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# A JOURNEY TO THE TEACHINGS

A Community Approach  
to Injury Prevention

**FACILITATOR MANUAL**



Canada 

Our mission is to help the people of Canada  
maintain and improve their health.

*Health Canada*

Published by authority of the  
Minister of Health.

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# FOREWORD

Thank you for your interest in injury prevention and this training manual. *A Journey to the Teachings* is based on the injury prevention resource, *A Journey: Strengthening Aboriginal Communities through Injury Prevention, 2001* by the Alberta Centre for Injury Control & Research. It is hoped that this training resource will be used to encourage First Nations and Inuit communities to identify and examine injury problems and to develop and use injury prevention strategies to mobilize communities. This resource was developed using internationally recognized theories and principles of injury prevention that are based on the public health and epidemiological approaches. These ideas have been adapted to address needs specific to First Nations and Inuit and to provide culturally-relevant information.

This manual is a good reference for practitioners and service providers at the community level. It contains:

- injury prevention concepts and theories;
- data on the burden of injury;
- information on risk and protective factors;
- a description of surveillance and its use in the community; and
- injury prevention messages and strategies and how to bring them home to the community.

There were many people involved throughout the development of this resource including national aboriginal organizations, provincial/territorial and regional organizations, practitioners, service providers and Elders in First Nations and Inuit communities. A very sincere thank you to all those who offered their time and expertise; we are truly appreciative of all of your work.

We encourage you to read the information that follows, and to use it to best meet the needs of your community. We welcome your feedback so that together we can keep improving this resource to better assist you in your injury prevention efforts.

Injury Prevention Unit  
Community Programs Directorate  
First Nations and Inuit Health Branch  
Health Canada



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Resources for First Nations on Injury Prevention:  
    Annotated Bibliography, First Nations Centre, National  
    Aboriginal Health Organization (NAHO), October, 2006.  
National Evaluation  
Certificate of Participation

*Regional Data*

Alberta Data  
Saskatchewan Data  
Manitoba Data  
Inuit Data

# *Introduction and Planning*







# BACKGROUND

## *Why was the facilitator learning manual developed?*

Aboriginal practitioners from across Canada, concerned about the problem of injuries, have identified the need for learning material that is culturally centered. In response to that need, this learning material was developed to assist practitioners and Aboriginal communities to discuss the problem of injury in ways that are culturally meaningful. For this reason, the learning manual encourages the use of traditional and local knowledge as well as current knowledge from the injury prevention field.

## *How will this learning help address the problem of injury?*

The learning will make it easier:

- To begin community discussions about the problem of injuries;
- To provide learning opportunities;
- To develop culturally meaningful ways to communicate key injury prevention concepts; and
- For communities to develop and implement their own injury prevention strategies.

## *Who are the workshops designed for?*

*A Journey to the Teachings* is designed for community practitioners and service providers, such as:

- Community Health Nurses and other health practitioners;
- Early Childhood Development workers;
- Health Promotion workers;
- Band Councils;
- Police;
- Teachers;
- And individuals who work in injury prevention.



# USING THE FACILITATOR MANUAL

## *How is a workshop for A Journey to the Teachings organized?*

*A Journey to the Teachings* is divided into four learning sections:

- **Awareness:** Looking at the Problem;
- **Understanding:** Identifying Risk and Protective Factors;
- **Knowledge:** Identifying Injury Patterns and Prevention Strategies, and;
- **Wisdom:** Using Prevention Strategies to Act.

Content is focused on raising awareness about injuries and linking injury prevention knowledge to develop prevention activities and promote community mobilization.

## *What is the recommended size for a learning group?*

The learning was designed to work with a recommended group size of 10-25 participants. Due to the interactive nature of the instructional methods, promoting participation and involvement is key.

The same learning can be provided to groups of 25-40 participants. However, groups of this size are best facilitated by two trainers. An appropriate facilitator/participant ratio is critical to supporting effective interaction among workshop participants and maximizing the opportunity for learning objectives to be met.

## Commonly Used Icons



### Discussion Questions

Discussion questions are intended to initiate and guide group discussions.

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### Handouts

There are several handouts which correspond to activities in the learning agenda.

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### Slides

Slides used with each learning section are identified. A miniature slide accompanies the speaker notes.

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### Overview

The overview provides a summary of the learning section and topics to be covered.

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### Time

Each learning section includes the overall time needed to complete the material in that learning section.

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### Key Points

Key points are used within the “Facilitator Guide” section to highlight the most important information to be covered and considered.

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### Goals

Each learning section identifies what is to be achieved (goals) at the end of each section.

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### Objectives

Objectives outline how the goals in each learning session can be met.

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The bolded words found throughout the “Facilitator Guide” represent action words for the facilitator. Words such as **inform**, **ask**, **remind**, will prompt the facilitator to engage participants. For example, the phrase, “**Inform** participants that injuries are preventable.” will prompt the facilitator to notify participants that injuries are preventable. The bolded words also make it easy for the facilitator to recognize and know when to use them.

### *How much time is needed to deliver a workshop:*

To get started you will need to consider the following:

- The amount of learning time that you will have available;
- The overall purpose of providing the workshop;
- The learning level and needs of your group;
- The minimum and maximum number of participants expected;
- The mix of cultural backgrounds within your learning group; and
- Whether translation will be required.

In general, the more learning time that you have available, the more material you will be able to cover. You will need additional time to complete learning activities with a larger group of participants and when translation is needed. It is important to consider the extra time it will take to share information and facilitate group discussions. It is also important to consider who your participants are, the mix of people you

will have in your group and what you would like to achieve. At times when participants come from various backgrounds, more discussion time may be needed. When participants are involved with providing services in the community, their ability to attend a longer learning session may be limited. You will need to balance your learning opportunities with a view to the needs of your group.

To assist in planning a workshop, general timelines are provided on the “Agenda” on pages 18-19.

### *How are the workshop materials to be used?*

The workshop materials are designed to be flexible and to provide facilitators with several key options:

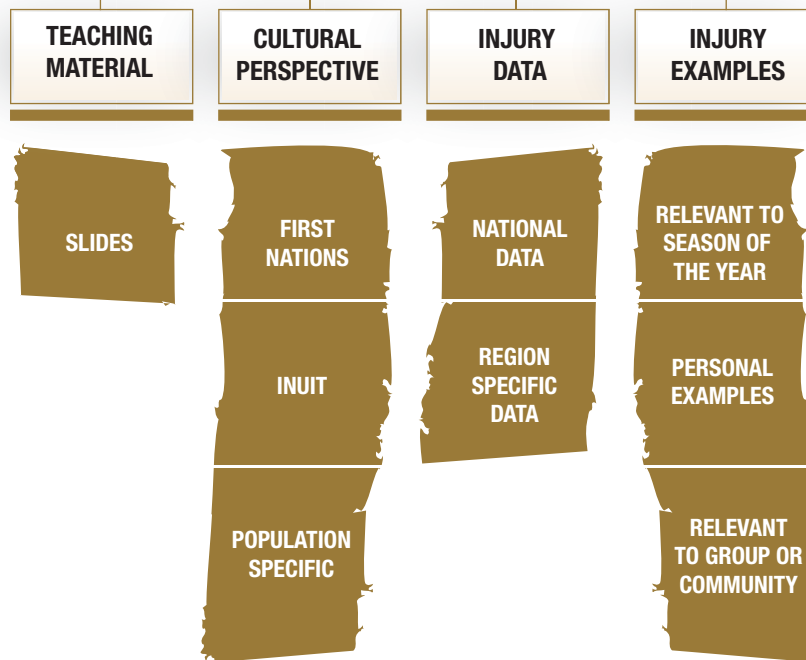
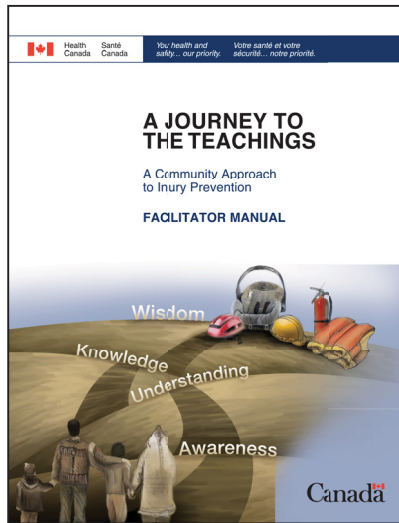
#### *Customizing slides and teaching materials.*

The materials contained in the facilitator manual are designed with a focus on making it as easy as possible for you to deliver a workshop. *A Journey to the Teachings* is a national document, therefore there may be some colours or images that are not meaningful in the community or region where the workshop is being held. The electronic copy of the workshop slides, handouts and resources (on CD) provides you with the flexibility to include local information, traditional teachings, colours, images, etc., most relevant to your learning group and its use is strongly encouraged. It also allows you the flexibility to adapt the workshop based on the learning needs of the participants and instructional time available.

#### *Using teaching materials, examples, and teachings most relevant to your culture, teaching group and community.*

The facilitator manual contains a number of ready-made materials and examples to assist you with the workshop. The aim of the facilitator manual is to provide you with teaching materials/examples that you can use as a solid starting point. You can then choose and adapt the material to best meet your needs. The following diagram illustrates several options in terms of content, teaching material, culture, injury data and injury examples that are available for planning your workshop.

## Workshop Options





# CREATING A SAFE AND SUPPORTIVE LEARNING ENVIRONMENT

**A key role of the facilitator is to ensure that the learning environment is safe and supportive.**

Since injuries have touched us all and affect us deeply, conversations about the problem of injury can be painful and filled with emotion. This workshop encourages participants to share stories and experiences as an important part of the healing process and knowledge development.

As a group facilitator, a key role is to ensure that the learning environment is safe, supportive and non-judgmental. As with all important issues, our values and perceptions play a role in how effectively and constructively we can promote understanding.

Positive communication can be facilitated by:

- Giving people time to share their story without interruption;
- Promoting conversation that allows people to learn from each other;
- Role modeling, listening for understanding and knowledge; and
- Responding gently and empathetically to defensive or antagonistic remarks. (Defensive, aggressive, and what may seem like out of place responses often hide feelings of embarrassment, guilt, or discomfort.)



# ELDER PARTICIPATION

It is a common practice in communities to include Elders in learning activities. The injury prevention workshop has been designed to honour the gifts that Elders bring to our communities and the knowledge they can share in reducing injuries. If you are hosting the workshop in your community you are probably aware of the protocols to include Elders. If you are not hosting this in your community, or if your community does not have protocols to include Elders, here are some suggestions:

- If you don't know who the appropriate Elder would be in the community, ask the person who has requested the workshop to support you by finding the Elder or approach the Elders group to appoint the appropriate Elder.
- Spend some time with the Elder before the workshop to share what the purpose of the workshop is and what support you may want from them. Try to visit the Elder in their home and make an offering (tobacco, sage, sweet grass, cedar, tea) as a gift for the wisdom and knowledge you are asking them to share. If you cannot do this, call them by phone.
- During the workshop, ensure that you include the Elder in discussions. There are many discussions in the workshop that offer opportunities for Elders to share their wisdom and knowledge. As the facilitator you need to make sure that you provide opportunities for the Elder to do this.
- Present the Elder with a gift regardless of if they are receiving an honorarium. Some suggestions of a gift are tobacco, traditional medicines or food, tea, cedar, sweet grass, or a blanket. A gift that is wrapped and presented with gratitude is truly meaningful.
- After the workshop is complete, ask the Elder for feedback on how the workshop went. Their wisdom and experience may provide an excellent learning opportunity for your next workshop. Extend a thank you card to the Elder, if appropriate.
- If you produce newsletters, include a short story about the workshop with the Elder's participation.

# CHOOSING A LEARNING ROOM

The learning room that you choose for your workshop can influence your ability to achieve learning objectives as well as the quality and atmosphere of the learning itself. Recognizing that the availability of learning rooms in a community may be limited, it is particularly important to make the best possible choice. Listed below are several key points to think about as you consider your choice of learning rooms.

## *Will the room meet your space requirements?*

**Size and shape:** Size and layout of room relative to group size.

Size has the potential to significantly interfere with the learning process. A room which is too small can be physically uncomfortable for participants while an oversized room may feel imposing and inhibit group discussions. A room which is particularly wide or narrow may also interfere with group dynamics and the ability to effectively present and share information.

**Room configuration:** How seating is arranged.

A room with fixed tables and chairs is less likely to promote discussion and the sharing of information across groups. Having a flexible physical environment increases the ability of participants to arrange themselves into small discussion groups. Given the interactive nature of this workshop, moveable chairs and tables are desirable.



## *Will the room be convenient and comfortable for your participants?*

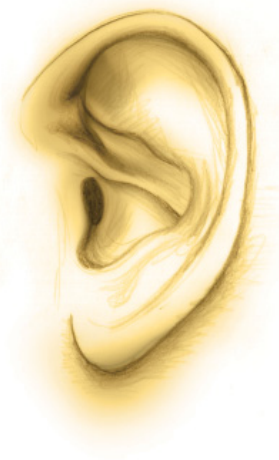
### Basic amenities

Important considerations include: wheelchair accessibility; parking space; the availability of washrooms; and the ability to control room temperature/ventilation and lighting.

## *Will your participants be able to hear well?*

### Acoustics

Insufficient soundproofing can prove to be very distracting if you are competing with noise from other rooms and activities. Noise from construction or day-to-day activities such as snow removal may make it difficult to communicate. It is also important to consider whether the noise from ventilation, heating and lighting systems will make it difficult for you, as the facilitator, and the participants to be heard. The use of microphones should always be considered when conducting workshops with larger groups.

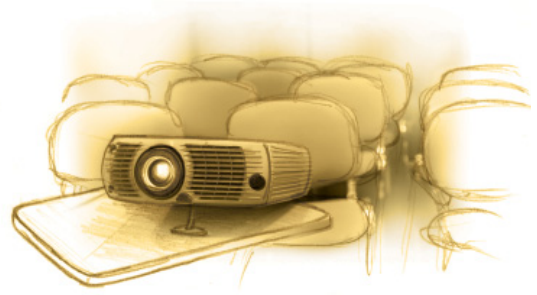


## *Will all participants have an unobstructed view of your overheads/slides?*

### Room design

Occasionally the design of a room may present unusual challenges. Consider whether the physical characteristics of a room will ensure that all participants have an unobstructed view of the slides. Low ceilings may make it difficult to project slides for easy viewing. Support pillars, oddly placed room dividers, and rooms which are unusually deep or wide can make it difficult for participants to view materials, each other and you.

### *Will the room meet your audio-visual needs?*



#### Audio-visual equipment

If the room is a designated learning room, the likelihood that audio-visual equipment is available increases. If the room being used is not normally used for teaching, audio-visual equipment may need to be rented or borrowed. Additional requirements such as equipment stands and viewing screens are important details to verify.

#### Power outlets

It is also important to ensure that power outlets are available and accessible. The need for extension cords and power bars should also be determined.

### *What level of distraction will be associated with the learning room?*

#### Proximity to work

Generally, the closer the learning room is to the immediate work environment of participants, the more likely participants will be challenged to fully engage in the learning process. Interruptions such as phone calls and requests to deal with day-to-day matters are more difficult to set aside.





