	-17
30 to 34	54	41	57	51	59	262	5
35 to 39	49	44	59	61	61	274	12
40 to 44	53	38	45	50	39	225	-14
45 to 49	52	56	67	58	54	287	2
50 to 54	58	80	74	65	71	348	13
55 to 59	63	80	64	74	82	363	19
60 to 64	53	47	60	54	65	279	12
65+	166	183	177	211	236	973	70
Total	752	769	824	781	854	3,980	102

Over the 5-year period from 2015 to 2019, overall there were 102 additional fall-related hospital admissions of First Nations people. Seniors, those 65 years of age and older had the highest number of additional fall-related hospital admissions with 70 admissions. This accounted for 70% of the additional visits.

Deaths, Comparison by Year, 2014-2018



First Nations people had a fall-related death rate 1.2 times higher than non-First Nations people.

The fall-related death rate for First Nations people a decreased 7.7% each year.

The fall-related death rate for non-First Nations increased 2.7% each year.

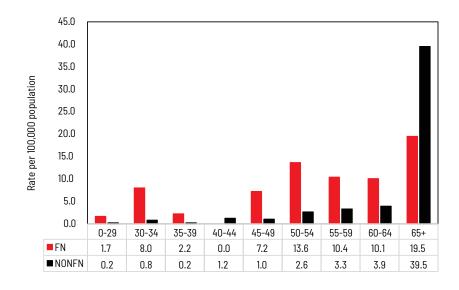
Over the 5-year period, 2014-2018 there was an average of 8 fall-related deaths of First Nations people each year.

Death Rate Comparison by Age Group, 2014-2018

First Nations people had higher fall-related deaths rates higher than non-First Nations people in every age group except those 40 to 44 years of age and those 65 years of age and older.

The age group which had the largest fall-related death rate difference between First Nations people and non-First Nations were those 30 to 34 year olds, with First Nations people having a rate 10.0 times higher than non-First Nations.

First Nations people between 35 to 39 years of age had a fall-related death rate 9.3 times higher than non-First Nations people.

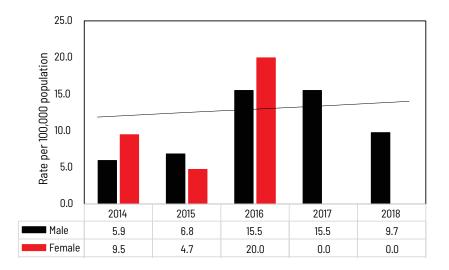


First Nations, Death Rate Comparison by Sex, 2014-2018

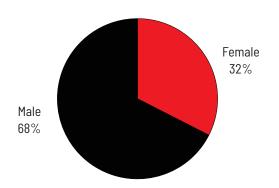
First Nations females had higher fall-related emergency department visit and hospital admission rates than males, yet First Nations males had a fall-related death rate ratio 1.6 times higher than that of females.

In 2017 and 2018 there were no recorded First Nations females who died due to a fall.

The fall injury-related death rate for First Nations males increased 3.6% each year. The rate for females was not calculated due to insufficient data points.



First Nations, Proportion of Deaths by Sex, 2014-2018



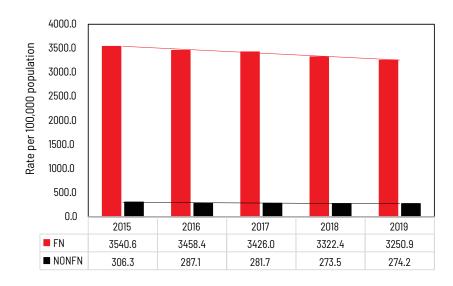
First Nations males accounted for 68% of the fall-related deaths with an average of 5 each year.

First Nations females accounted for 32% of fall-related deaths with an average of 3 deaths each year.



Violence includes: injuries inflicted by another with the intent to injure or kill, by any means.

Emergency Department Visit Rate Comparison by Year, 2015-2019



First Nations people had a violence/injury purposely inflicted-related emergency department visit rate 11.9 times higher than non-First Nations people.

The violence-related injury emergency department visit rates for First Nations had a statistically significant decrease of 2.2% each year.

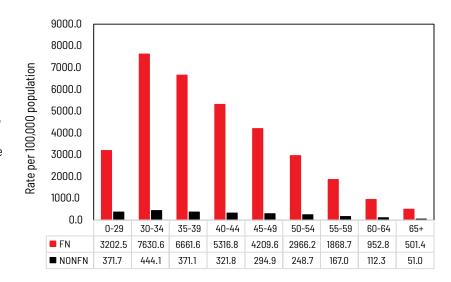
The violence/injury purposely inflicted-related rate for Non-First Nations people had a statistically significant decrease of 2.7% each year.

On average, each year there was **6,096** violence/injury purposely inflicted-related emergency department visits of First Nations persons. This equate to 17 violence-related visits each day.

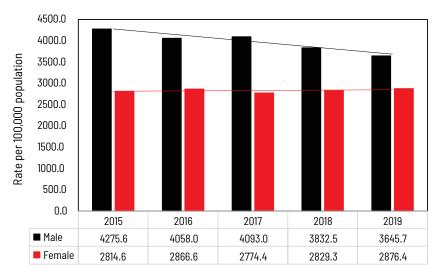
Emergency Department Visit Rate Comparison by Age Group, 2015-2019

First Nations people had violence/injury purposely-related visit rates higher than non-First Nations in every age group.

The age group which had the largest rate difference between First Nations people and non-First Nations was those 35 to 39 year olds, with First Nations people having a violence injury-related emergency department visit rate 18.0 times higher than non-First Nations. This was followed by those 30 to 34 years of age, where First Nations people had a rate 17.2 times higher than non-First Nations. First Nations people between 40 to 44 years had a violence injury-related emergency department visit rate 16.5 times higher than non-First Nations people. First Nations people between 45 to 49 years of age had a violence injuryrelated rate 14.3 times higher than non-First Nations people.



First Nations, Emergency Department Visit Rate Comparison by Sex, 2015-2019



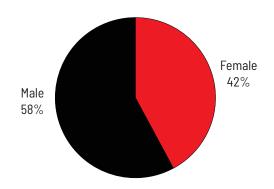
First Nations males had violence/injury purposely inflicted emergency department visit rates consistently higher than First Nations females.

Overall, First Nations male had a violencerelated emergency department visit rate 1.4 times higher than First Nations females.

First Nations males experienced a statistically significant decrease in violence-related injury emergency department visits of 3.7% each year.

First Nations females had a slight increase in violence-related injury emergency department visits of 0.3% each year.

First Nations, Proportion of Emergency Department Visits by Sex, 2015-2019



First Nations males accounted for 58% of the violence/injury purposely inflicted-related emergency department visits with an average of 3,527 visits each year.

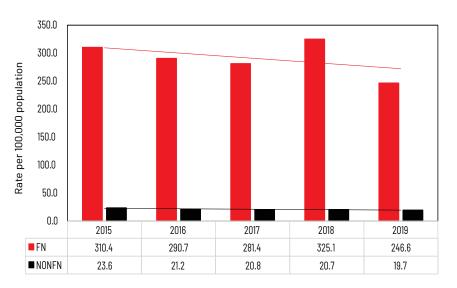
First Nations females accounted for 42% of violence/injury purposely inflicted-related emergency department visits with an average of 2,569 visits each year.

First Nations, Emergency Department Visit Numbers by Age Group and Year, 2015-2019

Age Group	2015	2016	2017	2018	2019	Total	+/- Change
00 to 29	2,997	2,928	2,985	2,749	2,696	14,355	-301
30 to 34	916	971	965	996	936	4,784	20
35 to 39	749	698	781	801	766	3,795	17
40 to 44	591	636	518	529	580	2,854	-11
45 to 49	459	461	457	386	429	2,192	-30
50 to 54	277	257	262	295	274	1,365	-3
55 to 59	123	140	144	141	142	690	19
60 to 64	57	49	44	57	37	244	-20
65+	52	34	38	40	35	199	-17
Total	6,221	6,174	6,194	5,994	5,895	30,478	-326

Over the 5-year period from 2015 to 2019, overall there were 326 fewer violence-related injury emergency department visits of First Nations people.

Hospital Admissions, Comparison by Year, 2015-2019



Overall, First Nations people had a violence/injury purposely inflicted-related hospital admission rate 13.7 times higher than non-First Nations people.

First Nations people experienced a decrease in violence-related injury hospital admission rates of 2.3% each year.

Non-First Nations people experienced a statistically significant decrease in violence-related injury hospital admissions of 3.8% each year.

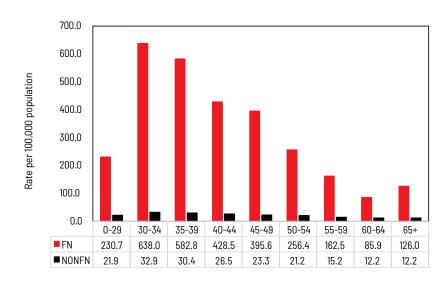
On average, each year there was 490 violence/injury purposely inflicted-related hospital admission of First Nations people. This equate to more than 1 admission each day.

Hospital Admission Rate Comparison by Age Group, 2015-2019

First Nations people had violence/injury purposely inflicted-related admission rates higher than non-First Nations in every age group.

The age group which had the largest rate ratio between First Nations people and non-First Nations was those 30 to 34 years of age with a violence/injury purposely inflicted-related admission rate 19.4 times higher.

This was closely followed by those 35 to 39 years of age where First Nations people had a violence injury-related hospital admission rate 19.2 time higher than non-First Nations people.



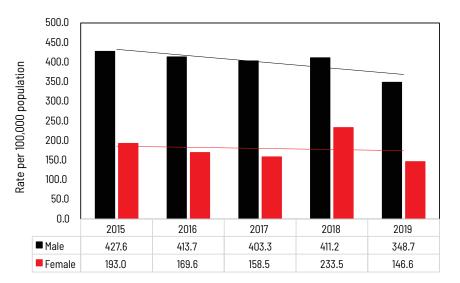
First Nations, Hospital Admission Rate Comparison by Sex, 2015-2019

First Nations males had violence/injury purposely inflicted hospital admission rates consistently higher than First Nations females.

