



**Although we try to protect our children**, it is not always possible to shield them from everything in the outside world. There are, however, a number of factors we *can* influence — like air and water quality, crime, and unintentional injuries.

How well are we doing in these areas? The latest edition of *The Progress of Canada's Children and Youth 2006* tracked these trends and revealed the following:

## Air & Water Quality

- Traffic-related air pollution is a particularly serious threat to children's health and safety. Much of Canada's air pollution comes from traffic.
- The quality of air we breathe impacts fetal development, pregnancy outcomes, and infant health. Smog is of particular concern in urban areas because there are no safe levels for human exposure to ground-level ozone and fine particulate matter, the primary components of smog. In Ontario, the number of smog advisory days rose from 14 in 1995, to 20 in 2004, and 53 in 2005.
- Children exposed to environmental tobacco smoke (second-hand smoke) are at increased risk of bronchitis, pneumonia, lower respiratory tract infections, chronic ear infections, and sudden infant death syndrome. In 2003, 16% of children under age 18 were regularly exposed to second-hand smoke at home.
- Clean water is critical to human health, and in Canada's Aboriginal communities, it is a major cause for concern. A 2002/03 First Nations health survey found that:
  - One-third of First Nations adults consider their household water to be unsafe to drink.
  - Over 70% of Native adults resorted to alternative sources of drinking water.

## Unintentional Injuries

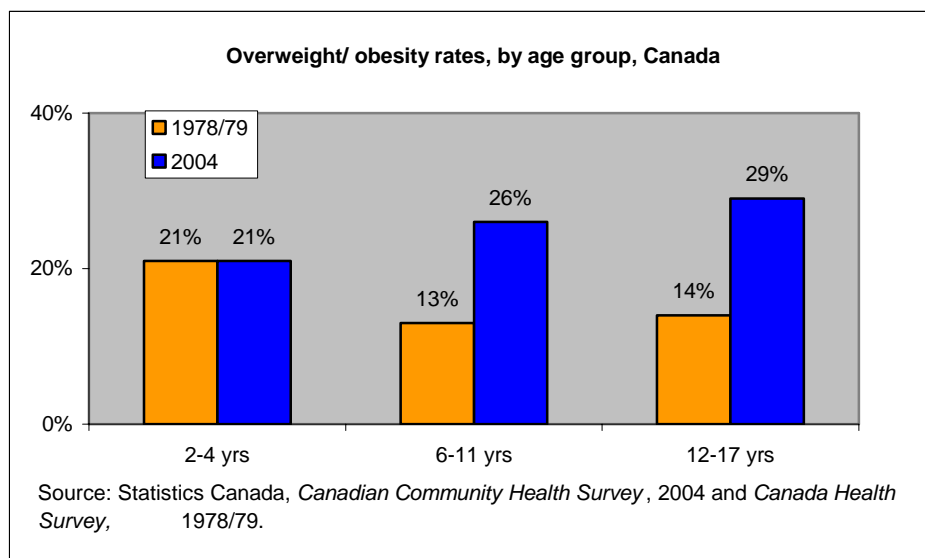
- Unintentional injuries are the leading cause of death for children over the age of one. Youth are particularly at risk – in 2002, almost 1,000 young people aged 15 to 24 died as a result of unintentional injuries.
- Between 1990 and 2002, the injury death rate declined by 44% among children aged one to four, by 49% among those age 5 to 14, and by 36% for youth aged 15 to 24.



- Motor vehicle crashes are the leading cause of death for young Canadians. They account for more than one-third (35%) of all deaths of teens aged 15 to 19, and just under one-third (30%) of deaths for young adults aged 20 to 24.
- At all ages above age one, boys are more likely than girls to die of injury-related causes.