### Meal and break arrangements

If refreshment breaks and meals are served in the same room as the workshop, the impact on available learning time needs to be considered. Extra space will be required to set up meals and refreshments, while extra time will be needed to allow for food and beverages to be brought in, served and taken away.

### *Ensure that you:*

- Work with your community liaison to discuss all learning room requirements;
- Visit and assess the learning room in advance of the workshop whenever possible;
- Arrive in sufficient time to set up and familiarize yourself with the learning room provided;
- Print out or photocopy handouts for participants (these can be found in the “Workshop Resources and Handouts” section and on the CD); and
- Know how to evacuate the facility in case of fire or other emergency situations!

The best possible planning can be made easier by using the Facilitator Checklist found in the “Workshop Resources and Handouts” section.



# NATIONAL EVALUATION

Health Canada recognizes the importance of receiving feedback from the users of its tools and resources that have been developed. To improve the quality of this resource, it is important that workshop participants be involved in the evaluation process of *A Journey to the Teachings*. It also helps Health Canada to learn how it is supporting activities in communities, and how it can improve that support.

On the CD and in the “Workshop Resources and Handouts” section, you will find a short description of the evaluation, including the evaluation forms for the workshop participants. The evaluation consists of a post-workshop questionnaire and a six month follow-up questionnaire. The evaluation is designed to provide information on the transfer of knowledge by measuring the usefulness and impact of *A Journey to the Teachings*.

As a facilitator, it is recommended that you encourage workshop participants to complete the post-workshop questionnaire. As part of the evaluation process, you will need to contact participants six months following the workshop to complete the follow-up questionnaire. Please note that following the post-workshop questionnaire, participants will be asked for further contact information if they choose to participate in the six month follow-up questionnaire. Please submit the results from both the post-workshop evaluation and the six month follow-up questionnaire to your Health Canada First Nations and Inuit Health Injury Prevention Regional Coordinator. Please be advised that **all information received from the evaluations will be completely anonymous.**

Thank you for your assistance in the evaluation process. If you have any questions, please contact your Health Canada First Nations and Inuit Health Injury Prevention Regional Coordinator.

# CERTIFICATE OF PARTICIPATION

Most workshop participants appreciate receiving a Certificate of Participation. The certificate provides an acknowledgement of workshop participation and can be useful to list on a resume, job application and staff development report.

It is recommended that you print Certificates of Participation in advance of the workshop and complete them in handwriting at the end of the workshop. A Certificate of Participation is included on the CD as part of the facilitator manual.



# WORKSHOP OVERVIEW

## *Instructional Summary*

### **Goal**

To promote awareness about injuries, how they can be prevented and the use of injury prevention tools to identify and examine injury problems; and to encourage the development and use of injury prevention strategies to mobilize communities.

### **Objectives**

- To introduce basic injury prevention theory: basic injury elements (e.g. the Injury Triangle); definition of injury; energy sources; and types of injury (intentional/unintentional).
- To raise self and community awareness about how we perceive injuries.
- To increase awareness and knowledge about the impact of injuries.
- To raise awareness about changing lifestyles, the impact of change on the problem and management of injuries, and the concept of preventability.
- To introduce the concept of using community-based data and injury surveillance as tools to provide direction for action.
- To increase knowledge and understanding about risk factors and protective factors associated with injury.
- To increase knowledge about identifying injury patterns at the community level.
- To introduce and apply Haddon's matrix as a tool to identify potential injury prevention strategies.
- To discuss the application of old and new knowledge to create positive change.
- To apply learnings to the development of prevention activities for communities.

### **Time**

- 8.5 hours of learning (allotted learning time does not include break time).  
A typical workshop takes place over 1.5 days.

### **Process (Facilitator Preparation)**

- Review teaching material, accompanying materials and facilitator notes.
- Arrange and work with community Elders to prepare stories and cultural teachings relevant to injury prevention learning session.
- Arrange appropriate learning room with community liaison.
- Review information contained in the Facilitator Manual.

### **Audio Visual Requirements**

- Order and/or arrange equipment required for the projection of slides.

### **Handouts/Supplies**

- Prepare handouts
- Flipcharts
- Flipchart markers
- Masking tape

# AGENDA

**Learning Time = 8.5 hours** (additional time needed for breaks and/or meals)

Learning Sections	Suggested Time Allotted	Slides
<b>BEGINNING THE LEARNING JOURNEY (30 min.)</b>		
Opening prayer, welcome and introductions	10 minutes	1, 2
Ice breaker	10 minutes	3
Introduction to learning workshop and the stages of learning	10 minutes	4, 5, 6, 7, 8, 9, 10
<b>Learning Stage: AWARENESS - LOOKING AT THE PROBLEM (50 min.)</b>		
Introduction	5 minutes	11
Injury definition and categories	10 minutes	12, 13
Checking our awareness levels quiz	5 minutes	14, 15, 16, 17, 18
Injury data with activity	25 minutes	19, 20, 21, 22, 23, 24, 25, 26, 27
Learning summary	5 minutes	28
<b>Learning Stage: UNDERSTANDING - IDENTIFYING RISK AND PROTECTIVE FACTORS (65 min.)</b>		
Introduction	5 minutes	29, 30
What do we know about injuries in our community?	15 minutes	31, 32
Introduction to risk and protective factors	5 minutes	33, 34
Introduction to determinants of health	5 minutes	35, 36
Understanding activity	20 minutes	37
Sharing and summarizing our learning	10 minutes	38
Learning summary	5 minutes	39

continued 

**NOTE:**

- Suggested time allotted will vary based on group size, group dynamics and translation requirements.

# AGENDA

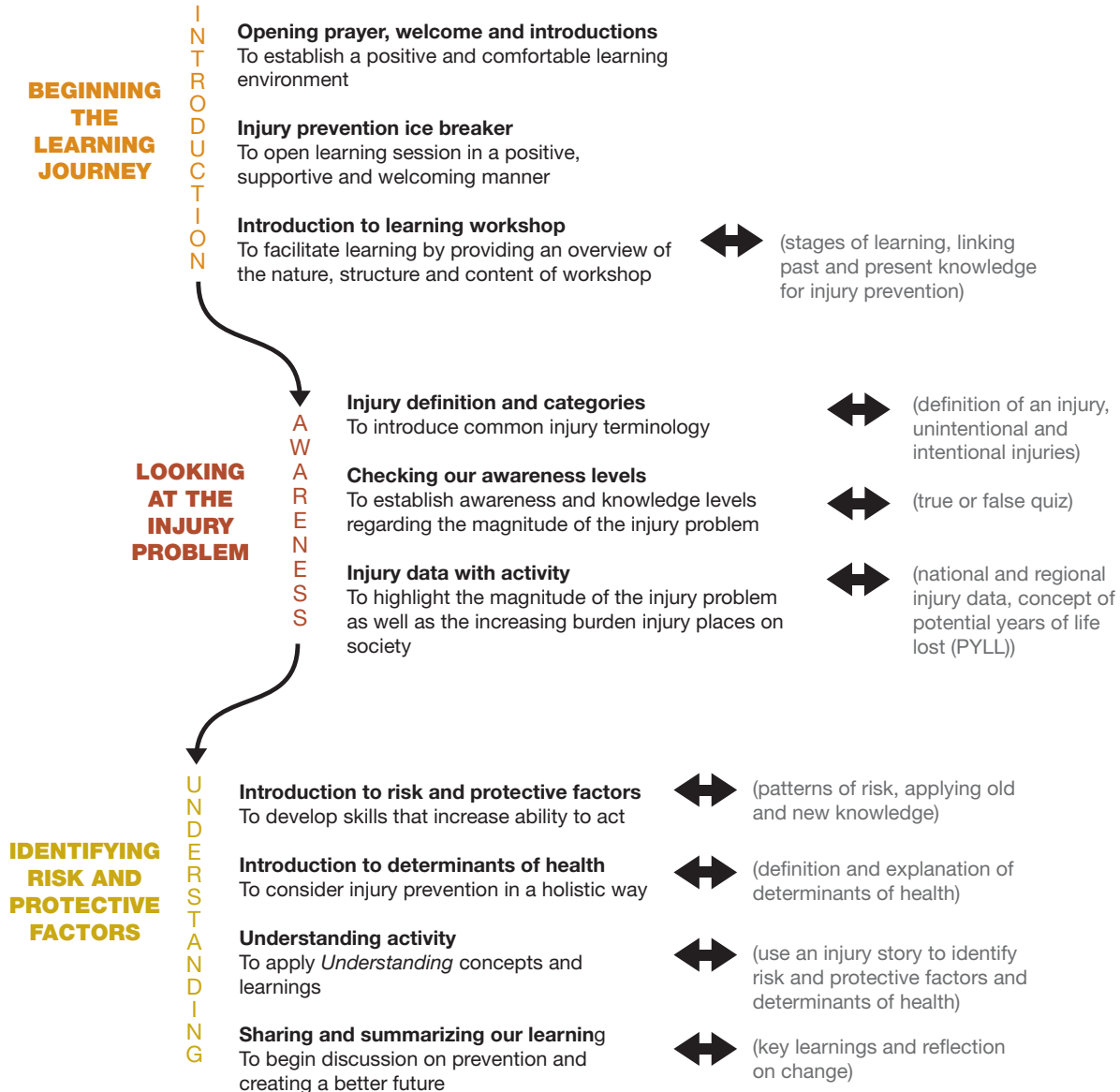
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Learning Sections	Suggested Time Allotted	Slides
<b>Learning Stage: KNOWLEDGE - IDENTIFYING INJURY PATTERNS AND PREVENTION STRATEGIES (175 min.)</b>		
Introduction	5 minutes	40, 41
How do we perceive injury?	10 minutes	42, 43
Injury Triangle with prevention strategies	85 minutes	44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54
Injury prevention bingo	20 minutes	55
Introduction to Haddon's Matrix	30 minutes	56, 57, 58, 59, 60, 61, 62
Haddon's Matrix activity	20 minutes	63, 64
Learning summary	5 minutes	65
<b>Learning Stage: WISDOM - USING PREVENTION STRATEGIES TO ACT (165 min.)</b>		
Introduction	5 minutes	66, 67
Introduction to community-based injury surveillance	20 minutes	68, 69, 70, 71, 72, 73
Injury Prevention E's	5 minutes	74, 75, 76
Introduction to Bringing Injury Prevention Home activity	10 minutes	77, 78, 79, 80, 81, 82, 83, 84, 85
Bringing Injury Prevention Home activity	60 minutes	85
Bringing Injury Prevention Home sharing	60 minutes	85
Learning summary	5 minutes	86
<b>CONCLUSION (27 min.)</b>		
Introduction	2 minutes	87
Words from Elders	5 minutes	88, 89, 90
Closing activity	10 minutes	91
Closing and prayer	10 minutes	91

**NOTE:**

- Suggested time allotted will vary based on group size, group dynamics and translation requirements.

# LEARNING JOURNEY



# LEARNING JOURNEY

(continued)







# *Facilitator Guide*





# *Beginning The Learning Journey*





# Learning Stage:

## Beginning the Learning Journey



### *Overview:*

In this learning section participants will be provided with an overview of the nature, structure and content of the workshop and be introduced to the topic of injury prevention. The group will also participate in an “ice breaker” activity.



### *Goals:*

- To establish a positive and comfortable learning environment for the learning session.
- To facilitate learning by providing participants with an overview of the nature, structure and content of the workshop (i.e. what will be covered, how and why).
- To encourage full participation in the learning session.



### *Objectives:*

- To open the learning session in a positive, supportive and welcoming manner.
- To introduce the Elder, learning participants and facilitator to each other.
- To inform participants what topics will be covered.
- To share how the learning will be conducted relative to the four stages of learning (e.g. focus on awareness raising in the *Awareness* learning section).
- To explain how this learning session seeks to link past and present knowledge.
- To engage participants in the learning topic through participant interaction and sharing.



*Number of Slides:* 10





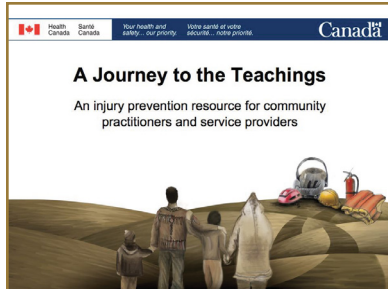
**Handouts:**  
 Agenda  
 Participant Slides  
 Ice Breaker



**Time:**  
 30 minutes

**Activity Breakdown:**

Activity	Slides	Time	Materials
Opening prayer, welcome and introductions	1, 2	10 minutes	Agenda Participant Slides Flipcharts Markers
Ice breaker	3	10 minutes	Ice Breaker Ice Breaker Answer Key
Introduction to learning workshop and the stages of learning	4, 5, 6, 7, 8, 9, 10	10 minutes	None



1. **Display** “A Journey to the Teachings” slide while you wait for participants to gather.



1. **Display** “A start to our learning journey...” slide to signal the beginning of the workshop.

2. **Welcome** participants to the workshop and introduce yourself to the group. You may want to provide information about yourself such as who you are, where you are from, and why you are facilitating this workshop.



3. **Introduce** the Elder and invite him/her to open the session with an opening prayer (for more information on Elder involvement, see page 10 in the “Introduction and Planning” section).

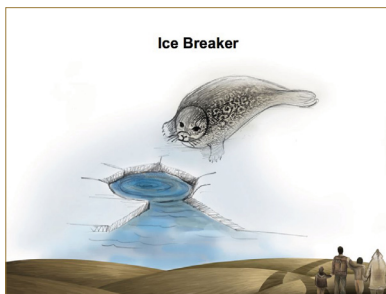
4. **Invite** participants to introduce themselves to the group.



**Ask** them to:

- Share some information about themselves (name, occupation, community, interests, etc.); and
- To identify why they are here, and what they hope to get out of the workshop.

**5. Record** participants’ reasons for attending the workshop and what they hope to get out of today’s session on a flipchart. Post these recordings at the front of the room. You may want to refer to the flipchart at the end of the workshop to see whether the participants’ expectations were met.



**1. Display** “Ice Breaker” slide.

An ice breaker exercise is a good way to engage participants, to help them get to know one another and to feel more comfortable in the learning environment.

Choose an ice breaker activity in advance to use for the workshop. You can use any type of ice breaker activity you think is appropriate or that you are familiar with, or an ice breaker activity is included in the “Workshop Resources and Handouts” section of the manual.

**2. Conduct** the ice breaker.



**1. Display** “Focus of learning session” slide.

- To discuss the problem of injury and how we perceive injuries
- To introduce basic injury prevention theory
- To discuss and share our teachings and past experiences with each other
- To consider how past and present knowledge can guide our injury prevention journey



**2. Review** the four focus points of today’s session with participants.



**3. Inform** participants that Aboriginal practitioners have come to believe that despite experiencing new types of injuries, injury prevention may not be new to Aboriginal people and culture. This injury prevention session has been designed to facilitate discussion about injury and injury prevention based on Aboriginal teachings, past experiences, as well as current knowledge from the field of injury prevention.