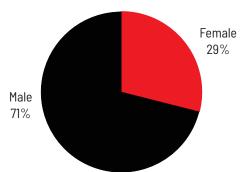
First Nations males had a violence-related hospital admission rate 2.2 times higher than First Nations females.

First Nations males experienced a decrease in violence injury-related hospital admissions of 4.0% each year.

First Nations females experienced an increase in violence-related hospital admissions of 1.1% each year.



First Nations, Proportion of Hospital Admissions by Sex, 2015-2019



First Nations males accounted for 71% of the violence-related hospital admissions with an average of 348 admissions each year.

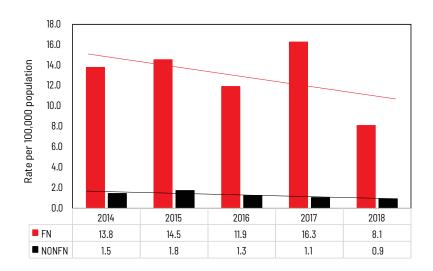
First Nations females accounted for 29% of the violence-related hospital admissions with an average of 142 each year.

First Nations, Hospital Admission Numbers by Age Group and Year, 2015-2019

Age Group	2015	2016	2017	2018	2019	Total	+/-Change
00 to 29	212	222	215	220	165	1,034	-47
30 to 34	69	81	85	97	68	400	-1
35 to 39	74	55	75	58	70	332	-4
40 to 44	41	48	47	52	42	230	1
45 to 49	44	46	40	39	37	206	-7
50 to 54	26	23	17	30	22	118	-4
55 to 59	12	12	12	9	15	60	3
60 to 64	6	2	2	9	3	22	-3
65+	15	9	4	16	6	50	-9
Total	499	498	497	530	428	2,452	-71

Over the 5-year period from 2015 to 2019, overall there were 71 fewer violence-related hospital admissions of First Nations people. Those less than 30 years of age had the largest changed in the number of violence-related admissions with 47 fewer admissions.

Death Rate Comparison by Year, 2014-2018



First Nations people had a violencerelated death rate 10.0 times higher than non-First Nations people.

The violence-related death rate for First Nations people decreased 4.4% each year.

The violence-related death rate for non-First Nations people decrease 12.8% each year.

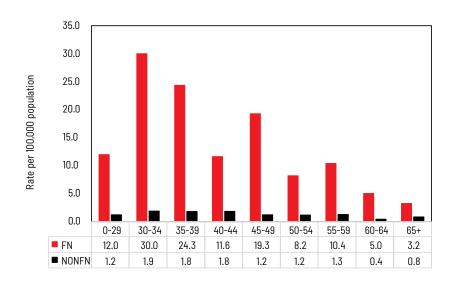
Over the 5-year period, 2014-2018 there was an average of 22 violence-related deaths of First Nations people each year.

Death Rate Comparison by Age Group, 2014-2018

First Nations people had higher violence-related deaths rates than non-First Nations people in every age group.

The age groups which had the largest violence-related death rate difference between First Nations people and non-First Nations were those 30 to 34 and those 45 to 49 years of age with First Nations people having a rate 15.8 times higher than that of non-First Nations in both age groups.

First Nations people between 35 to 39 had a violence-related death rate 13.4 times higher than non-First Nations people.

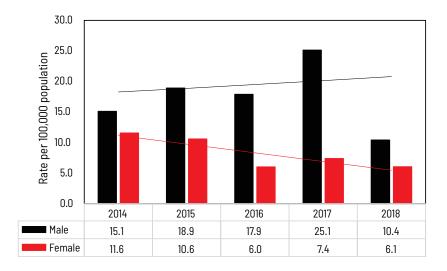


First Nations, Death Rate Comparison by Sex, 2014-2018

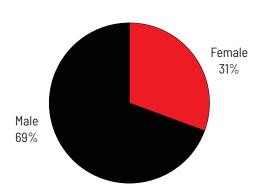
First Nations males had a violencerelated death rate 2.1 times higher than First Nations females.

First Nations males had an average increase in violence-related deaths of 3.3% each year.

First Nations females experienced a statistically significant decrease in the violence-related death rate of 15.7% each year.



First Nations, Proportion of Deaths by Sex, 2014-2018

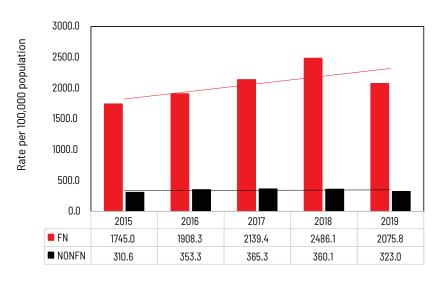


First Nations males accounted for 69% of the violence-related deaths with an average of 15 deaths each year.

First Nations females accounted for 31% of violence-related deaths with an average of 7 deaths each year.

Unintentional/undetermined poisoning include: A poisoning may occur when a substance (drug, medicament or biological agent) is taken incorrectly. This includes wrong drug given/taken, wrong dosage, self-prescribed drug take in combination with a prescribed drug, any drug taken in combination with alcohol. According to coding standards, classify all poisonings as accidental unless there is clear documentation of intentional self-harm or undetermined intent.

Emergency Department Visit Rate Comparison by Year, 2015-2019



First Nations people had an unintentional poisoning-related emergency department visit rate 6.0 times higher than non-First Nations people.

The unintentional poisoning-related injury emergency department visit rates for First Nations people increased 5.9% each year.

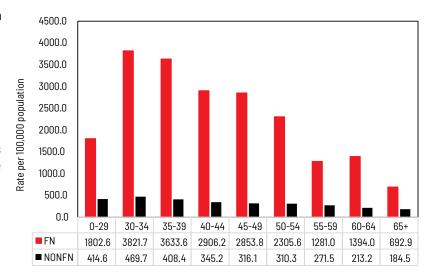
The unintentional poisoning-related rate for Non-First Nations people had a slight increase of 0.9% each year.

On average, each year there was **3,552** unintentional poisoning-related emergency department visits of First Nations people. This equate to 10 unintentional poisoning-related visits each day.

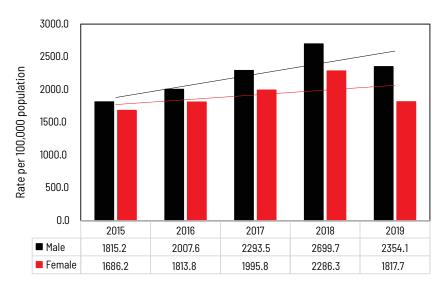
Emergency Department Visit Rate Comparison by Age Group, 2015-2019

First Nations people had unintentional poisoningrelated visit rates higher than non-First Nations in every age group.

The age group which had the largest rate difference between First Nations people and non-First Nations people was those 45 to 49 year olds, with First Nations people having unintentional poisoning-related emergency department visit rate 9.0 times higher than non-First Nations. This was followed by those 35 to 39 years of age where First Nations people had a rate 8.9 times higher than non-First Nations. First Nations people between 40 to 44 years had an unintentional poisoning-related emergency department visit rate 8.4 times higher than non-First Nations people. First Nations people between 30 to 34 years of age had an unintentional poisoningrelated rate 8.1 times higher than non-First Nations people.



First Nations, Emergency Department Visit Rate Comparison by Sex, 2015-2019



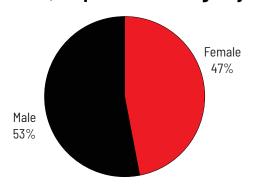
First Nations males had unintentional poisoning-related emergency department visit rates consistently higher than First Nations females.

First Nations males had a unintentional poisoning-related emergency department visit rate 2.1 times higher than First Nations females.

First Nations males experienced an increase in unintentional poisoning-related injury emergency department visits of 7.9% each year.

First Nations females also experienced an increase in unintentional poisoning-related injury emergency department visits of 3.8% each year.

First Nations, Proportion of Emergency Department Visits by Sex, 2015-2019



First Nations males accounted for 53% of the unintentional poisoning-related emergency department visits with an average of 1,883 visits each year.

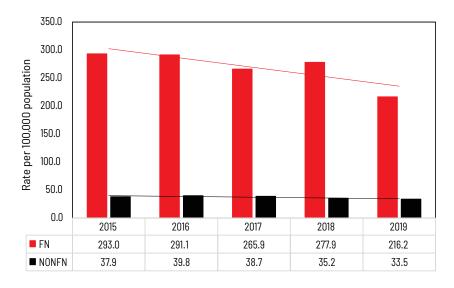
First Nations females accounted for the remaining 47% of unintentional poisoning-related emergency department visits with an average of 1,669 visits each year.

First Nations, Emergency Department Visit Numbers by Age Group and Year, 2015-2019

Age Group	2015	2016	2017	2018	2019	Total	+/- Change
0 to 29	1,379	1,460	1,703	2,008	1,530	8,080	151
30 to 34	363	374	496	631	532	2,396	169
35 to 39	277	326	460	547	460	2,070	183
40 to 44	234	294	282	390	360	1,560	126
45 to 49	278	291	312	333	272	1,486	-6
50 to 54	173	207	201	254	226	1,061	53
55 to 59	69	97	96	93	118	473	49
60 to 64	58	76	82	68	73	357	15
65+	64	56	54	55	46	275	-18
Total	2,895	3,181	3,686	4,379	3,617	17,758	722

Over the 5-year period from 2015 to 2019, there were 722 additional unintentional poisoning-related injury emergency department visits of First Nations people.

Hospital Admissions, Comparison by Year, 2015-2019



First Nations people had an unintentional poisoning-related hospital admission rate 7.3 times higher than non-First Nations people.

First Nations people experienced a decrease in unintentional poisoning-related injury hospital admission rates of 6.0% each year.

Non-First Nations people also experienced a decrease in unintentional poisoning-related injury hospital admissions of 3.7% each year.