## Overall Health

- 67% of youth aged 12 to 24 said they were in very good or excellent health in 2003, but this proportion had come down considerably over the years. In 1998, 73% of youth had rated their health so positively.
- Rates of childhood obesity are rising. In 2004, 1.6 million children aged 2 to 17 were overweight (1.1 million) or obese (507,000). Over the last 25 years, the proportion of young people who are overweight or obese has jumped from 15% to 26%.
- Overweight/obesity rates were highest in Atlantic Canada in 2004. Newfoundland had the highest combined rate (36%), while Alberta had the lowest (22%). The Canadian average was 26%.
- More than half of First Nations children aged 3 to 11 were either overweight (22%) or obese (36%) in 2002/03.





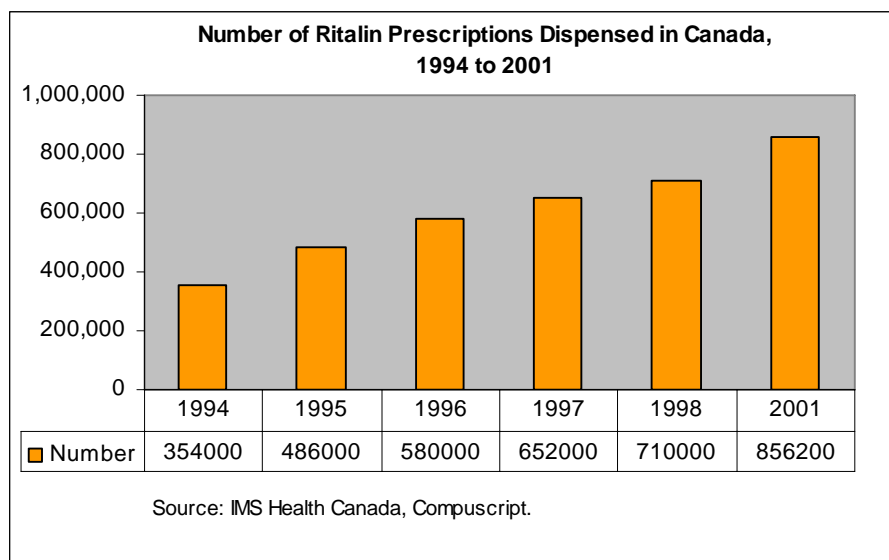
## Health Conditions

### Asthma

- In 2003, over 637,8000 children and youth aged 12 to 24 suffered from asthma – 12% of young Canadians. Asthma rates among young people under the age of 20 increased significantly between 1978 and 1994 – from 2.3% to 12%. The proportion has remained relatively stable since then, but rates continue to climb among young adults aged 20 to 24.
- In 2003, asthma rates were lowest for British Columbia children and youth aged 12 and 24. Rates were relatively high in the Atlantic Provinces.
- In 2002/03, 15% of First Nations children and youth under age 12 suffered from asthma, making it the most common chronic health condition in this population.

### ADHD & Ritalin

- An estimated 1.57 million visits for Attention Deficit Hyperactivity Disorder (ADHD) were made to physicians' offices in 2001, including repeat visits. This is up 20% from 1997.
- Over the past decade in Canada, the use of prescription medications to treat children's behavioural problems has skyrocketed. Methylphenidate or Ritalin is commonly used to treat ADHD. Between 1994 and 2001, the number of prescriptions for Ritalin grew by 142%.





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## Crime & Perceptions of Safety

- The crime rate in a community is one indicator of the safety of our children and youth. Other than an increase in 2003, the overall crime rate in Canada has been falling since it peaked in 1991. Police reported about 2.6 million offences in 2004, resulting in a crime rate that was 12% lower than a decade earlier.
- Youth perceptions of safety, however, are declining. Between 1998 and 2002, fewer young people aged 16 to 24 considered their neighbourhoods to be very safe places in which to live. In 2002, 72% felt their neighbourhoods were very safe from violent crime, a decrease from 1998 (78%).

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For more detailed information on the CCSD's *Progress of Canada's Children and Youth* project, visit our website at [www.ccsd.ca/pccy/2006](http://www.ccsd.ca/pccy/2006).