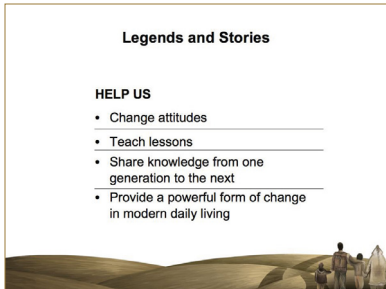
**1. Display** “Today’s approach to learning is intended...” slide.

**2. Inform** participants that outcomes of today’s approach to learning will help to:

- Approach injury prevention in a more culturally relevant way;
- Establish a basis for injury prevention as it relates to cultural belief systems; and
- Promote communication and learning tools that use past experiences and teachings as examples to effect change.



**3.** This is a good time to **share** with participants that injury prevention can be a very sensitive topic to discuss and that this is a safe and non-judgemental learning environment. For more information on creating a safe learning environment, refer to page 9 in the “Introduction and Planning” section.



1. **Display** “Legends and Stories” slide.

2. **Inform** participants that storytelling is key to the way we learn and that participants are encouraged to share their stories during this workshop. The meaning of stories is important as they help to change attitudes, teach lessons, and share knowledge. Stories carry important teachings from one generation to the next.

Source:

Schank, R. 1990. *Tell me a Story: Narrative Intelligence*. Evanston: Northwestern University Press.



1. **Display** “Our learning depends on...” slide.

2. **Review** the slide with participants, highlighting the following points:

*Learning from our environment* incorporates learning from how and where we live and what we do on a day-to-day basis. It also means being aware of how to live in harmony with nature and with each other.

*Reflecting and learning from our mistakes* relies on learning from the obstacles we have overcome and reflecting on the reasoning behind our choices and actions. In this way we become better prepared to discover improved ways of doing things. An example of learning from our mistakes is wearing a seat belt after being injured in a collision.

*Taking preventative precautions* places people at less risk for repeating mistakes, while sharing these precautions helps keep our families and communities safe. Community-based injury surveillance (gathering information about what is happening in a community) can provide helpful data to make changes and avoid repeating mistakes. Surveillance will be discussed more in the *Wisdom* section.

Source:

*The Mishomis Book, the voice of the Ojibway.*



### 1. Display “The Sacred Tree” slide.

This slide can be used to provide:

- An example of a story that uses metaphors and illustrates teachings relevant to injury prevention; and
- A starting place for the facilitator should a group need time to identify with their own stories or past experiences.

### 2. Read “The Sacred Tree” story out loud to the participants. This story can be found in the “Workshop Resources and Handouts” section.

The metaphors and symbols in this story can have varied meanings. Interpretations offered by workshop participants have included the following:

**Symbols:** The tree within the story can be interpreted to symbolize the culture of a people, community or family. The tree/culture of healing, power, wisdom, and safety are manifested in fruits (characteristics) such as love, caring for others, generosity, patience and wisdom.

**Metaphors:** The ‘life of the tree is the life of the people’ and people like the tree must be honoured and nurtured. When the tree is cared for it grows, bears fruit and provides for others. If it is not nurtured or respected, the roots of the tree will grow weak and the losses will be many.

- Taking care of each other nurtures strong roots. Strong roots nurtures strong trees or families. Strong families create strong communities. Strong families and communities are safer and at less risk of injury.
- Understanding our roots and the roots of our problems will help us understand how to deal with the problem of injury.

### 3. **Inform** participants that:

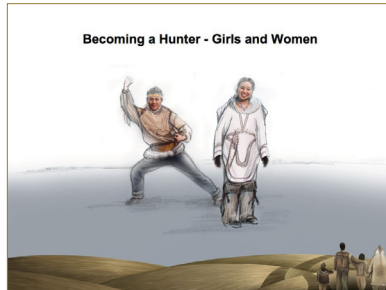
For all the people of the earth, the Creator has planted a Sacred Tree, where people find healing, power, wisdom and safety.

- The fruits of this tree are the good things the Creator has given to his people such as love, caring for others, generosity, patience, and wisdom.
- The Elders have taught that the life of the tree is the life of the people. If the people should wander too far from the safety of the tree, should they forget to eat its fruits, or should they turn against the tree and try to destroy it, great sadness will fall upon the people.
- The people will forget how to live on their own land and their lives will become filled with anger and sadness. Little by little, they will poison themselves and everything they touch.

### 4. **Encourage** participants to consider other lessons that can be learned from the story.

Source:

Four Worlds Development Project, University of Lethbridge, 1982. Sacred Tree teacher’s guide.



**1. Display** “Becoming a Hunter - Girls and Women” slide.

This slide can be used to provide an example of an Inuit story that illustrates the traditional ways of Inuit and their relevance to injury prevention today.

**2. Read** “Becoming a Hunter - Girls and Women” story out loud to the participants. This story can be found in the “Workshop Resources and Handouts” section.

**3. Inform** participants of the following metaphors and symbols:

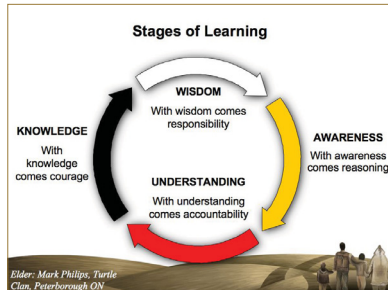
- Everyone in a family has an important role and working together keeps everyone strong, healthy and safe.
- Taking care of each other nurtures strong families and strong families create strong communities. Strong families and communities are safer and at less risk of injury.
- Children can learn to do adult activities by learning over time and under the care and supervision of adult family and community members.
- Being curious and inventive needs to be balanced with being patient and persistent.
- Safety and well-being are everyone’s responsibility.

Living off the land has been an Inuit tradition. Although some of the Inuit ways and land are changing, the lessons of how to live remain important.

**4. Encourage** participants to consider other lessons that can be learned from the story.

Source:

Excerpt from: *Inuvialuit Pitqisit: The culture of the Inuvialuit*, Northwest Territories Education, 1991.



**1. Display** “Stages of Learning” slide.



**2. Inform** participants of the stages of learning and the importance of each stage using the description below provided by Elder Mark Philips, from the Turtle Clan, Peterborough Ontario.

- With *Awareness* comes Reasoning: Once you become aware of something; you have to reason it out. Examples: What does this imply? What does this mean?
- With *Understanding* comes Accountability: Once you gain understanding of something; then you become accountable. Example: What would result if I don't do something with this understanding?
- With *Knowledge* comes Courage: Once you reach a level where awareness and understanding become knowledge; then it takes courage to follow through with an action. Examples: Can I face this situation? What are the outcomes?
- With *Wisdom* comes Responsibility: Once you have earned the wisdom; you gain the responsibility to ensure that something happens with the knowledge. You need to be prepared and willing to follow through.



**3. Inform** participants that change cannot happen without first having *Awareness*, *Understanding*, *Knowledge* and *Wisdom*.

These stages of learning can apply to all aspects of our lives.

These stages of learning and the learning wheel will be included in the beginning of each learning section: *Awareness*, *Understanding*, *Knowledge* and *Wisdom*.

Source:

The stages of learning apply to all aspects of our lives. Elder: Mark Philips, Peterborough Ontario, Turtle Clan.



# *Awareness*







# Learning Stage:

## Awareness



### **Overview:**

This section will introduce the definition of injury and the two categories of injuries. Participants will also review data that highlights the burden of injury (the magnitude of the injury problem).



### **Goals:**

- To introduce common injury terminology and injury prevention theory.
- To highlight both the magnitude of the injury problem as well as the increasing burden injury places on society at many levels.



### **Objectives:**

- To define “injury”.
- To define “unintentional” and “intentional” injuries and the “grey area”.
- To introduce the magnitude of the injury problem and its relation to other health issues.
- To promote knowledge about the magnitude of the injury problem specific to the Aboriginal population.
- To highlight how injuries affect the whole person.



**Number of Slides:** 18



**Handouts:**  
None



**Time:**  
50 minutes

**Activity Breakdown:**

Activity	Slides	Time	Materials
Introduction	11	5 minutes	Flipcharts Markers
Injury definition and categories	12, 13	10 minutes	None
Checking our awareness levels quiz	14, 15, 16, 17, 18	5 minutes	None
Injury data with activity	19, 20, 21, 22, 23, 24, 25, 26, 27	25 minutes	Flipcharts Markers
Learning summary	28	5 minutes	None



**1. Display** “Awareness: Looking at the Problem” slide.

This section will introduce the definition of injury and the two categories of injuries. Participants will also review data that highlights the burden of injury (the magnitude of the injury problem).

**2. Inform** participants that this section will begin with a small group activity, and **instruct** them to break into smaller groups for discussion.

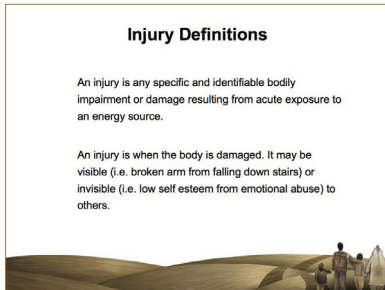


**3. Ask** participants to answer the following question in their small group.

What does the term “injury” mean to you?

Participants can record their answers on a flipchart, or discuss as a group.

**4. Discuss** the results as a large group and ask participants to identify any commonalities and/or differences in the answers.



1. **Display** "Injury Definitions" slide.

2. **Inform** participants that the medical community defines injury as "any specific and identifiable bodily impairment or damage resulting from acute exposure to an energy source."



3. **Inform** participants that there are many injuries that go beyond the medical definition and that do not always result in physical damage, disabilities or death. For example, assault, elder abuse and emotional abuse often leave people with emotional and psychological problems to deal with. Aboriginal people have experienced many losses including the loss of land, culture, and language. These types of injuries are often injuries that can be invisible to others.

4. **Advise** participants that throughout this injury prevention workshop, injury will be defined as "damage to the body that may be visible or invisible to others."

Source:

Injury Prevention Centre. 1992. Making it Happen.



1. **Display** “Injury Categories” slide.



2. **Inform** participants that injuries are typically categorized as being either intentional or unintentional.

*Unintentional injuries* are those injuries where there is no intent to do harm. We tend to think of drowning, falls, fire (i.e. burns), motor vehicle-related injuries and unintentional poisoning of children as common examples of unintentional injury.

*Intentional injuries* are those injuries that are inflicted with intent or are done purposefully. Intentional injuries to oneself are referred to as self-inflicted injuries. Self-inflicted injuries include suicide, suicide attempts and self-mutilation. Injuries inflicted by another person are referred to as interpersonal injuries and include a range of violence-related injuries such as homicide, assaults, child abuse and elder abuse.

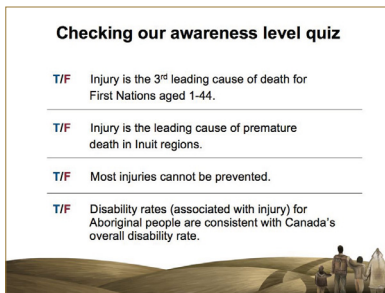


3. **Inform** participants that this slide illustrates intentional and unintentional injuries using two circles that intersect. Where the circles overlap is a question mark. The question mark is intended to show that not all injuries clearly fall into the categories of “intentional” and “unintentional” and there are occasions where the intent may be unknown (i.e. the “grey area”).

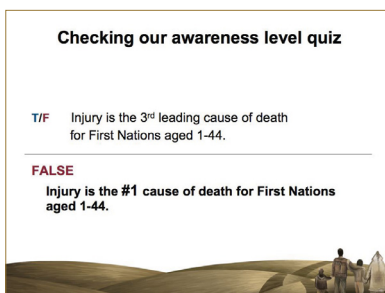
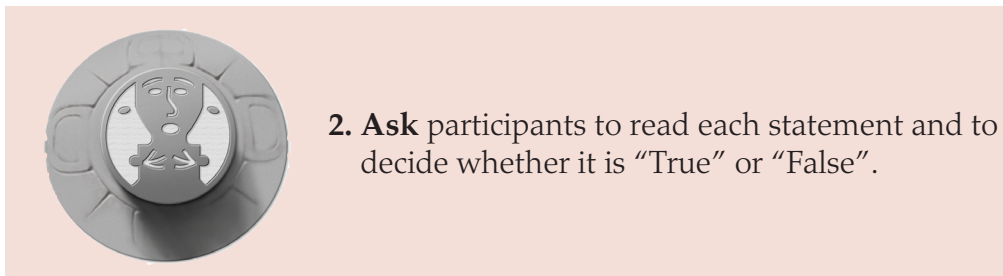
This “grey area” and injury categories will be discussed in greater detail during an activity on page 22.

4. **Notify** the group that although there is overlap between both types of injuries, this session will focus primarily on unintentional injury, although intentional injury will be discussed where appropriate.

5. **Inform** participants that the next few slides will be used to check their awareness about the magnitude of injury in First Nations and Inuit communities.



1. **Display** “Checking our awareness level quiz” slide.



1. **Display** “Checking our Awareness level quiz” slide.

2. **Inform** participants that the statement is false, and that injury is the #1 cause of death for First Nations aged 1-44.



**3. Inform** participants that injury is the leading cause of death for ages 1-44 among the broader Canadian population as well. The total economic cost in Canada associated with injuries is estimated to be \$10-15 billion annually. This includes costs to the health care system such as hospitalizations and rehabilitation; as well as loss of income.

Sources:

National Trauma Registry, 2004 Territorial Report. Nunavut, Injury Hospitalization (includes 2001-2002 data) Canadian Institute for Health Information, 2004.  
SMARTRISK. Economic Burden of Unintentional Injury in Canada, 1998.  
A Statistical Profile on the Health of First Nations in Canada, Health Canada, 2003.



**1. Display** “Checking our awareness level quiz” slide.

**2. Inform** participants that the statement is true.

Sources:

*Inuit-specific Injury Prevention 3-Year (2007-2010) Implementation Plan*, Inuit Tapirkit Kanatami (ITK), 2007.



**1. Display** “Checking our awareness level quiz” slide.

**2. Inform** participants that this statement is false.

**3. Inform** participants that experts and researchers in the field of injury prevention and safety promotion agree that the majority of injuries are preventable. There is some disagreement as to what level can be prevented ranging from 70-90%.



**4. Share** with the group that many of us continue to view injuries as: accidents, bad luck, inevitable, or part of our fate and destiny. Experts, as well as community-based practitioners, have identified that how effective we are in preventing injuries is linked to how we perceive injuries.

**5. Inform** participants that a common challenge identified is that although practitioners in a community may identify with the preventability of injuries, communities as a whole may not. Another challenge is that some individuals/communities may consider certain injuries preventable and other injuries as being inevitable or unavoidable.

Source:

SMARTRISK. How to Host Heroes Guide. SMARTRISK; Toronto, Ontario, 1996.



**1. Display** “Checking our awareness level quiz” slide.

**2. Inform** participants that this statement is false.

**3. Share** with participants that the Aboriginal disability rates associated with injury is reported at 31%. Practitioners in the field suggest this number is under estimated.

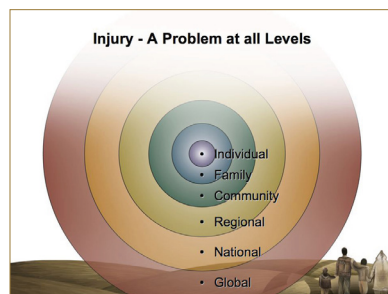
- 4. Inform** participants that the rate of severe disabilities among Aboriginal children living on-reserve is much higher than for those living off-reserve and more than twice as high as the rate for non-Aboriginal children.