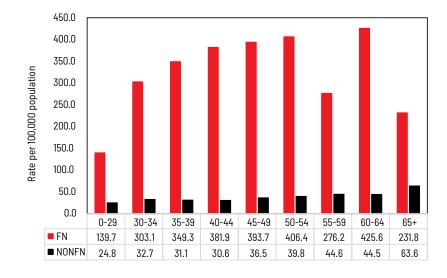
On average, each year there was **383** unintentional poisoning-related hospital admission of First Nations people. This equate to 1 admission each day.

Hospital Admission Rate Comparison by Age Group, 2015-2019

First Nations people had unintentional poisoning-related admission rates higher than non-First Nations in every age group.

The age group which had the largest rate difference between First Nations people and non-First Nations was those 40 to 44 years of age with an unintentional poisoning-related admission rate 12.5 times higher than non-First Nations people.

This was followed by those 35 to 39 years of age where First Nations people had an unintentional poisoning-related hospital admission rate 11.2 times higher than non-First Nations people.



First Nations people between 45 and 49 years of age had an unintentional poisoning-related hospital admission rate 10.8 times higher than non-First Nations person in the same age group.

First Nations persons 50 to 54 years of age had a unintentional poisoning-related hospital admissions rate 10.2 times higher than non-First Nations people.

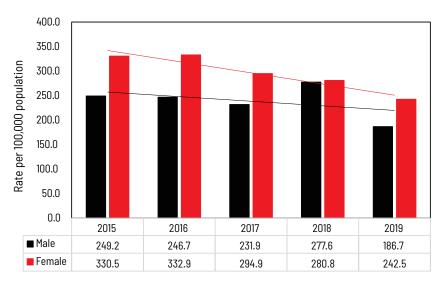
First Nations, Hospital Admission Rate Comparison by Sex, 2015-2019

Whereas, First Nations males had higher unintentional poisoning-related emergency department visits, First Nations females had higher unintentional poisoning-related hospital admission rates.

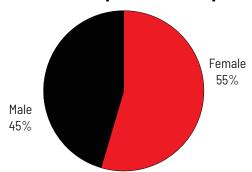
First Nations females had a unintentional poisoning-related hospital admission rate 1.2 times higher than First Nations males.

First Nations females experienced a statistically significant decrease in unintentional poisoning-related hospital admissions of 7.6% each year.

First Nations males experienced a decrease in unintentional poisoning-related hospital admissions of 2.6% each year.



First Nations, Proportion of Hospital Admissions by Sex, 2015-2019



First Nations females accounted for 55% of unintentional poisoning-related hospital admissions with an average of 209 admissions each year.

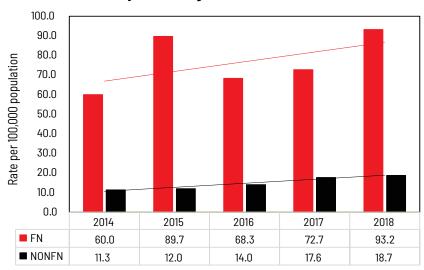
First Nations males accounted for remaining 45% of the unintentional poisoning-related hospital admissions with an average of 174 each year.

First Nations, Hospital Admission Numbers by Age Group and Year, 2015-2019

Age Group	2015	2016	2017	2018	2019	Total	+/-Change
00 to 29	121	146	115	151	93	626	-28
30 to 34	31	22	51	44	42	190	11
35 to 39	41	43	35	44	36	199	-5
40 to 44	43	50	39	38	35	205	-8
45 to 49	46	45	42	38	34	205	-12
50 to 54	36	40	34	40	37	187	1
55 to 59	21	18	19	24	20	102	-1
60 to 64	22	28	17	23	19	109	-3
65+	26	19	20	16	11	92	-15
Total	387	411	372	418	327	1,915	-60

Over the 5-year period from 2015 to 2019, overall there were 60 fewer unintentional poisoning-related hospital admissions of First Nations people. Those less than 30 years of age had the largest decrease with 28 fewer admissions. Whereas, First Nations people 30 to 34 years of age had an additional 11 unintentional poisoning-related admissions.

Death Rate Comparison by Year, 2014-2018



First Nations people had an unintentional poisoning-related death rate 5.2 times higher than non-First Nations people.

The unintentional poisoning-related death rate for First Nations people increased 5.9% each year.

The unintentional poisoning-related death rate for non-First Nations people had a statistically significant increase of 15.1% each year.

Over the 5-year period, 2014-2018 there was an average of 115 unintentional poisoning-related deaths of First Nations people each year.

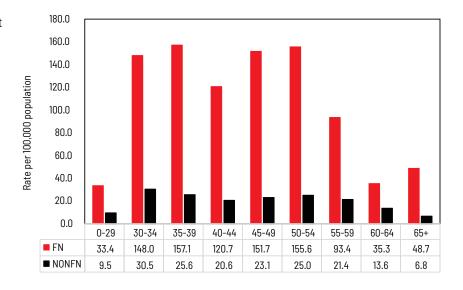
Death Rate Comparison by Age Group, 2014-2018

First Nations people had higher unintentional poisoning-related deaths rates than non-First Nations people in every age group.

The age group which had the largest unintentional poisoning-related death rate difference between First Nations people and non-First Nations were those 45 to 49 year olds with First Nations people having a death rate 6.6 times higher than of non-First Nations people.

This was closely followed by First Nations people between 50 and 54 years of age with an unintentional poisoning-related death rate 6.2 times higher than non-First Nations people.

First Nations people 35 to 39 years of age had an unintentional poisoning-related death rate 6.1 times higher than non-First Nations people.

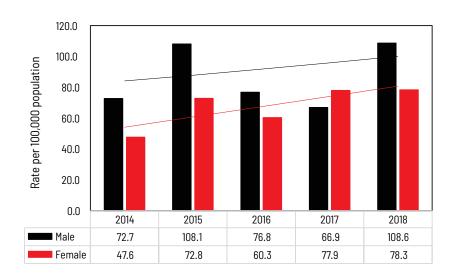


First Nations, Death Rate Comparison by Sex, 2015-2019

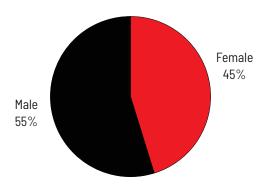
First Nations males had higher unintentional poisoning-related emergency department visits, First Nations females had higher hospital admission rates, and First Nations males had higher unintentional poisoning-related death rates.

First Nations males had a unintentional poisoning-related death rate 1.3 times higher than First Nations females.

The unintentional poisoning-related death rate increased 8.3% each year for females, and increased 4.5% each year for males.



First Nations, Proportion of Deaths by Sex, 2014-2018



First Nations males accounted for 55% of the unintentional poisoning-related deaths with an average of 63 deaths each year.

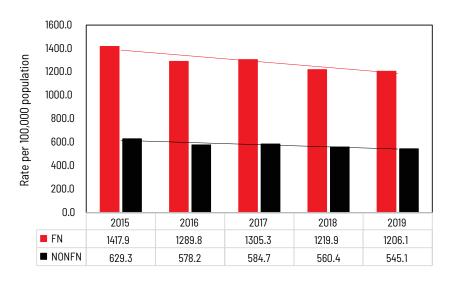
First Nations females accounted for 45% of unintentional poisoning-related deaths with an average of 52 deaths each year.



Motor vehicle-related events include: traffic, nontraffic, and boarding incidents on/involving pedestrians, motorcycles, cars/pickup trucks/vans, heavy transport vehicles, buses, other land transport vehicles.

Excludes: off-road vehicles which are reported separately.

Emergency Department Visit Rate Comparison by Year, 2015-2019



Overall, First Nations people had a motor vehicle injury-related emergency department visit rate 2.2 times higher than non-First Nations people.

The motor vehicle injury-related emergency department visit rates for First Nations had a statistically significant decrease of 3.8% each year.

The motor vehicle collision injury-related emergency department visit rate for Non-First Nations people also had a statistically significant average decrease of 3.2% each year.

On average, each year there were **2,091** motor vehicle injury-related emergency department visits of First Nations people. This equate to 6 motor vehicle injury-related visits each day.

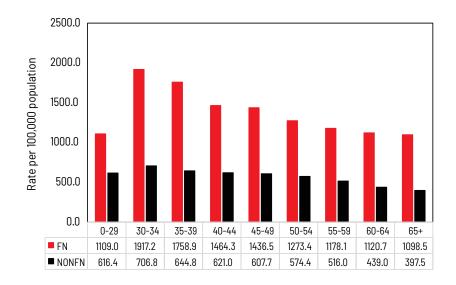
Emergency Department Visit Rate Comparison by Age Group, 2015-2019

First Nations people had motor vehicle injuryrelated emergency department visit rates higher than non-First Nations in every age group.

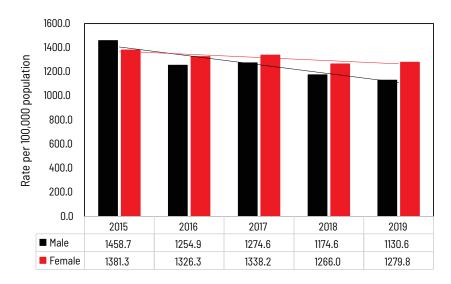
First Nations people 65 years of age and older had a motor vehicle injury-related emergency department visit rate 2.8 times higher than non-First Nations people.

The age groups which had the largest rate difference between First Nations persons and non-First Nations were those 30 to 34 and those 35 to 39 years of age, with First Nations people having motor vehicle injury-related emergency department visit rate 2.7 times that of non-First Nations for each age group.

This was followed by those 40 to 44 and 45 to 49 years of age where First Nations people had a rate 2.4 times that of non-First Nations for each age group.



First Nations, Emergency Department Visit Rate Comparison by Sex, 2015-2019

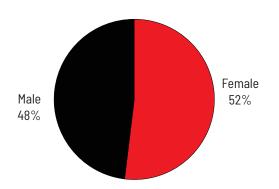


The overall motor vehicle-related emergency department visit rate for First Nations males and females was the same.

First Nations females experienced an statistically significant decrease in motor vehicle injury-related emergency department visits of 2.0% each year.

First Nations males also experienced a statistically significant decrease in motor vehicle injury-related emergency department visit rates of 5.7% each year.