Some people may choose to share stories from their communities and the impact of children being disabled. This is more likely to occur when there has been a recent injury incident in the community or when someone in the group has personally been impacted. This type of discussion may not emerge at the beginning of the workshop; however, it may be shared at some point during the workshop.

Sources:

A CIHI Profile, 3rd edition, 2000.

Aboriginal Peoples Survey, 2001.



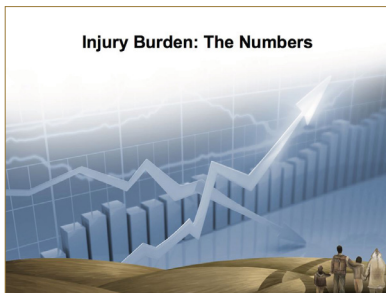
- 1. Display** "Injury - A Problem at all Levels" slide.

- 2. Inform** participants that injuries are a significant problem at all levels in our society; individual, family, community, regional, national and global.

That the next few slides will look at injury data and what they can tell us about the injury problem.

- 3. Inform** participants that the focus of this section will be on national data. In other sections within the workshop, there will be a focus on individuals and community as we discuss strategies to prevent injuries.

Depending on the workshop location and needs, some regional level data (British Columbia, Alberta, Saskatchewan, Manitoba and Inuit populations) can be found in the “Regional Data” section. Please note that data from one region cannot be readily compared to another region. In part, this is due to inconsistencies in how injury data is reported and classified among regions. Therefore, regional data provides region specific snapshots of the injury problem and cannot be used to make comparisons between regions.



**1. Display** “Injury Burden: The Numbers” slide.

The next few slides will be looking at the data that have been collected about the injury burden in Canada.



**2. Inform** participants that First Nations and Inuit specific data are limited. At the present time, most available Aboriginal injury data is largely specific to First Nations with very limited injury data being available for the Inuit population. The need and demand for injury data exceeds its availability. There are a number of challenges related to the collection, access and sharing of data that will be discussed in the *Wisdom* section.



**1. Display** “Leading Causes of Death: First Nations (2001-2002) (Western Canada)” slide.

This slide shows crude rates for leading causes of death among First Nations in 2001-2002 in Western Canada (includes British Columbia, Alberta, Saskatchewan and Manitoba).

**2. Inform** participants that crude rates consider the actual number of events such as: births, deaths, and diseases that occur in relation to an overall population for a specific time period.

The term “external causes of morbidity and mortality” consists of a broad range of injury categories which include intentional and unintentional injuries, as well as injuries of unknown intent. The injury categories include: transport related crashes (pedestrian, cyclist, motorcycle, ATV, driver/passenger, bus, pick-up truck, van, water transport, and air and space), intentional self harm, accidental poisoning, assault, drowning/submersion, falls, fire/flames, accidental threats to breathing and injuries of undetermined intent.

In explaining the graph, bring attention to the left side of the graph where you can see that the higher the bar, the higher the rate of death for that particular cause.



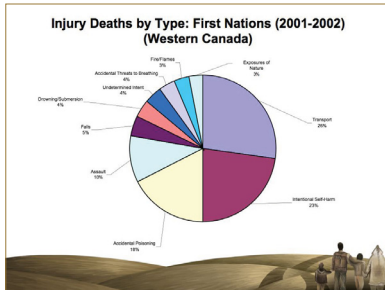
**3. Inform** participants that the primary causes of death are injury, circulatory diseases and cancer.

The rate of death for these three major causes of death are:

1. Injuries (128 people/100,000 people in the population)
2. Circulatory disease (99 people/100,000)
3. Cancer (76 people/100,000)

Sources:

Based on World Health Organization, 2006, International Classification of Diseases, Version 10 (ICD-10). Ranking based on mortality rate (number of deaths per 100,000 population) for First Nations in Western Canada, 2001-2002. Health Canada, First Nations and Inuit Health Branch, in-house statistics.



**1. Display** “Injury Deaths by Type: First Nations (2001-2002) (Western Canada)” slide.

This slide is broken down into the different types of injury causing death in First Nations for 2001-2002 (Western Canada).

The injury categories include: transport related crashes (pedestrian, cyclist, motorcycle, ATV, driver/passenger, bus, pick-up truck, van, water transport, and air and space), intentional self-harm, accidental poisoning, assault, drowning/submersion, falls, fire/flames, accidental threats to breathing and injuries of undetermined intent.



**2. Using the pie chart, highlight** the following:

- Transport-related injuries and intentional self-harm account for 47% of all injury deaths.
- “Accidental poisoning”, meaning poisonings that are considered unintentional, may include some deaths such as suicides by drug overdose. It is sometimes hard to tell whether a poisoning was intentional or unintentional. This is a good time to remind participants of the “grey area” that was discussed earlier on page 15.
- Falls are actually a frequent cause of injury hospitalization, but falls are less likely to cause death. Falls do not show up strongly in death data. In 2001-2002, only 4% of injury deaths were related to falls.

In explaining the causes of death by injury, you may want to mention that individuals living On-Reserve or in Northern communities may have less or limited access to health services. The availability of services may be limited by factors such as the geographic location of the community and distance from available health services.

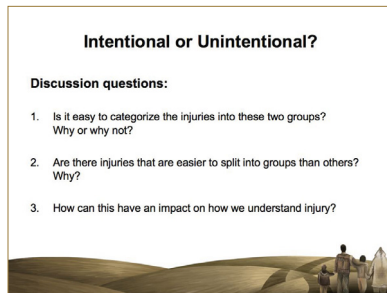
**3. Instruct** participants to get into small groups.

Source:

Health Canada, First Nations and Inuit Health Branch, in-house statistics, 2002.



4. **Ask** participants to identify whether the common injuries among First Nations and Inuit are “intentional” or “unintentional” They can do this by writing “Unintentional” and “Intentional” beside each of the injuries indicated on the “Injury Deaths by Type: First Nations (2001-2002)” slide in the participant booklet.



1. **Display** “Intentional or Unintentional?” slide.



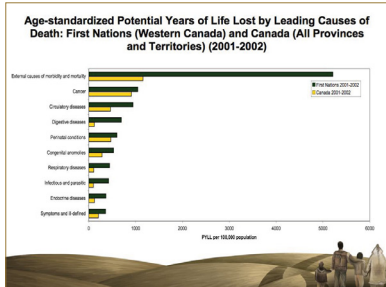
2. Once participants have categorized the injury types, **ask** them to answer the following questions:

- Was it easy to categorize the injuries into these two groups? Why or why not?
- Are there injuries that are easier to split into groups than others? Why?
- How can this have an impact on how we understand injury?

3. **Discuss** the results in a large group, highlighting specific “grey areas” that the group wants to discuss.

4. **Remind** participants that it can be difficult to put injuries into categories (the “grey area” described on page 15). Some injuries such as suicide and poisoning can be difficult to categorize because the intention of the person who is injured can be difficult to determine.





**1. Display** “Age-standardized Potential Years of Life Lost by Leading Causes of Death: First Nations (Western Canada) and Canada (All Provinces and Territories) (2001-2002)” slide.

A way to discuss and examine a health problem is to look at the Potential Years of Life Lost (PYLL).



**2. Inform** participants that PYLL is a measure that looks at how long a person is expected to live, and how long they actually lived. PYLL can be used to examine the burden, risk and impact of different health problems by looking at both similarities and differences among populations. For example, if someone dies at the age of 40 but was expected to live an average lifetime of approximately 75 years of age, then the PYLL would be 35 years.

This slide shows age-standardized rates which allows comparisons of groups of people from different backgrounds and age structures. The age-standardized rate represents what the crude rate would have been in the study population if that population had the same age distribution as the standard population. Therefore, it adjusts for differences in the age distributions of the populations being compared, in this case, the First Nations and general Canadian populations.

In explaining the slide to participants, note that First Nations are represented by the *green* bars and the overall Canadian rates are represented by the *yellow* bars.

The term “external causes of morbidity and mortality” consists of a broad range of injury categories which include intentional and unintentional injuries, as well as injuries of unknown intent. The injury categories include: transport related crashes (pedestrian, cyclist, motorcycle, ATV, driver/passenger, bus, pick-up truck, van, water transport, and air and space), intentional self harm, accidental poisoning, assault, drowning/submersion, falls, fire/flames, accidental threats to breathing and injuries of undetermined intent.



- 3. Inform** participants that this slide shows that the PYLL for external causes of injury is much higher among First Nations (5212/100,000) than for Canadians overall (1155/100,000). This represents a rate 4 times greater than the Canadian rates.

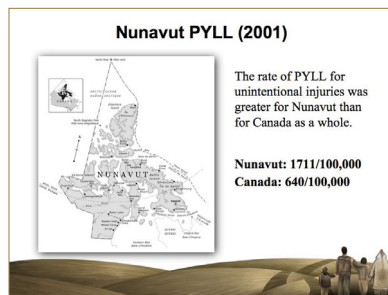
You may want to discuss that many potentially productive years are being lost due to unnecessary and preventable deaths of young people, and that these years of life lost significantly impact families, communities and culture. The impact of injuries will be discussed more in-depth in the *Understanding* section.

Sources:

Based on World Health Organization, 2006, International Classification of Diseases, Version 10 (ICD-10).

ICD-10 Chapter definitions.

Health Canada, First Nations and Inuit Health Branch, in-house statistics; Health Canada, based on Statistics Canada's data, Death Summary.



- 1. Display** “Nunavut PYLL (2001)” slide.

- 2. Inform** participants that according to Statistics Canada, one half of Canada's Inuit population lives in Nunavut. Inuit represent 85% of Nunavut's total population. Considering the high Inuit population in Nunavut, it can be reasonably assumed that these data showing the PYLL due to unintentional injury are very important and very relevant to the Inuit population.



- 3. Inform** participants that by using PYLL as a measure of the injury problem in Nunavut, we can see that the rate of PYLL due to unintentional injuries is approximately 3 times greater for Nunavut than for Canada as a whole.

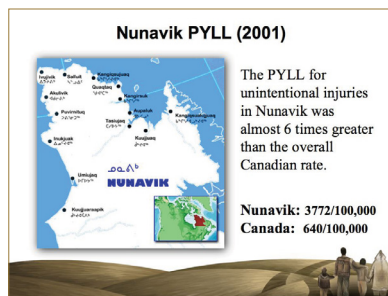
You may want to mention that the PYLL for males in Nunavut is 5 times greater for unintentional injury than for females.

Sources:

Statistics Canada Health Indicators, 2001.

Statistics Canada, 2001 Census.

Nunavut Report on Comparable Health Indicators, Department of Health and Social Services, Government of Nunavut, 2004.



1. **Display** “Nunavik PYLL (2001)” slide.



2. **Inform** participants that by using PYLL as a measure of the injury problem we can see that in 2001, the PYLL as a result of unintentional injuries in Nunavik was approximately 6 times greater than the rest of Canada.

3. **Inform** participants that Northern regions have different patterns and different levels of impact associated with injury. For example, Nunavik has few roads that connect communities.



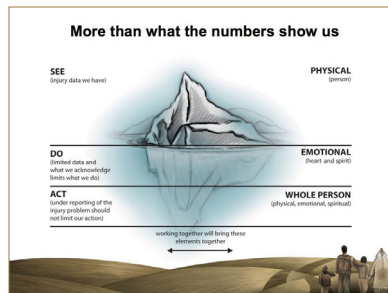
4. **Ask** participants to consider the following questions:

- Why do you think the PYLL is greater in Northern regions than in other areas in Canada?
- What factors may contribute to this finding?

Invite participants to think about possible factors such as geography, access and infrastructure in their answers.

Source:

Statistics Canada Health Indicators, 2001.



## 1. Display “More than what the numbers show us” slide.

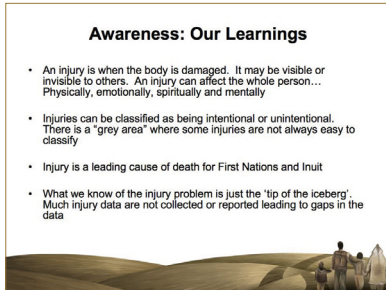
This slide is intended to show that there is more to injuries than just the numbers (data), and that injuries affect individuals and communities emotionally, spiritually and mentally in addition to physically. The following description of an iceberg can be used to illustrate the whole spectrum of injury.

## 2. Inform participants that:

- An iceberg is called “picaluja” in Inuktitut. It is said to provide the best drinking water in the world by Inuit.
- The right side of the iceberg represents our physical selves. Beneath the water, the portion of the iceberg that is not seen, represents the emotional part of ourselves, our heart and spirit. Beneath the iceberg, the water represents all the parts of us as a whole person in balance.
- The left side of the iceberg, what we see above the water, represents what we see of the injury problem. We can often see the results of injury such as death, disability and broken bones. Injury data also helps us to see a part of the injury problem. Beneath the water, the portion of the iceberg that we do not see, represents what we may or may not acknowledge about the injury problem. It also represents what current injury data are unable to show us.

## 3. Share with participants some key messages to consider:

- Even without a lot of injury data being available, the existence of injury problems affecting Inuit is easy to see. It is important to be prepared to see injury problems and to act on them.
- Limitations should not keep people from acting on problems.
- Preservation and acting on what is known is important to health and well-being.
- The future begins today.



**1. Display** "Awareness: Our Learnings" slide.

**2. Read** the summary points to participants and invite any comments/questions they may have.

**3. Inform** participants that this slide concludes the *Awareness* section of the workshop.

# *Understanding*







# Learning Stage: Understanding



## **Overview:**

This section provides an opportunity for participants to reflect on injuries occurring in their community. It will also consider things that influence injury such as risk factors, protective factors and the determinants of health.



## **Goals:**

- To reflect on the different factors that may impact injuries occurring in the community.
- To reflect and summarize how our knowledge and past experiences can be applied to create a better future.
- To begin developing skills that increase our ability to act on the problem of injury.



## **Objectives:**

- To identify injuries occurring in the community.
- To consider who is at greatest risk and why.
- To consider how the determinants of health impact injury.
- To consider what can protect us from injuries.
- To highlight key learnings that emerge from the group.
- To reflect on how changing lifestyles have had an impact on how we teach our children.
- To encourage suggestions about how we can teach our children today about safety.