First Nations, Proportion of Emergency Department Visits by Sex, 2015-2019



First Nations females accounted for 52% of motor vehicle injury-related emergency department visits with an average of 1,086 visits each year.

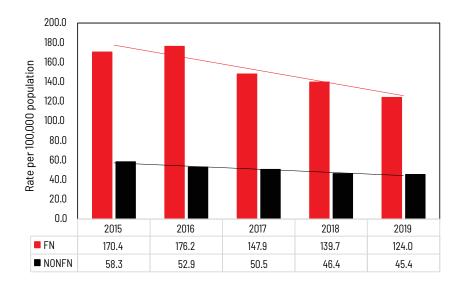
First Nations males accounted for 48% of the motor vehicle injury-related emergency department visits with an average of 1,005 visits each year.

First Nations, Emergency Department Visit Numbers by Age Group and Year, 2015-2019

Age Group	2015	2016	2017	2018	2019	Total	+/- Change
0 to 29	1,079	1,048	998	1,006	840	4,971	-239
30 to 34	278	235	215	241	233	1,202	-45
35 to 39	199	195	200	206	202	1,002	3
40 to 44	176	174	160	142	134	786	-42
45 to 49	161	152	173	117	145	748	-16
50 to 54	143	103	126	105	109	586	-34
55 to 59	85	67	77	101	105	435	20
60 to 64	62	47	64	44	70	287	8
65+	79	81	93	87	96	436	17
Total	2,262	2,102	2,106	2,049	1,934	10,453	-328

Over the 5-year period from 2015 to 2019, there were 328 fewer motor vehicle injury-related emergency department visits of First Nations people. Those less than 30 years of age had the largest changed with 239 fewer visits.

Hospital Admissions, Comparison by Year, 2015-2019



Overall, First Nations people had a motor vehicle injury-related hospital admission rate 3.0 times higher than non-First Nations people.

First Nations people experienced a statistically significant decrease in motor vehicle injury-related hospital admission rates of 8.3% each year.

Non-First Nations people also experienced a statistically significant decrease of motor vehicle injury-related hospital admissions of 6.2% each year.

On average, each year there was 231 unintentional poisoning-related hospital admission of First Nations people.

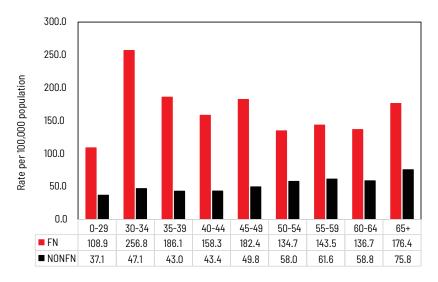
Hospital Admission Rate Comparison by Age Group, 2015-2019

First Nations people had motor vehicle injuryrelated admission rates higher than non-First Nations in every age group.

The age group which had the largest rate difference between First Nations people and non-First Nation were those 30 to 34 years of age in which First Nations people had a motor vehicle injury-related admission rate 5.5 times higher than non-First Nations people.

First Nations people 35 to 39 years of age had a motor vehicle injury-related hospital admission rate 4.3 times higher than non-First Nations people.

First Nations people between 40 and 44 and those between 45 and 49 years of age each had a motor vehicle injury-related hospital admission rate 3.7 times higher than non-First Nations people for both age groups.



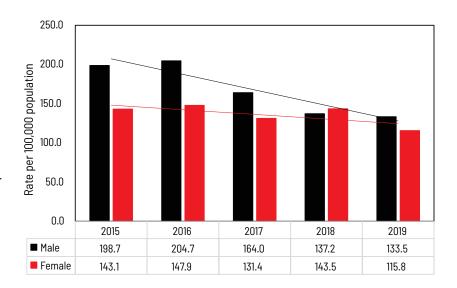
First Nations, Hospital Admission Rate Comparison by Sex, 2015-2019

First Nations males had higher motor vehicle injury-related hospital admission rates than females every year with the exception of 2018.

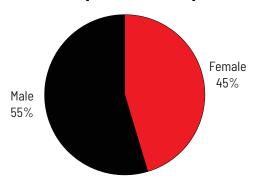
First Nations males had a motor vehiclerelated injury hospital admission rate 1.2 times higher than First Nations females.

First Nations males experienced a statistically significant decrease in motor vehicle injury-related hospital admissions of 11.8% each year.

First Nations females experienced a decrease in motor vehicle injury-related hospital admissions of 4.1% each year.



First Nations, Proportion of Hospital Admissions by Sex, 2015-2019



First Nations males accounted for 55% of the motor vehicle injury-related hospital admissions with an average of 126 each year.

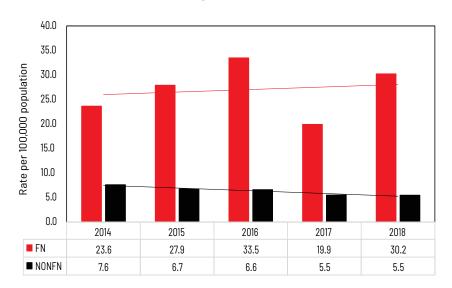
First Nations females accounted for the remaining 45% of motor vehicle injury-related hospital admissions with an average of 105 admissions each year.

First Nations, Hospital Admission Numbers by Age Group and Year, 2015-2019

Age Group	2015	2016	2017	2018	2019	Total	+/-Change
00 to 29	118	117	102	90	61	488	-57
30 to 34	35	33	23	37	33	161	-2
35 to 39	29	20	17	18	22	106	-7
40 to 44	21	19	21	15	9	85	-12
45 to 49	23	24	20	14	14	95	-9
50 to 54	15	10	15	8	14	62	-1
55 to 59	7	9	8	13	16	53	9
60 to 64	8	9	8	4	6	35	-2
65+	10	20	14	15	11	70	1
Total	266	261	228	214	186	1,155	-80

Over the 5-year period from 2015 to 2019, there were 80 fewer motor vehicle injury-related hospital admissions of First Nations people. Those less than 30 years of age had the largest decrease with 57 fewer admissions.

Death Rate Comparison by Year, 2014-2018



First Nations people had a motor vehicle injury-related death rate 4.2 times higher than non-First Nations people.

The motor vehicle injury-related death rate for First Nations people increased 2.1% each year.

The motor vehicle injury-related death rate for non-First Nations people had a statistically significant decrease of 8.3% each year.

Over the 5-year period, 2014-2018 there was an average of 42 motor vehicle injury-related deaths of First Nations people each year.

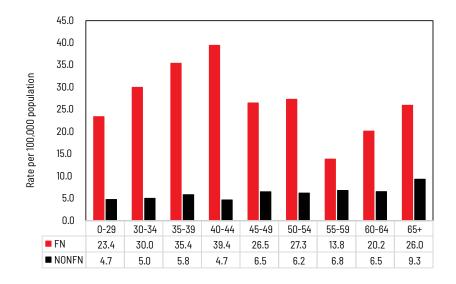
Death Rate Comparison by Age Group, 2014-2018

First Nations people had higher motor vehicle injury-related death rates higher than non-First Nations people in every age group.

The age group which had the largest motor vehicle injury-related death rate difference between First Nations people and non-First Nations were those 40 to 44 year olds with First Nations people having a death rate 8.5 times higher than non-First Nations people.

This was followed by First Nations people between 35 and 39 years of age with a motor vehicle injury-related death rate 6.1 times higher than non-First Nations people.

First Nations people 30 to 34 years of age had a motor vehicle injury-related death rate 6.0 times higher than non-First Nations people.

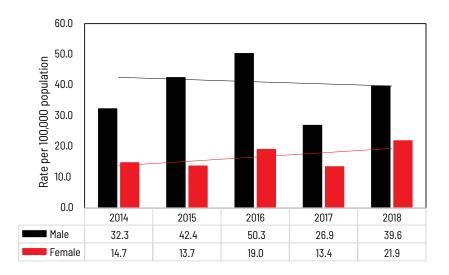


First Nations, Death Rate Comparison by Sex, 2014-2018

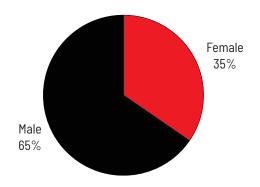
First Nations males had higher motor vehicle injury-related death rates higher than First Nations females in every year.

First Nations males had a motor vehiclerelated injury death rate 2.3 times higher than First Nations females.

The motor vehicle injury-related death rate increased an average of 10.7% each year for females, and decreased an average of 1.7% each year for males.



First Nations, Proportion of Deaths by Sex, 2014-2018



First Nations males accounted for 65% of the motor vehicle injury-related deaths with an average of 28 deaths each year.

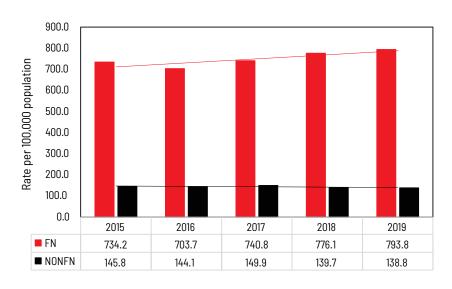
First Nations females accounted for 35% of motor vehicle injury-related deaths with an average of 15 deaths each year.

Suicide / Self-Harm

Suicide / Self-Harm

Suicide/self-inflicted injuries include: purposely self-inflicted poisoning or injury.

Emergency Department Visit Rate Comparison by Year, 2015-2019



Overall, First Nations people had a suicide/self-harm injury-reated emergency department visit rate 5.2 times higher than that of non-First Nations people.

The suicide/self-harm injury-related emergency department visit rates for First Nations had an average increase of 2.7% each year. The suicide/self-harm injury-related rate for Non-First Nations persons had an average decrease of 1.3% each year.

On average, each year there were 1,461 suicide/self-harm injury-related emergency department visits of First Nations persons. This equates to 4 suicide/self-harm injury-related visits each day.