**Number of Slides:** 11



**Handouts:**

Injury Story: Motor Vehicle Collision

Injury Story: Fire

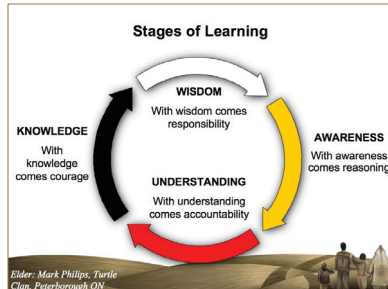
Injury Story: Drowning

**Time:**

65 minutes

**Activity Breakdown:**

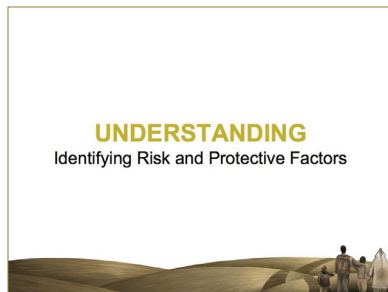
Activity	Slides	Time	Materials
Introduction	29, 30	5 minutes	None
What do we know about injuries in our community?	31, 32	15 minutes	Injury Story: Motor Vehicle Injury Story: Fire Injury Story: Drowning
Introduction to risk and protective factors	33, 34	5 minutes	None
Introduction to determinants of health	35, 36	5 minutes	None
Understanding activity	37	20 minutes	None
Sharing and summarizing our learning	38	10 minutes	None
Learning summary	39	5 minutes	None



1. Display “Stages of Learning” slide.

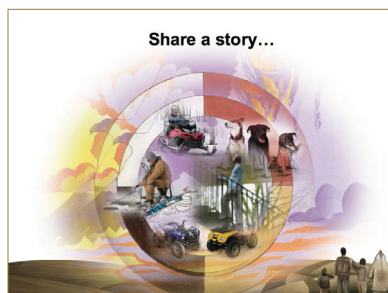
2. **Remind** participants of the stages of learning and the importance of each stage using the description below provided by Elder Mark Philips, from the Turtle Clan, Peterborough Ontario.

- With **Understanding** comes Accountability: Once you gain understanding of something, then you become accountable. Example: What would result if I don’t do something with this understanding?



1. Display “Understanding” slide.

2. **Inform** participants that although injuries are a big problem, there are things that can be done to keep safe and reduce the risk of an injury occurring. The **Understanding** section will focus on how we perceive injuries, and the risk and protective factors associated with injury.



1. Display “Share a story...” slide

Use this slide to introduce the activity (questions on next slide).

Poster in background developed by First Nations in Alberta to help bring awareness to suicide and violence-related injuries.


**What do we know about injuries in our community?**

**Discussion questions:**

1. What are common injuries that occur in our communities?
2. Who seems to be at greatest risk?
3. What impact do these injuries have?



**1. Display** “What do we know about injuries in our community?” slide.



**2. Instruct** participants to get into their small groups and invite them to discuss the following three questions shown on the slide:

- What are common injuries that exist in our community?
- Who seems to be at the greatest risk of being injured and why?
- What impact do these injuries have?

Participants can also be encouraged to share traditional stories or personal injury examples. Fictional “injury stories” (Motor Vehicle, Fire, Drowning) can be used. These stories can be found in the “Workshop Resources and Handouts” section.

**Keeping Safe: Introduction to Risk Factors**

- **Risk Factors:**  
Factors that increase risk for injury and may be any combination of physical, psychological, social and economic factors
- Examples of risk factors for motor vehicle collisions: drinking and driving, not wearing a seat belt, not wearing a helmet on an ATV or snowmobile, poor road or lighting conditions



**1. Display** “Keeping Safe: Introduction to Risk Factors” slide.

**2. Review** the definition of risk factors.

**3. Inform** participants that traditional and current knowledge provides several practical ways to look at risk factors even more closely. Using traditional ways, such as observing problems carefully, learning from the environment, and reflecting and learning from mistakes, contributes to discovering and developing ways to keep safe.

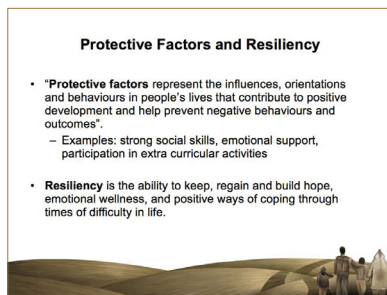


**4. Share** with participants that lack of helmet or seat belt use and alcohol consumption are important risk factors for injuries related to motor vehicle collisions. Rural roads that may be in poor condition, lack of streetlights and guard rails, as well as the use and availability of higher risk vehicles, such as snowmobiles and all terrain vehicles, are also risk factors.

**5. Encourage** participants to think about other risk factors for other types of injuries. Other examples may include:

- Road safety:
  - Lack of helmet and seat belt use
  - Poor conditions of rural roads
  - Lack of streetlights or sidewalks
  - Use and availability of higher risk vehicles (i.e. ATVs, snowmobiles)
- Drowning:
  - Not using a life jacket/personal flotation device (PFD)
  - Extreme cold water
  - Lack of parental supervision
  - Inability to swim
- Fire:
  - Poor housing quality
  - Substandard electrical wiring
  - Lack of smoke alarm use

- Falls
  - Alcohol use
  - Footwear type
  - Poor lighting
- Poisoning:
  - Having poisonous products (including plants) or medications and vitamins, within a child's reach
  - Leaving children unsupervised



**1. Display** "Protective Factors and Resiliency" slide.

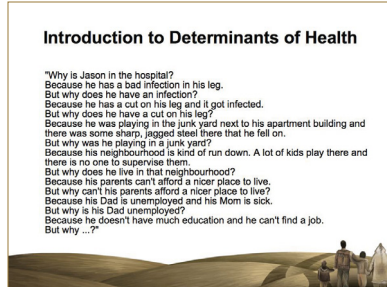
**2. Review** the protective factor definition and examples with participants.

**3. Review** the definition of resiliency, highlighting that resiliency involves attitudes, coping strategies and adaptability. People who are resilient believe that they are able to overcome difficult situations. They can be optimistic, meaning they have the confidence and hope that whatever the problem is, it can be overcome.

**4. Encourage** participants to think about other protective factors, and to share examples of resiliency and how it may impact an injury.

Source:

*An Overview of Risk and Protective Factors: The Alberta Youth Experience Survey 2002.* Prepared for AADAC Research Services. Prepared by Sheena George, Art Dyer and Phyllis Levin. 2003. SAMHSA, 2002 p.10, [www.health.org/govpubs/f036/monographs2.asp](http://www.health.org/govpubs/f036/monographs2.asp)  
Korhonen, Marja. *Resilience: Overcoming Challenges and Moving on Positively.* 2007. National Aboriginal Health Organization (NAHO).



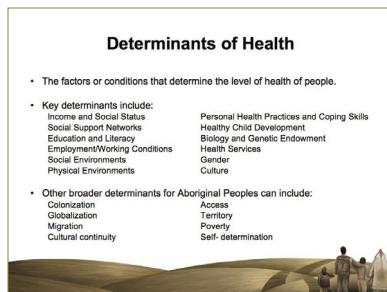
## 1. Display "Introduction to Determinants of Health" slide.

## 2. Read the story out loud to participants.

This simple story speaks to the complex set of factors or conditions that determine the level of health of people and will be discussed further in the next slide.

Source:

*From Toward a Healthier Future: Second Report on the Health of Canadians*  
[www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php](http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php)



## 1. Display "Determinants of Health" slide.



**2. Share** with participants that it is important to look at the big picture of health and to examine factors both inside and outside of the health care system that affect our health. At every stage of life, health is determined by complex interactions between social and economic factors, the physical environment and individual behavior. These factors are referred to as 'determinants of health'. They do not exist in isolation from each other. It is the combined influence of the determinants of health that determines health status. Our understanding of what makes and keeps people healthy continues to evolve and be further refined.



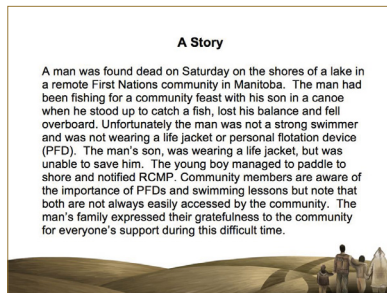
**3. Inform** participants that health is more than the absence of disease. The determinants of health can be seen as being a more holistic approach to health as it considers the whole person and other environmental factors. The broader determinants of health for Aboriginal people are important as they consider historical and current realities specific to the population; therefore it is important to take these determinants into account when developing injury prevention strategies.

**4. Encourage** participants to share any examples they may have regarding the determinants of health and how they can impact injury.

There will be an opportunity to apply this information when participants begin developing and planning strategies for their communities in the *Wisdom* section.

Source:

*How we see it! Broader Determinants of Health within Aboriginal Contexts* (presentation), National Aboriginal Health Organization (NAHO), 2007. [www.naho.ca/english/publications/vaccho.pdf](http://www.naho.ca/english/publications/vaccho.pdf).



**1. Display** “A Story” slide.

**2. Inform** participants that this story is entirely fictional and will be used as an activity to apply learnings of risk and protective factors and determinants of health.



**3.** As a large group, **ask** participants to identify the risk and protective factors using the injury story as an example.

Possible *risk factor* responses can include:

- Not wearing a personal flotation device (PFD);
- Not knowing how to swim well; and
- Proximity to a lake can also increase someone's risk due to exposure to water.

Possible *protective factor* responses can include:

- Fishing for the feast, since the community could model safe and positive behaviours during the feast; and
- The community acting as a support system, since individuals are more likely to make positive changes if they feel encouraged and supported by the community at large.



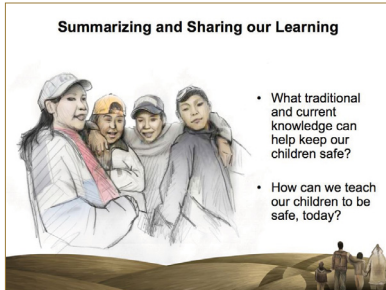
**4.** **Ask** participants to consider how the determinants of health relate to the story.

Possible responses could include:

- Income: unable to afford life jackets/PFDs;
- Social support networks: community feast, community supporting the family;
- Social and physical environment: supportive community, location of community near a lake;
- Gender: typically men have higher rates of injury than women;
- Health services: the availability of health services can impact how quickly someone receives help.


**5. Encourage** participants to consider the problem of accessibility of safety equipment such as PFD's and swimming lessons, and how this may affect injury rates and the outcome of an injury.





1. **Display** “Summarizing and Sharing our Learning” slide.

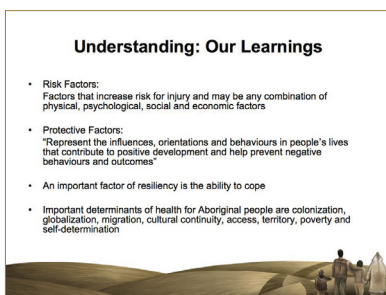
This slide introduces the topic of injury prevention, which will be discussed further in the *Knowledge* section.



2. **Ask** participants to consider the following questions from the slide:

- What traditional and current knowledge can help keep our children safe?
- How can we teach our children to be safe today?

3. **Remind** participants that we know the problem of injury is significant and we also know that we need to understand the patterns of injury we see in our communities. Identifying, as well as understanding why these injuries are happening will help us prevent them.



1. **Display** “Understanding: Our Learnings” slide.

2. **Read** the summary points to participants and invite any comments/questions they may have.

3. **Inform** participants that this slide concludes the *Understanding* section of the workshop.

# *Knowledge*





# Learning Stage:

## Knowledge



### **Overview:**

This section will focus on injury patterns using the Injury Triangle and its key elements (host, agent, and environment) and Haddon's Matrix. Types of injuries and injury prevention strategies will be discussed.



### **Goals:**

- To introduce basic injury prevention theory, including key elements of injury (e.g. the Injury Triangle).
- To have participants reflect upon their perception of injury based on their respective cultures, traditions and experiences.
- To provide participants with an opportunity to use and apply knowledge about injury risk and protective factors using the Injury Triangle and Haddon's Matrix.
- To continue the learning cycle through the application of knowledge about prevention strategies.



### **Objectives:**

- To raise awareness of how we perceive injury, and examine the basis for our perceptions.
- To consider how our perceptions influence and challenge us to talk and act on the problem of injury.
- To introduce and demonstrate the utility of Haddon's Matrix.
- To guide participants in thinking about how their knowledge can be applied to prevent injuries.
- To provide take away information on specific preventive measures related to the energy sources and types of injury.
- To explore injury prevention strategies in a creative way (Injury Prevention Bingo).



***Number of Slides:*** 26



***Handouts:***

- Injury Prevention Messages and Strategies Activity Booklet
- Injury Prevention Bingo Cards
- Injury Prevention Bingo Calling Cards
- Haddon's Matrix



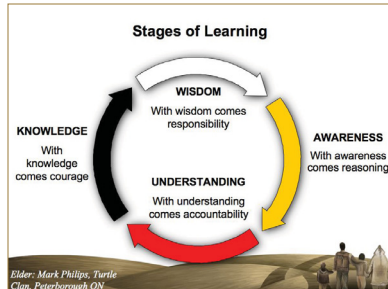
***Time:***  
175 minutes

***Activity Breakdown:***

<b>Activity</b>	<b>Slides</b>	<b>Time</b>	<b>Materials</b>
Introduction	40, 41	5 minutes	None
How do we perceive injury?	42, 43	10 minutes	None
Injury Triangle with prevention strategies	44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54	85 minutes	Flipcharts Markers Injury Prevention Messages and Strategies Activity Booklet
Injury prevention bingo	55	20 minutes	Injury Prevention Bingo Cards Injury Prevention Bingo Calling Card Facilitator Injury Prevention Bingo Tips
Introduction to Haddon's Matrix	56, 57, 58, 59, 60, 61, 62	30 minutes	None
Haddon's Matrix activity	63, 64	20 minutes	Haddon's Matrix
Learning summary	65	5 minutes	None



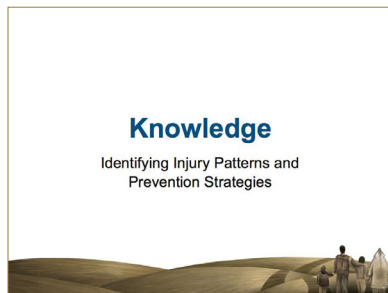




1. Display "Stages of Learning" slide.

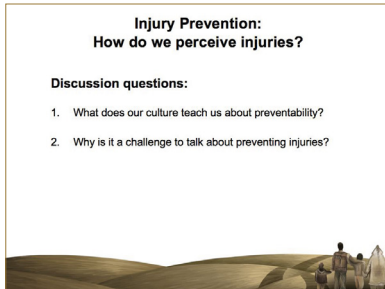
2. Remind participants of the stages of learning and the importance of each stage using the description below provided by Elder Mark Philips, from the Turtle Clan, Peterborough Ontario.

- With *Knowledge* comes Courage: Once you reach a level where awareness and understanding become knowledge, then it takes courage to follow through with an action. Examples: Can I face this situation? What are the outcomes?



1. Display "Knowledge: Identifying Injury Patterns and Prevention Strategies" slide.

2. Inform participants that the *Knowledge* section will help us to consider different aspects of injury and how they are connected to each other (i.e. injury patterns). It will also focus on prevention strategies using energy sources.



**1. Display** “Injury Prevention: How do we perceive injuries?” slide.

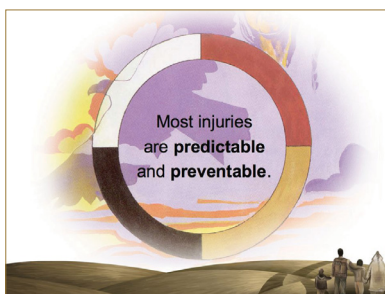


**2. In a large group, ask** participants to consider the following questions:

- What does our culture teach us about preventability?
- Why is it a challenge to talk about preventing injuries?

You may want to:

- Focus on drawing out common language used regarding keeping safe.
- Highlight the group’s self perception about the notion of preventability.
- Draw attention to whether workshop participants consider injury prevention to be a new or old term.

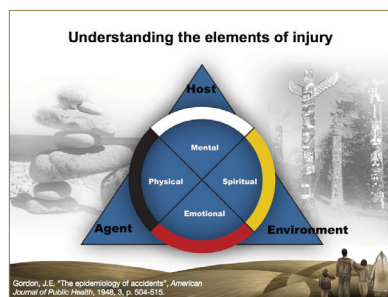


**1. Display** “Most injuries are predictable and preventable” slide.

**2. Remind** participants that most injuries are predictable and preventable, and that in this section we will be looking at strategies on how to prevent injuries.

**3. Remind** participants that injury is defined as damage to the body that may be visible or invisible to others.

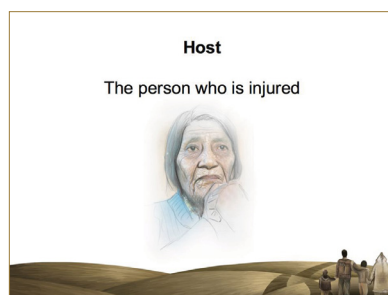
The next few slides will discuss the energy sources in relation to the elements of injury by using the Injury Triangle.



**1. Display** "Understanding the elements of injury" slide.



**3. Remind** participants that injuries are caused when there has been a damaging level of energy exposure from an energy source, to our bodies. The damaging level of energy exposure can be linked to the interaction of three elements (*host*, *agent* and *environment*), known as the Injury Triangle.

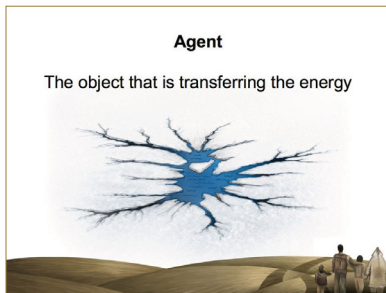


**1. Display** "Host" slide.

**2. Inform** participants that the *host* is the person who is injured. It considers a person's mental, physical, emotional and spiritual make-up. These factors may increase or decrease the risk of injury.

- For example, if an Elder slips and falls down some icy steps, he or she may be more likely to be injured than a teenager.

3. **Invite** participants to consider why an Elder may be more likely than a teenager to be injured and to give any other examples they may have.
- 

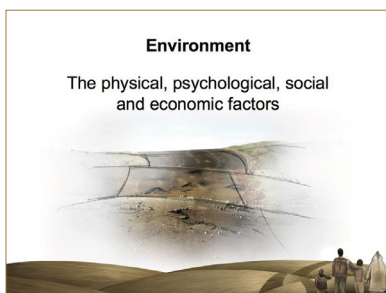


1. **Display** "Agent" slide.

2. **Inform** participants that the *agent* is the object that is transferring energy. This can include objects such as a car, fire, or hot water. The availability and the amount of exposure to the agent, determines the level of risk to the host.

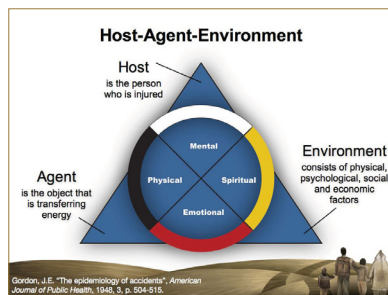
- For example, if a man is ice-fishing on a lake and he falls through the ice, the longer he stays in the water, the more likely he is to sustain an injury. The quicker he is removed from the icy water, the less likely he is to sustain an injury.

3. **Invite** participants to consider how the time of year may affect the *agent* in this example.
- 



1. **Display** "Environment" slide.

2. **Inform** participants that the *environment* consists of physical, psychological, social and economic factors. The environment can directly affect the host and the availability of the agent.
  - For example, the risk of injury may increase if a person is travelling on poor roads (no lighting, potholes, loose gravel, etc.) since there may be increased opportunity for an injury to occur, such as skidding and losing control on loose gravel.
3. **Invite** participants to consider how the physical environment can influence injury On-Reserve and in Northern regions, compared to off-reserve and urban settings.



1. **Display** "Host-Agent-Environment" slide.

2. **Inform** the group that it is the interaction of the Injury Triangle elements that can increase the risk for harmful levels of energy exposure to occur.
3. **Read** the following example out loud to the group:

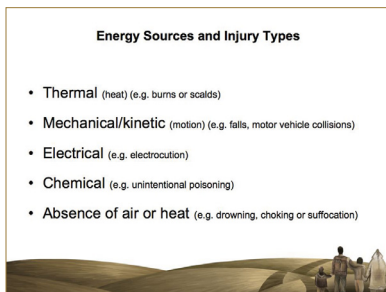
A vehicle traveling at a speed of 100 km/h, which crashes into a boulder, may result in a serious transfer of energy to the driver. The force of energy from the car caused by the impact, combined with environmental factors such as being on an isolated road and lack of emergency services, may result in serious injury or death.



4. **Inform** participants that each of the 3 injury elements in isolation does not cause harm.

Using the example given, inform participants of the following:

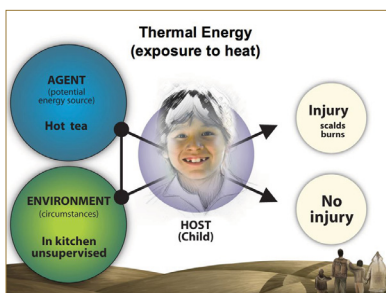
- Speed alone will not cause harm.
- A large boulder will not cause harm.
- An isolated road will not cause harm, in fact it may even provide a beautiful view of nature.



**1. Display** “Energy Sources and Injury Types” slide.

**2. Review** the types of energy sources and examples on the slide.

Each energy source will be discussed in greater detail in the next few slides.



**1. Display** “Thermal Energy” slide.

**2. Inform** participants that thermal energy relates to heat.

**3. Read** the following injury example to the participants.

A child is cooking with his mom in the kitchen. Mom has just made a steaming pot of tea. The phone rings and mom leaves the boy in the kitchen alone while she answers the phone in another room.



**4.** As a large group, **ask** participants to identify the host, agent, and the environment in the example above.

- The child represents the *host*.
- The hot pot of tea represents the *agent*.
- The unsupervised child represents the *environment*.

**5. Remind** participants that the interaction of the elements can increase the risk of injury, and that the elements in isolation do not cause harm.



For example, if the hot tea (agent) does not come into contact with the child (host) while he is alone (environment) then no injury will occur. For example, the boy could grab the handle on the tea pot and knock the tea pot to the floor, not spilling anything on him. However, if the tea spills or splashes over the child's face, hands, or lap then burns or scalds are likely.

**6. Remind** participants that injuries can be prevented.

**7. Ask** participants to get into their small groups. The purpose of this activity will be for the group to come up with prevention strategies and messages for thermal-related injuries.



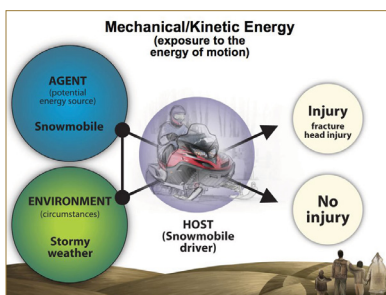
**8. Ask** participants to share examples or stories of thermal-related injuries, and to come up with ways that burns and scalds could be prevented (prevention strategies).

Participants can record their prevention strategies on a flipchart.

**9. Invite** participants to share their strategies with the larger group.

**10. Distribute** the “Prevention Strategies and Messages” activity booklet found in the “Workshop Resources and Handouts” section and ask participants to refer to page 1.

**11. Invite** participants to add any other examples they or other groups came up with in the space provided.



**1. Display** “Mechanical/Kinetic Energy” slide.

**2. Inform** participants that mechanical and kinetic energy is the energy of motion.

- Mechanical energy is often associated with transportation-related injuries such as vehicles crashing into a something.
- Kinetic energy is associated with the energy of our bodies, such as climbing stairs, playing sports, or falling on ice.

**3. Read** the following injury example to participants.



A father has gone out hunting and is returning home on a snowmobile in stormy weather. He becomes blinded by the blowing snow and crashes into an ice ridge. He was driving faster than usual to try and beat the storm.



4. **Ask** participants to identify the host, agent and environment in the example above.

- The snowmobile driver represents the *host*.
- The snowmobile represents the *agent*.
- The stormy weather represents the *environment*.

5. **Remind** participants that the interaction of the elements can increase the risk of injury, and that the elements in isolation do not cause harm.



For example, if the driver (host) crashes on his snowmobile (agent) into an ice ridge during stormy weather (environment) at a high speed, then the level of mechanical energy transfer will be high and injuries such as cuts, bruises, scrapes, fractures and even death may occur. However, if the driver was travelling at very low speeds, the exposure to mechanical energy would be lower than if he was driving at a fast speed, which would mean he could have fewer or minor injuries.

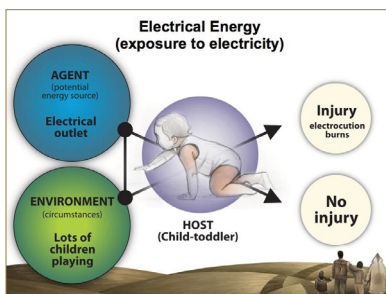
6. **Ask** participants to get into their small groups. The purpose of this activity will be for the group to come up with prevention strategies and messages for mechanical and kinetic-related injuries.



7. **Ask** participants to share examples or stories of mechanical and kinetic injuries, and to come up with ways that vehicle collisions, falls, dog bites and firearm injuries could be prevented (prevention strategies).

Participants can record their strategies on a flipchart.

8. **Invite** participants to share their strategies with the larger group.
9. **Refer** to pages 2-3 of the booklet and have participants add any other examples that they or other groups came up with in the space provided.



1. **Display** “Electrical Energy” slide.

2. **Inform** participants that exposure to electrical energy can result in electrocution. Electrical appliances, toys and tools can cause an increased risk of electrocution. A natural source of electricity is lightning.

3. **Read** the following injury example to the participants.

A toddler who is playing in a room filled with children, wanders off and finds a set of car keys from a coffee table. He walks over to a wall and sticks the keys into the electrical outlet.



4. **Ask** participants to identify the host, agent and environment in the example above.

- The toddler represents the *host*.
- The electrical outlet represents the *agent*.
- Lots of children playing represents the *environment*. Other environmental factors include the toddler's activities going unnoticed and access to car keys.

**5. Remind** participants that the interaction of the elements can increase the risk of injury and that the elements in isolation do not cause harm.



For example, if the toddler (host) succeeds in inserting the keys into the electrical outlet (agent) while lots of children are playing (environment), then the transfer of electrical energy could result in electrocution and injuries such as burns to the skin and deeper tissue and even death. However, if the child is noticed and the car keys are taken away before they are inserted into the outlet, then the exposure to electrical energy would be avoided, causing no injury.

**6. Ask** participants to get into their small groups. The purpose of this activity will be for the group to come up with prevention strategies and messages for electrical-related injuries.

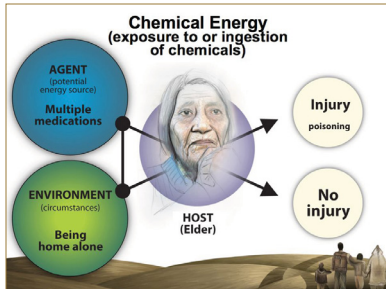


**7. Ask** participants to share examples or stories of electrical injuries, and to come up with ways to prevent electrocution (prevention strategies).

Participants can record their strategies on a flipchart.

**8. Invite** participants to share their strategies with the larger group.

**9. Refer** to page 4 of the booklet and have participants add any other examples that they or other groups came up with.



1. **Display** “Chemical Energy” slide.

2. **Inform** participants that chemical energy is the exposure to or intake of chemicals that can result in poisoning. There are many types of poisoning from incorrect use of prescription drugs, to intentional ingestion of toxic substances and cleaning products. Other chemicals include pesticides, lamp oil, turpentine, paint thinner and antifreeze.

3. **Read** the following injury example to the participants.

An Elder has arthritis, a heart condition and diabetes, and takes a different medication for each of these conditions. Home alone and not feeling well, the Elder took additional doses of her medications, forgetting that she had already taken her pills for the day earlier on.



4. **Ask** participants to identify the host, agent and environment.

- The Elder represents the *host*.
- The medications represents the *agent*.
- The Elder being home alone without any help or support represents the *environment*.

5. **Remind** participants that the interaction of the elements can increase the risk of injury and that the elements in isolation do not cause harm.



For example, if the Elder (host) was not home alone (environment) and/or had help taking the right dose of medication (agent), injury would be unlikely.

**6. Ask** participants to get into their small groups. The purpose of this activity will be for the group to come up with prevention strategies and messages for chemical-related injuries.

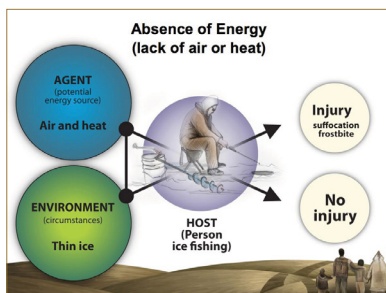


**7. Ask** participants to share examples or stories of chemical-related injuries, and to come up with ways to prevent poisoning (prevention strategies).

Participants can record their strategies on a flipchart.

**8. Invite** participants to share their strategies with the larger group.

**9. Refer** to page 5 of the booklet and have participants add any other examples that they or other groups came up with.



**1. Display** “Absence of Energy” slide

**2. Inform** participants that there are injuries that occur not because of too much energy, but because there is not enough energy. Injuries can result from an absence of essential energy such as air and heat. The absence of air can result in suffocation. For example, when a child swallows a balloon and cannot breathe. A lack of air can also result in drowning. For example, when a person jumps into a lake and does not come up for air.

**3. Read** the following injury example to the participants.

A man is ice fishing alone. The sun is shining and the ice is thinning in some areas. As the man leaves to return home he falls through a spot of thin ice. The cold water causes hypothermia.



**4. Ask** participants to identify the host, agent and environment in the example above.

- The man represents the *host*.
- The icy water represents the *agent*.
- The thin ice represents the *environment*. Another environmental factor was that the man was alone.

**5. Remind** participants that the interaction of the elements can increase the risk of injury and that the elements in isolation do not cause harm.



For example, the absence of heat can result in hypothermia or frostbite. The chances of survival could be improved had the man been more aware of the thin ice conditions, and was not alone.

**6. Ask** participants to get into their small groups. The purpose of this activity will be for the group to come up with prevention strategies and messages for injuries related to the absence of energy.

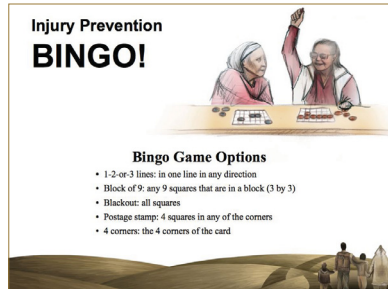


**7. Ask** participants to share examples or stories of injuries related to the lack of air or heat, and to think about how to prevent drowning, suffocation, hypothermia and frostbite.