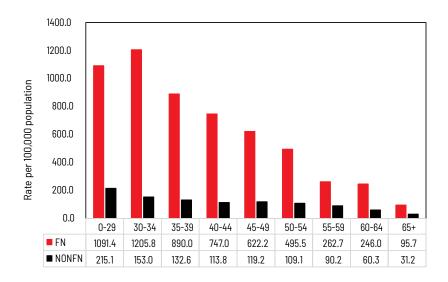
Emergency Department Visit Rate Comparison by Age Group, 2015-2019

First Nations people had suicide/self-harm injury-related emergency department visit rates higher than non-First Nations people in every age group.

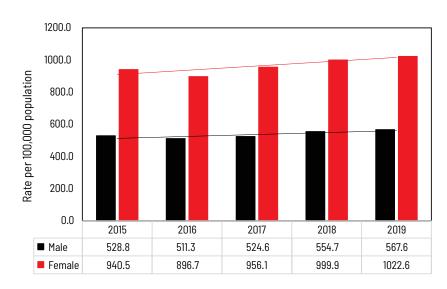
The age group which had the largest suicide/self-harm injury-related visit rate difference between First Nations people and non-First Nations were those 30 to 34 year of age with First Nations people having a visit rate 7.9 times higher than non-First Nations people.

This was followed by those 35 to 39 years of age where First Nations people had a suicide/self-harm injury-related emergency department visit rate 6.7 times higher than non-First Nations people.

First Nations people between 40 to 44 years of age had a suicide/self-harm injury-related emergency department visit rate 6.6 times higher than non-First Nations.



First Nations, Emergency Department Visit Rate Comparison by Sex, 2015-2019



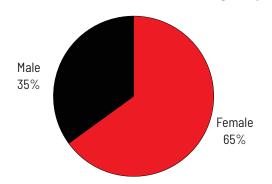
First Nations females had suicide/self-harm injury-related emergency department visit rates consistently higher than First Nations males every year.

First Nations females had a suicide/self-harm injury-related emergency department visit rate 1.8 times higher than First Nations males.

First Nations females experienced an increase in suicide/self-harm injury-related emergency department visits of 2.9% each year.

First Nations males also experienced an increase in suicide/self-harm injury-related emergency department visit rates of 2.5% each year.

First Nations, Proportion of Emergency Department Visits by Sex, 2015-2019



First Nations females accounted for 65% of suicide/self-harm injury-related emergency department visits with an average of 950 visits each year.

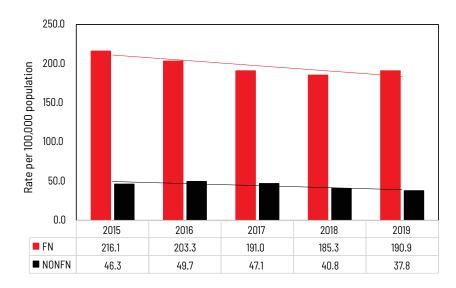
First Nations males accounted for the remaining 35% of the suicide/self-harm injury-related emergency department visits with an average of 511 visits each year.

First Nations, Emergency Department Visit Numbers by Age Group and Year, 2015-2019

Age Group	2015	2016	2017	2018	2019	Total	+/- Change
0 to 29	876	923	1,000	1,048	1,045	4,892	169
30 to 34	157	122	177	135	165	756	8
35 to 39	111	102	80	104	110	507	-1
40 to 44	90	78	66	74	93	401	3
45 to 49	66	61	67	64	66	324	0
50 to 54	62	37	37	50	42	228	-20
55 to 59	16	17	19	21	24	97	8
60 to 64	8	11	9	17	18	63	10
65+	10	10	6	6	6	38	-4
Total	1,396	1,361	1,461	1,519	1,569	7,306	173

Over the 5-year period from 2015 to 2019, there were 173 additional suicide/self-harm injury-related emergency department visits of First Nations people. Those less than 30 years of age had the largest changed with 169 additional visits.

Hospital Admissions, Comparison by Year, 2015-2019



First Nations people had a suicide/self-harm injury-related hospital admission rate 4.5 times higher than non-First Nations people.

First Nations people experienced a statistically significant decrease in suicide/self-harm injury-related hospital admission rates of 3.2% each year.

Non-First Nations people also experienced a statistically significant decrease of suicide/self-harm injury-related hospital admissions of 5.8% each year.

On average, each year there was **362** suicide/self-harm injury-related hospital admission of First Nations people. This equates to 1 First Nations person being admitted to hospital every day due to suicide/self-harm injuries.

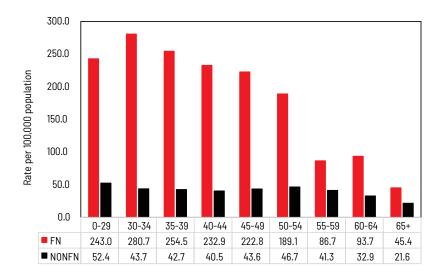
Hospital Admission Rate Comparison by Age Group, 2015-2019

First Nations people had suicide/self-harm injury-related admission rates higher than non-First Nations in every age group.

The age group which had the largest rate difference between First Nations people and non-First Nations was those 30 to 34 years of age with First Nations people having a suicide/self-harm injury-related admission rate 6.4 times higher than non-First Nations people.

This was followed by people between 35 to 39 years of age where First Nations people had a suicide/self-harm injury-related hospital admission rate 6.0 times higher than non-First Nations people.

First Nations people between 40 and 44 years of age had a suicide/self-harm injury-related hospital admission rate 5.8 times higher than non-First Nations people.



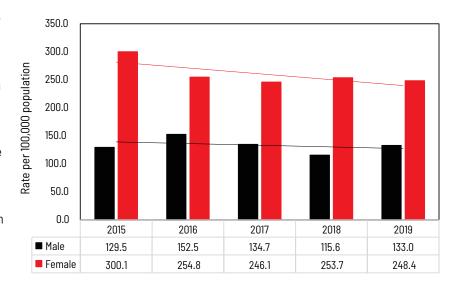
First Nations, Hospital Admission Rate Comparison by Sex, 2015-2019

First Nations females had higher suicide/selfharm injury-related hospital admission rates higher than First Nations males every year.

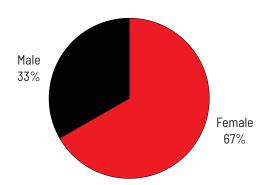
First Nations females had a suicide/self-harm injury-related hospital admission rate 2.0 times higher than First Nations males.

First Nations females experienced a decrease in suicide/self-harm injury-related hospital admission rates of 3.8% each year.

First Nations males experienced a decrease in suicide/self-harm injury-related hospital admission rates of 2.5% each year.



First Nations, Proportion of Hospital Admissions by Sex, 2015-2019



First Nations females accounted for two out of every 3 (67%) suicide/self-harm injury-related hospital admissions with an average of 242 admissions each year.

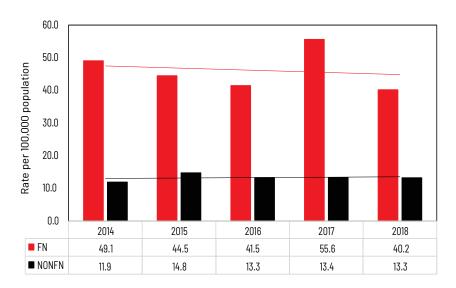
First Nations males accounted for the remaining 33% of the suicide/self-harm injury-related hospital admissions with an average of 121 admissions each year.

First Nations, Hospital Admission Numbers by Age Group and Year, 2015-2019

Age Group	2015	2016	2017	2018	3 2019 Total		+/-Change
00 to 29	207	222	242	209	209	1,089	2
30 to 34	42	32	39	30	33	176	-9
35 to 39	41	30	23	19	32	145	-9
40 to 44	35	32	16	22	20	125	-15
45 to 49	22	24	25	20	25	116	3
50 to 54	21	15	15	20	16	87	-5
55 to 59	6	7	2	8	9	32	3
60 to 64	4	4	3	6	7	24	3
65+	6	5	1	3	3	18	-3
Total	384	371	366	337	354	1,812	-30

Over the 5-year period from 2015 to 2019, there were 30 fewer suicide/self-harm injury-related hospital admissions of First Nations people. Those between 40 and 44 years of age had the largest decrease with 15 fewer admissions.

Death Rate Comparison by Year, 2014-2018



First Nations people had a suicide/selfharm injury-related death rate 3.5 times higher than non-First Nations people.

The suicide/self-harm injury-related death rate for First Nations people decreased 0.9% each year.

The suicide/self-harm injury-related death rate for non-First Nations people increased slightly by 0.8% each year.

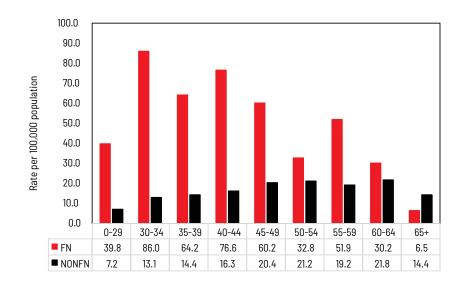
Over the 5-year period, 2014-2018 there was an average of **77** suicide/self-harm injury-related deaths of First Nations people each year.

Death Rate Comparison by Age Group, 2014-2018

First Nations people had higher suicide/selfharm injury-related deaths rates than non-First Nations people in every age group except those 65 years of age and older.

The age group which had the largest suicide/self-harm injury-related death rate difference between First Nations people and non-First Nations people were those 30 to 34 year olds with First Nations having a suicide/self-harm injury-related death rate 6.6 times higher than non-First Nations.

This was followed by First Nations people between 0 and 29 years of age with a suicide/self-harm injury-related death rate 5.6 times higher than that of non-First Nations people.

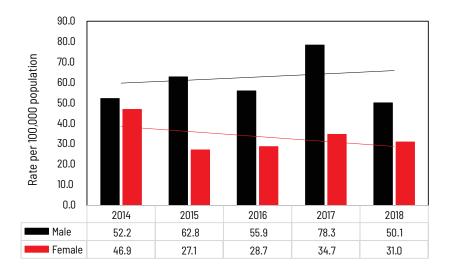


First Nations, Death Rate Comparison by Sex, 2014-2018

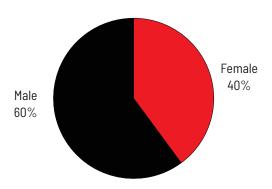
First Nations females had higher suicide/self-harm injury-related emergency department visits and hospital admission rates than males. However, First Nations males had higher suicide/self-harm injury-related death rates higher than First Nations females.

First Nations males had a suicide/selfharm injury-related death rate 1.8 times higher than First Nations females.

The suicide/self-harm injury-related death rate increased 2.5% each year for males, and decreased 8.1% each year for females.



First Nations, Proportion of Deaths by Sex, 2014-2018



First Nations males accounted for 60% of the suicide/self-harm injury-related deaths with an average of 46 deaths each year.

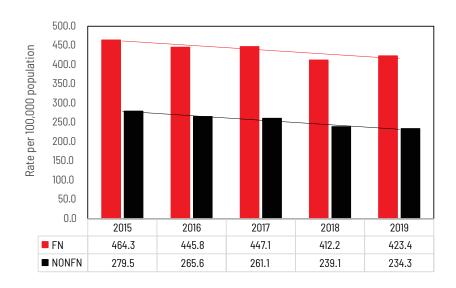
First Nations females accounted the remaining 40% of suicide/self-harm injury-related deaths with an average of 31 deaths each year.

Off-Road Vehicle

Off-Road Vehicle

Off-road vehicles include: all motor vehicles designed primarily for off-road use. This includes, ATVs, quads, side-by-sides, utility vehicles, dirt bikes and snowmobiles.

Emergency Department Visit Rate Comparison by Year, 2015-2019



First Nations people had a off-road vehicle injury-related emergency department visit rate 1.7 times higher than non-First Nations people.

The off road vehicle injury-related emergency department visit rates for First Nations people decreased 2.5% each year.

The off road vehicle injury-related emergency department visit rate for Non-First Nations people had a statistically significant decrease of 4.5% each year.

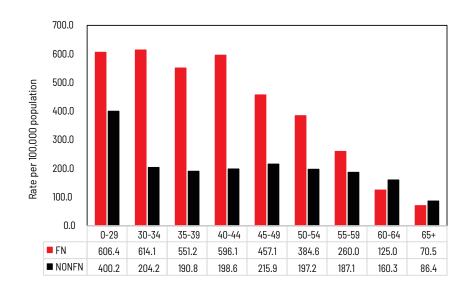
On average, each year there were **8,621** off road vehicle injury-related emergency department visits of First Nations people. This equate to 2 off-road vehicle injury visits each day.

Emergency Department Visit Rate Comparison by Age Group, 2015-2019

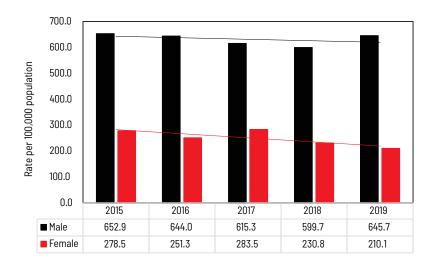
First Nations people had an off road vehicle injury-related emergency department visit rates higher than non-First Nations people in every age group except for those 60 years of age and older.

The age group which had the largest off road vehicle injury-related visit rate difference between First Nations people and non-First Nations people were those 30 to 34 and those 40 to 44 years each with First Nations people having a visit rate 3.0 times higher than non-First Nations people.

This was followed by those 35 to 39 years of age where First Nations people had an off road vehicle injury-related emergency department visit rate 2.9 times higher than non-First Nations people.



First Nations, Emergency Department Visit Rate Comparison by Sex, 2015-2019

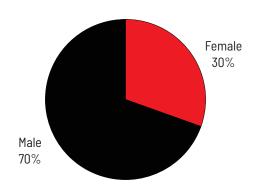


First Nations males had an off road vehicle injury-related emergency department visit rates consistently higher than First Nations females every year.

First Nations males experienced a decrease in off road vehicle injury-related emergency department visit rates of 0.4% each year.

First Nations females also experienced a decrease in off road vehicle injury-related emergency department visits of 6.4% each year.

First Nations, Proportion of Emergency Department Visits by Sex, 2015-2019



First Nations males accounted for 70% of the off road vehicle injury-related emergency department visits with an average of 599 visits each year.

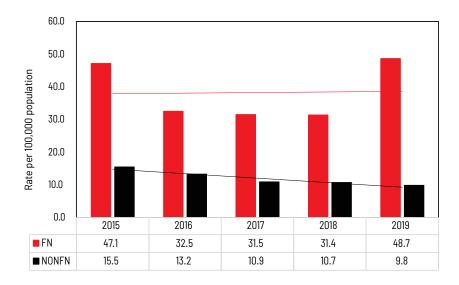
First Nations females accounted for the remaining 30% of off road vehicle injury-related emergency department visits with an average of 262 visits each year.

First Nations, Emergency Department Visit Numbers by Age Group and Year, 2015-2019

Age Group	2015	2016	2017	2018	2019	Total	+/- Change
0 to 29	617	544	583	458	516	2718	-101
30 to 34	74	84	80	63	84	385	10
35 to 39	62	66	59	68	59	314	-3
40 to 44	64	61	57	68	70	320	6
45 to 49	45	55	46	52	40	238	-5
50 to 54	31	34	38	47	27	177	-4
55 to 59	20	15	18	26	17	96	-3
60 to 64	7	5	5	3	12	32	5
65+	4	6	6	5	7	28	3
Total	924	870	892	790	832	4308	-92

Over the 5-year period from 2015 to 2019, there were 92 fewer off road vehicle injury-related emergency department visits of First Nations people. Those less than 30 years of age had the largest changed with 101 fewer visits.

Hospital Admissions, Comparison by Year, 2015-2019



First Nations people had an off road vehicle injury-related hospital admission rate 3.2 times higher than non-First Nations people.

First Nations people experienced an increase in off road vehicle injury-related hospital admission rates of 2.8% each year.

Non-First Nations people experienced a statistically significant decrease in off road vehicle injury-related hospital admissions of 11.0% each year.

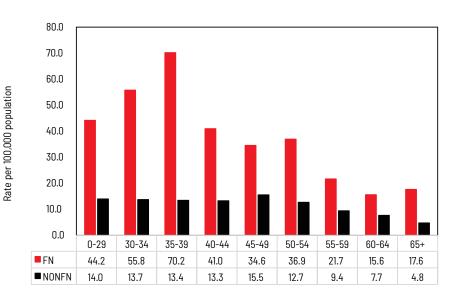
On average, each year there was 70 off road vehicle injury-related hospital admission of First Nations people.

Hospital Admission Rate Comparison by Age Group, 2015-2019

First Nations people had off road vehicle injury-related admission rates higher than non-First Nations in every age group.

The age group which had the largest rate difference between First Nations people and non-First Nations people was those 35 to 39 years of age with an off road vehicle injury-related admission rate 5.2 times higher for First Nations people.

This was followed by those 30 to 34 years of age where First Nations people had an off road vehicle injury-related hospital admission rate 4.1 times higher than non-First Nations people.



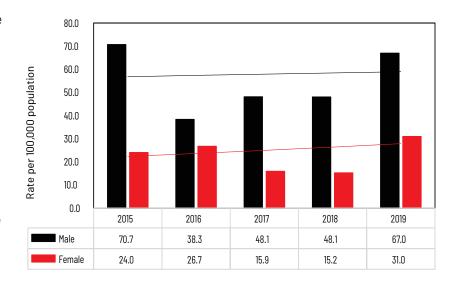
First Nations, Hospital Admission Rate Comparison by Sex, 2015-2019

First Nations males had higher off road vehicle injury-related hospital admission rates than First Nations females every year.

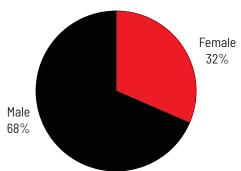
First Nations males had an off road vehicle injury-related-related hospital admission rate 2.4 times higher than First Nations females.

First Nations males experienced a slight increase in off road vehicle injury-related hospital admissions of 1.0% each year.

First Nations females experienced an increase in off road vehicle injury-related hospital admissions of 5.7% each year.



First Nations, Proportion of Hospital Admissions by Sex, 2015-2019



First Nations males accounted for two out of every 3 (68%) off road vehicle injury-related hospital admissions with an average of 48 admissions each year.

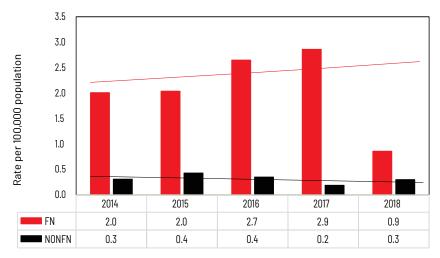
First Nations females accounted for the remaining 32% of the off road vehicle injury-related hospital admissions with an average of 22 admissions each year.

First Nations, Hospital Admission Numbers by Age Group and Year, 2015-2019

Age Group	2015	2016	2017	2018	2019	Total	+/-Change
00 to 29	42	37	34	33	52	198	10
30 to 34	8	5	8	2	12	35	4
35 to 39	13	5	1	7	14	40	1
40 to 44	6	5	1	4	6	22	0
45 to 49	6	4	2	4	2	18	-4
50 to 54	5	1	2	3	6	17	1
55 to 59	3	0	1	3	1	8	-2
60 to 64	1	2	0	1	0	4	-1
65+	0	1	5	0	1	7	1
Total	84	60	54	57	94	349	10

Over the 5-year period from 2015 to 2019, there were 10 more off road vehicle injury-related hospital admissions of First Nations people. Those less 30 years of age had the largest increase with 10 additional admissions.

Death Rate Comparison by Year, 2014-2018



First Nations people had an off road vehicle injury-related death rate 6.6 times higher than non-First Nations people.

The off road vehicle injury-related death rate for First Nations people increased an average of 3.7% each year.

The off road vehicle injury-related death rate for non-First Nations decreased 7.2% each year.

Over the 5-year period, 2014-2018 there was an average of 3 off road vehicle injury-related deaths of First Nations people each year.