Participants can record their strategies on a flipchart.

**8. Invite** the participants to share their strategies with the larger group.

**9. Refer** to page 6 of the booklet and have participants add any other examples that they or other groups came up with.



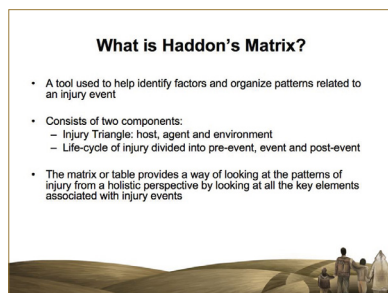
**1. Display** “Injury Prevention BINGO!” slide.

Prior to the workshop, review the “Facilitator Injury Prevention Bingo Tips” found in the “Workshop Resources and Handouts” section.

**2. Invite** participants to choose what type of bingo game they would like to play and distribute the “Bingo Cards” found in the “Workshop Resources and Handouts” section.

Please note that you may have more than one bingo winner per game if more than one workshop participant has the same card since there are only 10 bingo cards. If you have more than 10 workshop participants you will always have more than one winner per game.

**3. Play Bingo!**



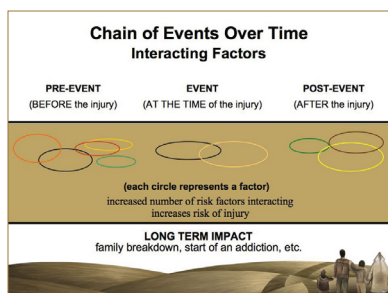
**1. Display** “What is Haddon’s Matrix?” slide.

**2. Inform** participants that another way of identifying injury patterns is to use a tool from the injury prevention field called Haddon’s Matrix. The tool is named after William Haddon, a public health physician and engineer.

**3. Inform** participants that Haddon’s Matrix helps to identify risk and protective factors and also injury patterns using the elements found in the Injury Triangle. Knowing the risk factors and knowing the patterns of risk will help guide prevention activities.

Expect participants to vocalize some concern about plotting risk factors in the appropriate place/boxes within Haddon’s Matrix. Participants will plot identified risk and protective factors somewhat differently from each other.

**4. Inform** participants that there is no right or wrong way to fill out Haddon’s Matrix.



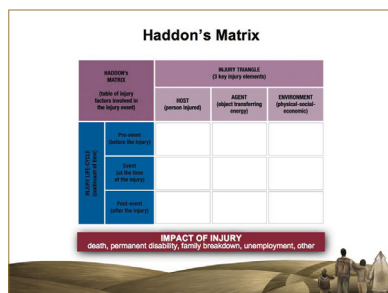
**1. Display** “Chain of Events Over Time” slide.



**2. Discuss** with participants that when we think of injuries, we often concentrate only on the circumstances involved at the time of the injury event. In reality there are many factors that are important and in place before, during and after an injury event that determine our risk for injury and injury outcomes. For example, an injury outcome may be determined by how quickly a person receives help. If someone falls through the ice and goes undiscovered, death is most likely. If the person is discovered quickly he or she may recover fully or he or she may lose fingers and toes due to hypothermia.



3. **Share** with the participants that Haddon's major contribution to increasing our knowledge and understanding about injury was his recognition that injury could be examined over specific time periods or the life-cycle of an injury.
4. **Inform** participants that on the slide, factors are represented by multi-coloured circles. These are also shown over the three time periods or stages of the injury life-cycle. Some circles overlap and others do not. Some factors interact with others, while others may not. The more risk factors that are present, the more these factors are interacting, the more at risk a person is of injury.
5. **Describe** to participants the "chain of events" using the description below:
  - Looking at risk and protective factors before an injury occurs are referred to as *pre-event factors* and happen in the pre-event stage of the injury life-cycle.
  - Factors at the time of an injury event are referred to as *event factors*, happening at the event stage of the injury life-cycle.
  - Factors immediately after an injury are known as *post-event factors*, happening in the post-event stage of the injury life-cycle.
  - Another important consideration is the *long term impact* that an injury may have. For example, it may contribute to family breakdowns or lead to an addiction of the individual and/or family members.



### 1. Display "Haddon's Matrix" slide.

2. **Review** with the participants the structure of the Haddon's Matrix.
3. **Inform** participants that Haddon's Matrix uses the Injury Triangle across the top of the table, and combines this with the life-cycle on the left of the table. (Please note that the red bar "impact of injury" is not formally a part of Haddon's Matrix and is only used for the purpose of this exercise.)




4. **Remind** participants that there is no right or wrong way to fill in the Haddon's Matrix. Some factors can fit in more than one place and some boxes may be left empty.

5. **Inform** participants that the next slide will provide an injury scenario. After the scenario is read, participants will begin to fill in the Haddon's Matrix with the information provided.

**Haddon's Matrix Scenario**

A twenty-year old female driver had attended a family gathering. It was a special birthday celebration with many family members gathered. Along with the food, the young driver consumed alcoholic beverages throughout the course of the evening. The young woman departed for home before midnight, forgetting to buckle up for the drive home. The road was dry and unlit. The driver, driving a small compact vehicle, swerved off the road and rolled over several times. The driver was discovered shortly after the incident and transported by emergency services to hospital within 40 minutes. Unfortunately the driver still suffered from major head and spinal injuries which left her a quadriplegic.



1. **Display** "Haddon's Matrix Scenario" slide.

2. **Read** the scenario to participants.
3. **Remind** participants that Haddon's Matrix can be used as a tool to identify factors that are related to an injury event.

**Haddon's Matrix: Host**

HADDON'S MATRIX (Date of injury factors involved in the injury event)		AGENT TRIANGLE (3 key injury elements)		
		HOST (person injured)	AGENT (object transferring energy)	ENVIRONMENT (physical-social-scenarios)
Haddon's Critical Decision Method (Pre-event, In-event, Post-event)	Pre-event factors (Pre-injury)	Alcohol beverages consumed		
	In-event factors (At the time of the injury)	Did not use seat belt		
	Post-event factors (After the injury)	20 year old female		

1. **Display** “Haddon’s Matrix: Host” slide.

2. **Remind** participants that there is no right or wrong way to fill in Haddon’s Matrix and that they may find some factors fit into more than one place.
3. **Inform** participants that the *host* section will be filled out first, followed by the *agent* and *environment*.
4. **Remind** the group that *host* related factors are those relating to the person who is injured and consists of the physical, mental, emotional, and spiritual elements of the person.
5. **Inform** participants when filling in Haddon’s Matrix, that:
  - A key *pre-event factor* associated with the driver (host) had to do with alcohol consumption.
  - A key *event factor* was that the driver was not wearing a seatbelt
  - An important *post-event factor* is that the driver was 20 years old. This is important as a younger person in good health may be more resilient than someone older who may have health problems.
6. **Invite** participants to identify any other factors that they feel should be included under the *host*.

**Haddon's Matrix: Agent**

HADDON'S MATRIX Table of injury factors involved in the injury event	AGENT TRIANGLE (3 key injury elements)		
	HOST (person injured)	AGENT (object transferring energy)	ENVIRONMENT (physical-social-contextual)
Pre-event (before the injury)	Alcohol beverages consumed		
Event (at the time of the injury)	Did not use seat belt	Small compact vehicle	
Post-event (after the injury)	25 year old female	Roll over	



**1. Display** “Haddon’s Matrix: Agent” slide.

**2. Remind** the group that the *agent* is the object that is transferring energy. This can include objects such as a car, fire, or hot water.


**3.** When filling out the *agent* factor of Haddon’s Matrix, **inform** participants that:

- The *pre-event factor* box is blank since in the injury story there was no mention of the car before the event happened. Remind participants that it is fine to have boxes blank, and/or to use the same information for more than one box.
- A key *event factor* was that the car (agent) was a sport utility vehicle (i.e. Jeep), which can roll over easier and may not have the same over-head protection as other vehicles.
- An important *post-event factor* is that the vehicle rolled over. This is important since a person may be more likely to sustain head injuries if the car rolls over.

**4. Invite** participants to identify any other factors that they feel should be included under the *agent*.

**Haddon's Matrix: Environment**

HADDON'S MATRIX Table of injury factors involved in the injury event	AGENT TRIANGLE (3 key injury elements)		
	HOST (person injured)	AGENT (object transferring energy)	ENVIRONMENT (physical-social-contextual)
Pre-event (before the injury)	Alcohol beverages consumed		Party gathering
Event (at the time of the injury)	Did not use seat belt	Small compact vehicle	Moisture on road condition - 100% road
Post-event (after the injury)	25 year old female	Roll over	Quick response and transport to medical facilities



**1. Display** “Haddon’s Matrix: Environment” slide.

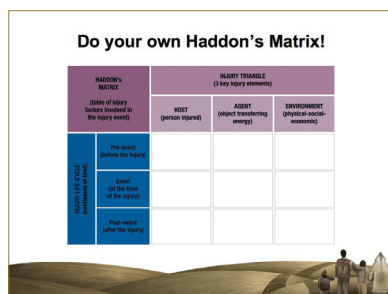
**2. Remind** participants that the *environment* consists of physical, psychological, social and economic factors related to an injury event.

When filling out the *environment* factor of Haddon's Matrix, **inform** participants that:

- A key *pre-event factor* is that the driver was at a family gathering (environment).
- A key *event factor* was that the driver was driving at midnight and the road (environment) was unlit, making it more difficult to see.
- An important *post-event factor* is that the driver was quickly responded to and transported to medical facilities (environment), which improves a victim's chance of survival.

The post-event factors may generate discussion about the level of services available to communities. This is an important issue to discuss in terms of access to emergency services, and individuals trained to deal with emergency situations. Geography may also be discussed. For example, if a community is isolated, transportation to emergency services can be difficult and lengthy.

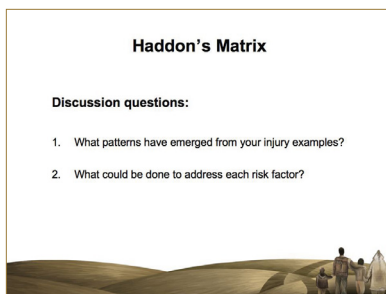
**4. Invite** participants to identify any other factors that they feel should be included under the *environment*.



**1. Display** “Do your own Haddon’s Matrix!” slide.

This activity will provide participants with a hands-on learning opportunity to use and apply Haddon’s Matrix using real life injury examples from the community.

2. **Distribute** to each participant the “Haddon’s Matrix” handout that can be found in the “Workshop Resources and Handouts” section.
3. **Ask** participants to work with a partner or in small groups.
4. **Instruct** participants to consider injury stories/scenarios they have shared or other examples used in the workshop and to fill in the Haddon’s Matrix handout.



1. **Display** “Haddon’s Matrix” slide.



2. Once participants have completed the activity, **ask** participants to share their learnings and observations and to consider:

- What patterns have emerged from their injury examples?
- What could be done to address each risk factor?

Emphasize that these ‘what can be done’ pieces are injury prevention strategies.

**3. Inform** participants that for each risk factor there is a prevention strategy that can be considered.



**4. Ask** participants to consider the long-term impacts associated with specific injury scenarios.

5. If time permits, **encourage** groups to share their Haddon's Matrix.

**Knowledge: Our Learnings**

- Most injuries are predictable and preventable
- Injury Triangle: Host, Agent, Environment
- Energy Sources:
  - Thermal (e.g. burns/scalds)
  - Mechanical/kinetic (e.g. falls, motor vehicle collisions)
  - Electrical (e.g. burns)
  - Chemical (e.g. unintentional poisoning)
  - Absence of air or heat (e.g. drowning, choking/suffocation)
- Haddon's Matrix is a tool that is used to help identify factors and organize patterns related to an injury event



**1. Display** “Knowledge: Our Learnings” slide.

**2. Read** the summary points to participants and invite any comments/questions they may have.

**3. Inform** participants that this slide concludes the *Knowledge* section of the workshop.





# Wisdom





# Learning Stage: Wisdom



## **Overview:**

This section will discuss the topic of community-based injury surveillance and introduce the Injury Prevention E's. The final activity will provide an opportunity for participants to apply the workshop learnings and how to bring injury prevention home to their communities.



## **Goal:**

- To introduce participants to the type of information needed to provide direction in injury prevention efforts at a community level.



## **Objectives:**

- To highlight key community-based information needed to guide prevention efforts.
- To introduce community-based injury surveillance as a potential tool to guide community action.
- To introduce the Injury Prevention E's as a way to guide effective injury prevention strategies.
- To begin to develop injury prevention plans at the community level.



**Number of Slides:** 21



**Handouts:**

Bringing Injury Prevention Home Booklet  
 Resource Guide  
 Resources for First Nations on Injury Prevention (NAHO)

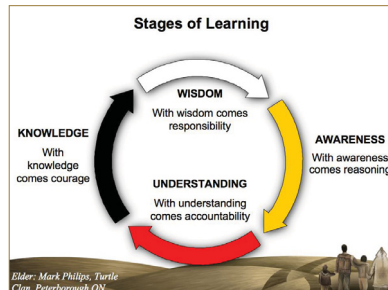


**Time:**

165 minutes

**Activity Breakdown:**

Activity	Slides	Time	Materials
Introduction	66, 67	5 minutes	None
Introduction to community-based injury surveillance	68, 69, 70, 71, 72, 73	20 minutes	Community-Based Injury Surveillance Pamphlet
Injury Prevention E's	74, 75, 76	5 minutes	None
Introduction to Bringing Injury Prevention Home Activity	77, 78, 79, 80, 81, 82, 83, 84, 85	10 minutes	Bringing Injury Prevention Home Activity Booklet
Bringing Injury Prevention Home activity	85	60 minutes	Bringing Injury Prevention Home Activity Booklet
Bringing Injury Prevention Home sharing	85	60 minutes	Bringing Injury Prevention Home Activity Booklet Injury Prevention Resource Guide Resources for First Nations on Injury Prevention
Learning summary	86	5 minutes	None



1. **Display** the “Stages of Learning” slide.

2. **Remind** participants of the stages of learning and the importance of each stage using the description below provided by Elder Mark Philips, from the Turtle Clan, Peterborough Ontario.

- With *Wisdom* comes Responsibility: Once you have earned the wisdom, you gain the responsibility to ensure that something happens with the knowledge. You need to be prepared and willing to follow through.




**Display** “Wisdom: Using Prevention Strategies to Act” slide.

2. **Inform** participants that the *Wisdom* section will offer practical guidance and activities on how to begin to address injuries at the community level.
3. **Remind** participants that injuries do not just happen by chance, and that many injuries are preventable.
4. **Inform** participants that communities need to understand the reasons why injuries occur, recognize potential harmful circumstances and take action to reduce the chance of more injuries happening. Learning

more about injury prevention is the first step to reducing the risks in a community. To learn, you need information. Gathering information means communities keep track of the injuries that are happening. A good way to do this is through community-based injury surveillance.