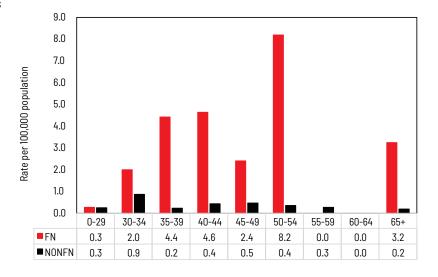
Death Rate Comparison by Age Group, 2014-2018

First Nations people had higher off road vehicle injury-related deaths rates than non-First Nations people in every age group except those 65 years of age and older.

There were no deaths of First Nations persons between 55 and 64 years of age.

The age group which had the largest off road vehicle injury-related death rate difference between First Nations people and non-First Nations people were those 50 to 54 year olds with First Nations people having a death rate 22.5 times higher than non-First Nations.

This was followed by First Nations people between 35 and 39 years of age with an off road vehicle injury-related death rate 18.7 times higher than non-First Nations people.



First Nations, Death Rate Comparison by Sex, 2014-2018

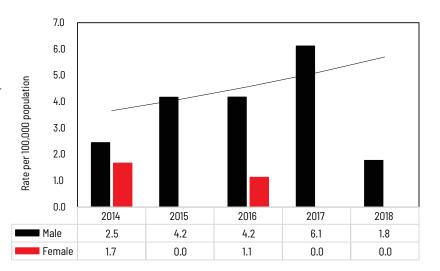
First Nations males had higher off road vehicle injury-related death rates than First Nations females.

First Nations males had an off road vehicle injuryrelated-related death rate 6.7 times higher than First Nations females.

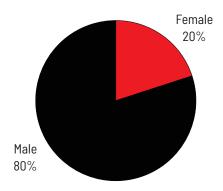
There were 3 years in which there were no First Nations females who died as a result of an off road vehicle injury.

The off road vehicle injury-related death rate increased 11.7% each year for males.

The off road vehicle injury-related death trend rate for females was not calculated due to insufficient data.



First Nations, Proportion of Deaths by Sex, 2014-2018

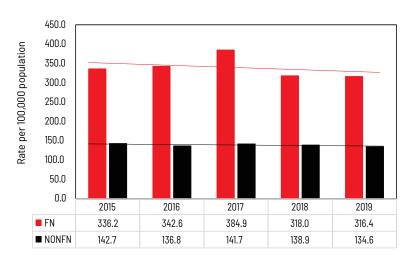


First Nations males accounted for 80% of the off road vehicle injury-related deaths with an average of 2 deaths each year.

First Nations females accounted the remaining 20% of off road vehicle injury-related deaths with an average of less than 1 death each year.

Fire/flames include: exposure to uncontrolled fire in building/structure/forest fire, controlled fire in building/structure, fireplace/stove, campfire, contact with hot fluids, vapours/gases, household appliances, radiators/pipes, machinery/tools/metals and objects that are not normally hot, e.g. an object made hot by a house fire.

Emergency Department Visit Rate Comparison by Year, 2015-2019



First Nations people had a fire/flame injury-related emergency department visit rate 2.4 times higher than non-First Nations people.

The fire/flame injury-related emergency department visit rates for First Nations people decrease 2.3% each year.

The fire/flame injury-related rate for Non-First Nations people decreased 1.0% each year.

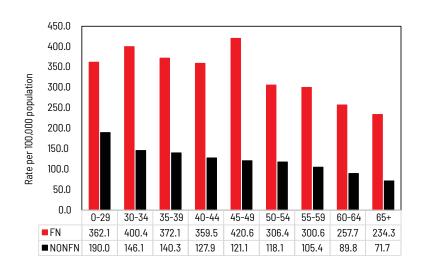
On average, each year there were **582** fire/flame injury-related emergency department visits of First Nations people. This equate to 2 fire/flame injury-related visits each day.

Emergency Department Visit Rate Comparison by Age Group, 2015-2019

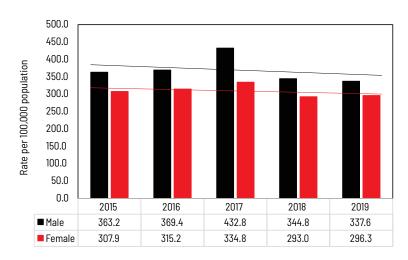
First Nations people had a fire/flame injury-related emergency department visit rates higher than non-First Nations in every age group.

The age group which had the largest fire/flame injury-related visit rate difference between First Nations people and non-First Nations people were those 45 to 49 year of age with First Nations people having a visits rate 3.5 times higher than non-First Nations people.

This was followed by those 65 years of age and older where First Nations people had a fire/flame injury-related emergency department visit rate 3.3 times higher than non-First Nations people.



First Nations, Emergency Department Visit Rate Comparison by Sex, 2015-2019



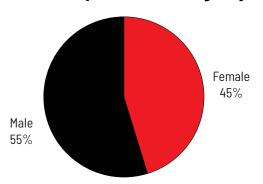
First Nations males had fire/flame injury-related emergency department visit rates consistently higher than First Nations females every year.

First Nations males had fire/flame injury-related emergency department visit rate 1.2 times higher than First Nations females.

First Nations males experienced a decrease in fire/flame injury-related emergency department visit rates of 2.8% each year.

First Nations females also experienced a decrease in fire/flame injury-related emergency department visits of 1.8% each year.

First Nations, Proportion of Emergency Department Visits by Sex, 2015-2019



First Nations males accounted for 55% of the fire/flame injury-related emergency department visits with an average of 319 visits each year.

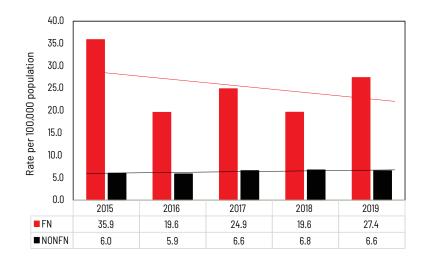
First Nations females accounted for the remaining 45% of fire/flame injury-related emergency department visits with an average of 263 visits each year.

First Nations, Emergency Department Visit Numbers by Age Group and Year, 2015-2019

Age Group	2015	2016	2017	2018	2019	Total	+/- Change
0-29	359	303	363	316	282	1623	-77
30-34	52	36	56	48	59	251	7
35-39	43	39	60	38	32	212	-11
40-44	26	35	51	43	38	193	12
45-49	36	45	48	44	46	219	10
50-54	29	36	29	20	27	141	-2
55-59	11	18	23	25	34	111	23
60-64	6	29	10	12	9	66	3
65+	20	17	18	18	20	93	0
Total	582	558	658	564	547	2909	-35

Over the 5-year period from 2015 to 2019, there were 35 fewer fire/flame injury-related emergency department visits of First Nations people. Those less than 30 years of age had the largest changed with 77 fewer visits. While those 55 to 59 years of age had 23 more fire/flame injury-related visits.

Hospital Admissions, Comparison by Year, 2015-2019



First Nations people had a fire/flame injury-related hospital admission rate 4.0 times higher than non-First Nations people.

First Nations people experienced a decrease in fire/flame injury-related hospital admission rates of 6.1% each year.

Non-First Nations people experienced an increase of fire/flame injury-related hospital admissions of 3.1% each year.

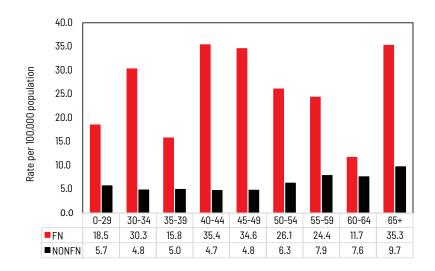
On average, each year there was 37 fire/flame injury-related hospital admission of First Nations persons.

Hospital Admission Rate Comparison by Age Group, 2015-2019

First Nations people had a fire/flame injuryrelated admission rates higher than non-First Nations people in every age group.

The age group which had the largest rate difference between First Nations people and non-First Nations people were those 40 to 44 years of age with a fire/flame injury-related admission rate 7.5 times higher for First Nations people.

This was followed by those 45 to 49 years of age where First Nations people had a fire/flame injury-related hospital admission rate 7.2 times higher than non-First Nations people.



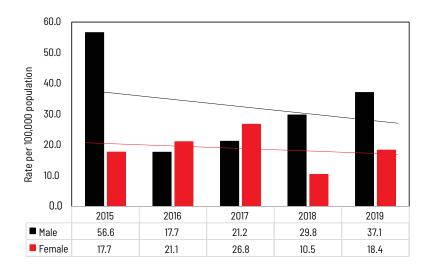
First Nations, Hospital Admission Rate Comparison by Sex, 2015-2019

First Nations males had higher fire/flame injury-related hospital admission rates higher than females in 2015, 2018 and 2019. In 2016 and 2017 females had higher fire/flame injury-related hospital admissions than males.

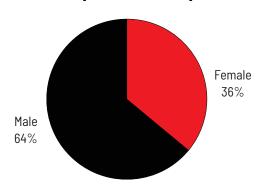
First Nations males had fire/flame injuryrelated hospital admission rate 1.7 times higher than First Nations females.

First Nations males experienced a decrease in fire/flame injury-related hospital admissions of 10.2% each year.

First Nations females also experienced a decrease in fire/flame injury-related hospital admissions of 3.9% each year.



First Nations, Proportion of Hospital Admissions by Sex, 2015-2019



First Nations males accounted for two out of every 3 (64%) fire/flame injury-related hospital admissions with an average of 24 admissions each year.

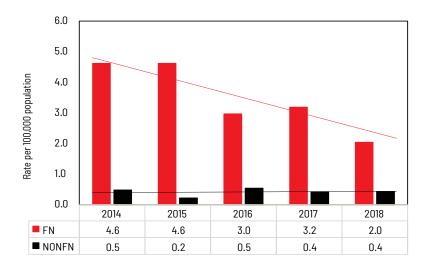
First Nations females accounted for the remaining 36% of the fire/flame injury-related hospital admissions with an average of 13 admissions each year.

First Nations, Hospital Admission Numbers by Age Group and Year, 2015-2019

Age Group	Total	+/-Change
00 to 29	83	0
30 to 34	19	1
35 to 39	9	-1
40 to 44	19	-1
45 to 49	18	1
50 to 54	12	-3
55 to 59	9	3
60 to 64	3	0
65+	14	-1
Total	186	-1

Due to the small number of emergency department visits by age group and year, the total from 2015 to 2019 will be presented. Over the 5-year period, there was 1 less fire/flame injury-related hospital admissions of First Nations people.

Death Rate Comparison by Year, 2014-2018



First Nations people had a fire/flame injury-related death rate 8.3 times higher than non-First Nations people.

The fire/flame injury-related death rate for First Nations people experienced a statistically significant decreased of 17.0% each year.

The fire/flame injury-related death rate for non-First Nations people decreased 1.6% each year.

Over the 5-year period, 2014-2018 there was an average of 4 fire/flame injury-related deaths of First Nations people each year.

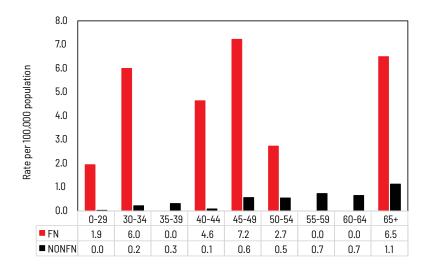
Death Rate Comparison by Age Group, 2014-2018

First Nations people had higher fire/flame injury-related deaths rates than non-First Nations people in every age group.

The age group which had the largest fire/flame injury-related death rate difference between First Nations people and non-First Nations people were those between 0 and 29 years of age with First Nations people having a death rate 61.0 times higher than non-First Nations.

This was followed by First Nations people between 40 and 44 years of age with a fire/flame injury-related death rate 52.7 times higher than non-First Nations people.

First Nations people between 30 and 34 years of age had a fire/flame injury-related death rate 27.4 times higher than non-First Nations people.



First Nations, Death Rate Comparison by Sex, 2014-2018

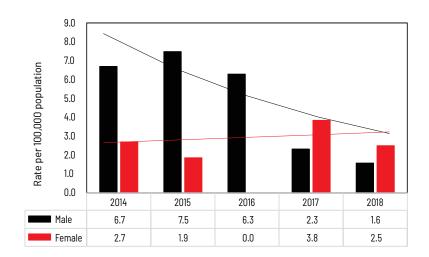
First Nations males had higher fire/flame injury-related death rates than First Nations females from 2014 to 2016. Females had higher death rates in 2017 and 2018.

First Nations males had fire/flame injuryrelated death rate 2.2 times higher than First Nations females.

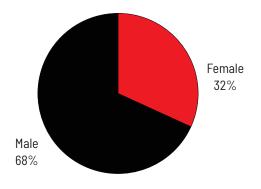
In 2016 there were no First Nations females who died as a result of a fire/flame injury.

The fire/flame injury-related death rate decreased 21.9% each year for males.

The fire/flame injury-related death trend rate for females increased 5.0% each year.



First Nations, Proportion of Deaths by Sex, 2014-2018



First Nations males accounted for 68% of the fire/flame injury-related deaths with an average of 3 deaths each year.

First Nations females accounted the remaining 32% of fire/flame injury-related deaths with an average of 1 death each year.

Appendix A Mechanism of Injury- ICD10-CA Codes

LININTENTIONAL FALLS													
UNINTENTIONAL FALLS	W01												
	W03	1				_							_
	W10												
	W11	W12											
	W13												
	W14	W15	W16	W17									
	W04	W05.00	W05.01	W05.02	W05.03	W05.04	W05.08	W05.09	W18	W19			
	W00												
	W09.01	W09.02	W09.03	W09.04	W09.05	W09.08	W09.09						
	W06	W07	W08	-								-	
/IOLENCE AND INJURY PURPOSELY INFLICTED													
VIOLENCE AND INJURY FURFUSELY INFLICTED	X93	X94	X95.00	X95.01	X95.08	X95.09	_	_	_		_		
	Y04	704	755.00	755.01	755.00	700.00		_					
	Y05												
	X99												
	Y07.0	Y07.1	Y07.2	Y07.3	Y07.8	Y07.9							
	X85	X86	X87	X88	X89	X90							
	X91	X92	X96	X97	X98	Y01	Y02	Y03	Y08	Y09			
	Y06.0	Y06.1	Y06.2	Y06.8	Y06.9								
	Y00												
IN INTERIOR AND PROPERTY OF THE PROPERTY OF TH													
JNINTENTIONAL POISONING	V40	V44	V42	V42	V4.4	VAE	VAC	V47	VAC	VAC			+
	X40	X41	X42	X43	X44	X45	X46	X47	X48	X49	-	-	-
	Y10	Y11	Y12	Y13	Y14	Y15	Y16	Y17	Y18	Y19	+		+
MOTOR VEHICLE TRAFFIC		-	-		-	-	-		-	-	_	_	+
WOTOR VEHICLE HALLIO	V30.5	V31.5	V32.5	V33.5	V34.5	V35.5	V36.5	V37.5	V38.5	V39.4	+	-	+
	V40.5	V31.5 V41.5	V32.5 V42.5	V43.5	V34.5 V44.5	V35.5 V45.5	V46.5	V47.5	V36.5 V48.5	V39.4 V49.4			_
	V50.5	V51.5	V52.5	V53.5	V54.5	V55.5	V56.5	V57.5	V58.5	V59.4			_
	V60.5	V61.5	V62.5	V63.5	V64.5	V65.5	V66.5	V67.5	V68.5	V69.4			
	V70.5	V71.5	V72.5	V73.5	V74.5	V75.5	V76.5	V77.5	V78.5	V79.4			
	V83.0	V84.0	V85.0										
	V30.6	V31.6	V32.6	V33.6	V34.6	V35.6	V36.6	V37.6	V38.6	V39.5			
	V40.6	V41.6	V42.6	V43.6	V44.6	V45.6	V46.6	V47.6	V48.6	V49.5			
	V50.6	V51.6	V52.6	V53.6	V54.6	V55.6	V56.6	V57.6	V58.6	V59.5			
	V60.6	V61.6	V62.6	V63.6	V64.6	V65.6	V66.6	V67.6	V68.6	V69.5			
	V70.6	V71.6	V72.6	V73.6	V74.6	V75.6	V76.6	V77.6	V78.6	V79.5			
	V83.1	V84.1	V85.1										
	V20.4	V21.4	V22.4	V23.4	V24.4	V25.4	V26.4	V27.4	V28.4	V29.4			
	V20.5	V21.5	V22.5	V23.5	V24.5	V25.5	V26.5	V27.5	V28.5	V29.5			
	V02.1	V02.9	V03.1	V03.9	V04.1	V04.9	V09.2						
	V12.4	V12.5	V12.9	V13.4	V13.5	V13.9	V14.4	V14.5	V14.9	V19.4	V19.5	V19.6	
	V20.9	V21.9	V22.9	V23.9	V24.9	V25.9	V26.9	V27.9	V28.9	V29.6	V29.8	V29.9	
	V30.7	V30.9	V31.7	V31.9	V32.7	V32.9	V33.7	V33.9	V34.7	V34.9	1,000.0		_
	V35.7	V35.9	V36.7	V36.9	V37.7	V37.9	V38.7	V38.9	V39.6	V39.8	V39.9	1/45.0	
	V40.7	V40.9	V41.7	V41.9	V42.7	V42.9	V43.7	V43.9	V44.7	V44.9	V45.7	V45.9	
	V46.7	V46.9	V47.7	V47.9 V51.9	V48.7 V52.7	V48.9 V52.9	V49.6	V49.8	V49.9	V64 0	V55.7	V55.9	V56.7
	V50.7 V56.9	V50.9 V57.7	V51.7 V57.9	V51.9 V58.7	V52.7 V58.9	V52.9 V59.6	V53.7 V59.8	V53.9 V59.9	V54.7	V54.9	V 35.7	V 33.9	V 50.7
	V60.7	V60.9	V61.7	V61.9	V62.7	V62.9	V63.7	V63.9	V64.7	V64.9	V65.7	V65.9	V66.7
	V66.9	V67.7	V67.9	V68.7	V68.9	V62.9	V69.8	V69.9	V U-1.7	V 04.3	V 00.1	¥ 55.5	¥ 30.7
	V70.7	V70.9	V71.7	V71.9	V72.7	V72.9	V73.7	V73.9	V74.7	V74.9	V75.7	V75.9	V76.7
	V76.9	V77.7	V77.9	V78.7	V78.9	V79.6	V79.8	V79.9		4.0			
	V82.1	V83.2	V83.3	V84.2	V84.3	V85.2	V85.3	1.0	V87.0	V87.1	V87.2	V87.3	V87.4
	V87.5	V87.6	V87.7	V87.8	V89.2								
SUICIDE AND SELF INFLICTED INJURY													
	X60	X61	X62	X63	X64	X65	X66	X68	X69				
	X67												
	X70												
	X72	X73	X74.00	X74.01	X74.08	X74.09							
	X78	\ <i>0</i> 75	\C70	\/77	\c70	MOC	1004	VOO	voc	V0.1	-	-	-
	X71	X75	X76	X77	X79	X80	X81	X82	X83	X84	-	-	-
OFF ROAD VEHICLES		-	-	-	-	-	-		-	-	_	_	+
OFF NOAD VEHICLES	V86.0	V86.08	V86.5	V86.58	-	+		-	-	-	-	_	+
	V86.1	V86.18	V86.6	V86.68	-	+	+			+	+	-	+
	V86.2	V86.3	V86.38	V86.4	V86.7	V86.9	V86.98						_
	V86.00	V86.50	V86.51	700.4	700.7	*00.0	700.00						
	V86.10	V86.60	V86.61										
	V86.30	V86.90	V86.91										
FIRE AND FLAMES													
	X00	X01	X02	X03	X04	X05	X06	X08	X09				
	X10	X11	X12	X13	X14	X16	X18	X19					
	X15.00	X15.01	X15.02	X15.03	X15.04	X15.05	X15.06	X15.07	X15.08	X15.09			

If you would like additional information about injuries in First Nations communities, or other injury topics, please visit http://injurypreventioncentre.ca or contact us via phone at **780.492.6019** or email ipc@ualberta.ca



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