**What is Community-Based Injury Surveillance?**

- Collecting written information about injury events in a community
- An "information gathering system" intended to keep track of what, who, when, where and how, whenever an injury occurs
- It can help communities identify and prevent injuries



**1. Display** "What is Community-Based Injury Surveillance?" slide.

**2. Inform** participants that a good way to get information on injuries is through community-based injury surveillance. Community-based injury surveillance involves collecting written information about injury events in a community. It is an "information gathering system" intended to keep track of what, who, when, where and how, whenever an injury occurs. It is intended to be used *within the community* as it can provide reliable information to help communities identify and prevent injuries.

Source:

*Community-Based Injury Surveillance, Keeping Track: Looking at injuries and how they can be prevented, Health Canada, 2002.*

**Why is it important to my community?**

Injury surveillance can help to:

- Reduce injury by helping you to identify, understand and prevent injury problems
- Look at injury problems in an objective way
- Evaluate how useful injury prevention activities are in your community



**1. Display** "Why is it important to my community?" slide.

2. **Inform** participants that community-based injury surveillance is important in helping reduce injuries by assisting in identifying, understanding and preventing injury problems. It allows people to look at injury problems in an objective way and to evaluate how useful injury prevention activities are in a community.
3. **Inform** participants that the data provided from surveillance is also useful in supporting funding proposals and that surveillance can be a skill-building activity for people.
4. **Remind** participants that the injury problem is significant and it is important to understand the patterns of injury seen in communities. Identifying and understanding why injuries are happening helps to prevent them.

Source:

*Community-Based Injury Surveillance, Keeping Track: Looking at injuries and how they can be prevented*, Health Canada, 2002.



1. **Display** “Surveillance: How does it work?” slide.

The source “Community-Based Injury Surveillance, Keeping Track: Looking at Injuries and How They Can be Prevented” for this information can be found in the “Workshop Resources and Handouts” section.

2. **Review** the 4 Steps of Surveillance with the participants.



3. **Inform** participants that surveillance begins with collecting accurate and reliable information. Once collected, this information must be analyzed and then interpreted. The interpretation of the information focuses on understanding why injuries are happening and to whom. This understanding helps guide safety promotion and injury prevention activities.



- 4. Share** with the participants that taking the information back to the people in the community is also key to injury surveillance. The more aware people are of the problems, the more involved they can be in developing community solutions. Good information helps to promote effective solutions.
- 5. Inform** participants that often individuals who perceive the information on injuries is lacking or absent are keen to support community-based injury surveillance as a tool to start the process. As with any community-based initiative, it is important to first assess whether injury surveillance is the best option for the community. The size of the community, available resources and general capacity are important factors to consider. Other options may involve community surveys, talking circles, and taking the time to pull together information from various sources.

Source:

*Community-Based Injury Surveillance, Keeping Track: Looking at injuries and how they can be prevented*, Health Canada, 2002.



**1. Display** “Injury patterns in your community...” slide

- 2. Remind** participants of the importance of involving the community in the surveillance process to ensure important pieces of the injury problem are identified and understood. This will help to improve a community’s ability to deal with injury problems.
- 3. Review** the injury pattern questions.



- 4. Inform** participants that the information from these questions helps to identify injury patterns and therefore, guide injury prevention efforts. Understanding injury patterns provides direction for action. For example;



- **Who:** More children than adults are being injured;
- **Where:** More injuries are happening on a particular road or place in a community;
- **When:** More injuries are happening during the weekend than during the week;
- **How** and **Why:** Individuals are not wearing seat belts and driving at high speeds; and
- **What:** When looking at injuries occurring among children, a lack of supervision is a common circumstance.



### 1. Display “Gathering Community Information” slide.

As a community considers its injury problems, there may be more questions than answers. Answers to questions and the information that people need will be in the community.

2. **Inform** participants that in gathering community information and data, it is uncommon for it to be readily available or kept in one place. Sources of information are other people, as well as service and program providers in the community. Experiences and knowledge gained from living and working in the community bring unique information to the table.
3. **Encourage** participants to consider and gather existing information from community programs. Together this information can create a detailed picture of the community’s injury profile.

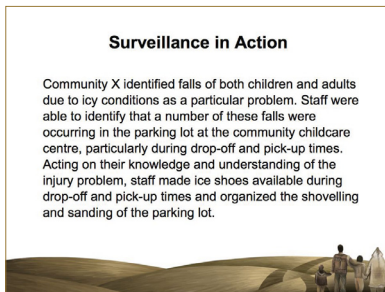


**4. Ask** participants to consider some of the data challenges and/or successes in their community, and what could be done to address challenges and encourage success.



**5. Remind** the group that the absence or limited availability of data should not limit the possibilities of acting on injury.

**6. Inform** participants that community-based injury surveillance can be and is used in some Aboriginal communities. The following is an example of how a community can use surveillance to help identify, understand and prevent injuries.

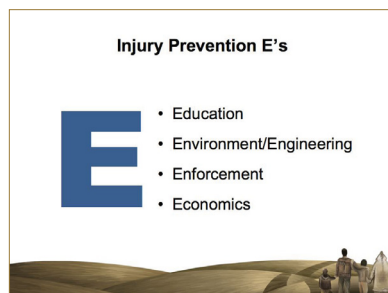


**1. Display** “Surveillance in Action” slide.

**2. Read** the example to the participants.

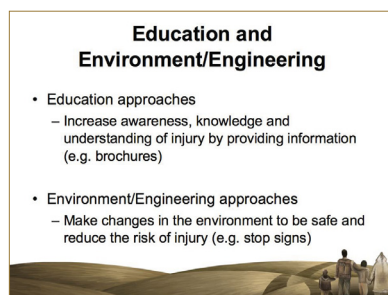
**3. Share** with participants how this example clearly demonstrates how a community was able to implement successful injury prevention strategies based on information that was collected, analyzed and interpreted. The data collected was able to identify who was being injured, specific injury locations, the type of injury that was occurring, when injuries were occurring, and the risk factors associated with the injury type.

4. **Inform** participants that once communities have information, they can use it to prioritize injury prevention strategies.



1. **Display** “Injury Prevention E’s” slide.

2. **Inform** participants that injury prevention strategies should consider the Injury Prevention E’s. This model is one way to brainstorm injury prevention efforts by categorizing them into four “E’s”: *education, environment/engineering, enforcement* and *economics*.



1. **Display** “Education and Environment/Engineering” slide.

2. **Inform** participants that:

*Education approaches* increase awareness, knowledge and understanding of injury by providing information. Education can lead to a change in attitudes and alter behaviour. Examples of education approaches include: awareness campaigns, posters, brochures, training and skills development.

*Environment/engineering approaches* make changes in the environment to be safe and reduce the risk of injury. Environment/engineering includes physical surroundings, social environments, and product design. Examples of environment/engineering approaches include: stop signs, speed bumps, and safety caps on medicine.



**1. Display** “Enforcement and Economics” slide.

**2. Inform** participants that:

*Enforcement approaches* are laws, regulations and policies aimed at controlling injuries. Enforcement can be directed towards individual or community practices. Examples of enforcement approaches include: seat belt laws, smoke alarm by-laws, and school policies that children must wear safety equipment during physical education.

*Economic approaches* include financial benefits for those who act safely or punishments for safety violations. Examples of economic approaches include: driver training discount, speeding tickets, and reduced insurance rates for clean driving records.

**3. Inform** participants that injury prevention efforts are most effective when at least two “E’s” are used.

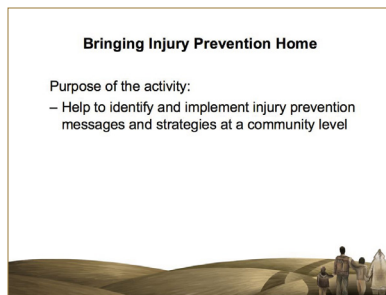


4. Using the “Surveillance in Action” example, **ask** participants to consider what additional activities could be done by using the Injury Prevention E’s.

Possible responses include:

- Education efforts such as educating children and adults about snow and building safety; and
- Economic efforts such as providing an ice-shoe loaner program.

Participants will further apply their understanding of the Injury Prevention E’s in the “Bringing Injury Prevention Home” activity.



1. **Display** “Bringing Injury Prevention Home” slide.

This will be the final activity of the workshop. This activity is intended to help participants identify and implement injury prevention messages and strategies at the community level.

2. **Inform** participants that injury prevention messages should be tailored for different audiences to be most beneficial. The “Bringing Injury Prevention Home” activity provides some general program planning steps, but participants will need to further refine messages and strategies after the workshop.

The “Resource Guide” can direct participants to where they can go to get more information on program planning and evaluation.

**3. Distribute** the “Bringing Injury Prevention Home” activity booklet, the “Resource Guide” and “Resources for First Nations on Injury Prevention” (NAHO). All of these can be found in the “Workshop Resources and Handouts” section.

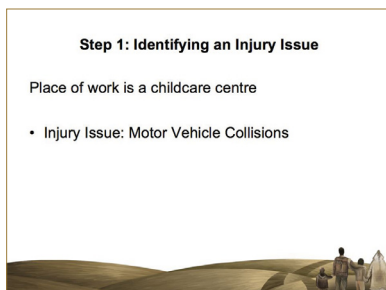


**1. Display** “Activity Steps” slide.

**2. Review** the steps on the slides with participants. The activity steps incorporate the material that has been covered so far in the workshop.

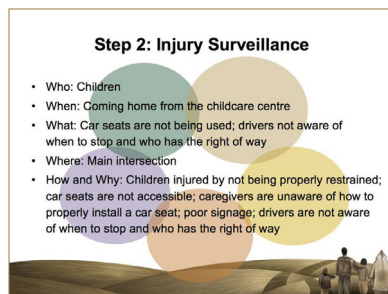
**3. Inform** participants that the activity will begin with an example that can be found in the activity booklet. This example will be reviewed over the next few slides.

Have participants follow along using their activity booklet as you review the steps with them.



**1. Display** “Step 1: Identifying an Injury Issue” slide.

**2. Share** with participants that in carrying out this activity, it is helpful to identify an injury issue that is related to his or her area of work. In the example, a childcare centre is the place of work and motor vehicle collisions is the injury issue



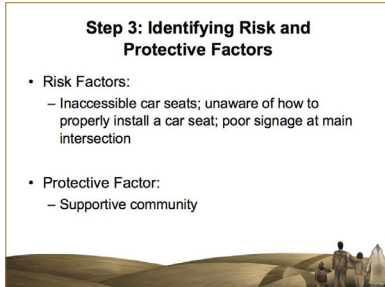
**1. Display** “Step 2: Injury Surveillance” slide.

**2. Remind** participants that in order to address an injury problem, we need to have information on injuries. This information can be gathered using community-based injury surveillance.

More information on community-based injury surveillance can be found on pages 70-74.

**3. Review** Step 2 with the participants, bringing attention to the following points indicated on the slide:

- Children are being injured on the way home from the childcare centre.
- Car seats are not being used; therefore children are not adequately protected in a collision. Drivers are using seat belts for themselves and for the children. Drivers are not aware of when to stop and who has the right of way at the main intersection.
- Motor vehicle collisions are occurring at the main intersection of the community due to poor signage.
- Children are being severely injured by not being properly restrained. Car seats are not easily accessible in the community and caregivers are unaware of how to properly install a car seat. Due to poor signage at the intersection, drivers are not aware of when to stop and who has the right of way. The community is well aware of all of these issues and has a desire to make changes.

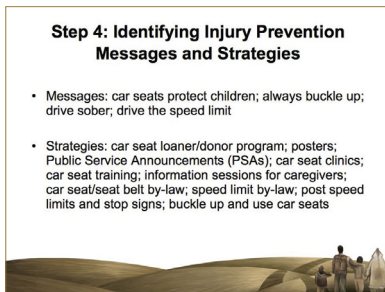


**1. Display** “Step 3: Identifying Risk and Protective Factors” slide.

**2. Review** the meaning of risk and protective factors, using the examples on the slide.

More information on risk and protective factors can be found on pages 32-34.

**3. Encourage** participants to provide any additional risk and protective factors.



**1. Display** “Step 4: Identifying Injury Prevention Messages and Strategies” slide.

**2. Remind** participants that for every risk factor, there is a prevention strategy.

**3. Review** with the participants identified messages and strategies on the slide.

More information of injury prevention messages and strategies can be found on pages 48-56.

**4. Inform** participants that prevention strategies and messages can be developed at different levels (i.e. individual, family, community).



Messages and Strategies: Individual, Family and Community		
Individual	Family	Community:
<ul style="list-style-type: none"> <li>•Enroll in car seat training</li> <li>•Buckle up</li> <li>•Use car seats</li> </ul>	<ul style="list-style-type: none"> <li>•Attend a car seat information session</li> <li>•Buckle up</li> <li>•Use car seats</li> <li>•Attend car seat clinics</li> </ul>	<ul style="list-style-type: none"> <li>•Car seat loaner/donor program</li> <li>•Posters</li> <li>•PSAs</li> <li>•Offer car seat training and clinics</li> <li>•Implement and enforce car seat/seat belt and speed limit by-laws</li> <li>•Post speed limits and stop signs</li> </ul>

1. **Display** “Messages and Strategies: Individual, Family and Community” slide.

2. Using the slide, **identify** whether the messages and strategies are at the individual, family or community level and note that each level has an important part to play in working together to decrease injuries caused by motor vehicle collisions. Practicing injury prevention at all levels is the most effective way to reduce and prevent injuries. Community mobilization requires activities involving all three levels.

3. **Encourage** participants to provide any additional messages and strategies related to motor vehicle collisions.

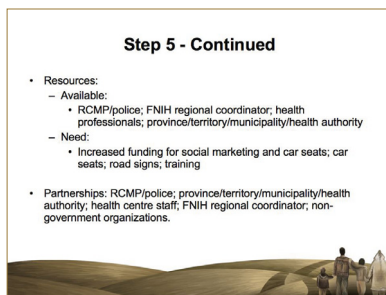
Step 5: Injury Prevention E's
<ul style="list-style-type: none"> <li>• Education: posters; PSAs; car seat clinics; child seat training; information sessions for caregivers; car seats protect children; always buckle up; drive sober; drive the speed limit; on how to properly install and use a car seat</li> <li>• Environment/Engineering: post speed limits and stop signs; car seat loaner/donor program</li> <li>• Enforcement: car seat/seat belt by-law; speed limit by-law</li> <li>• Economics: car seat loaner/donor program</li> </ul>

1. **Display** “Step 5: Injury Prevention E's” slide.

2. **Remind** participants that the Injury Prevention E's can help when brainstorming effective and holistic ways of preventing injuries; and that the Injury Prevention E's are most effective when combined together (i.e. education efforts and economic efforts).

More information on the Injury Prevention E's can be found on pages 75-77.

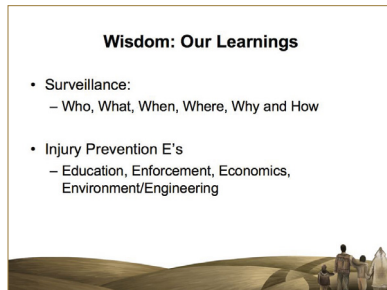
3. Using the slide, **review** each of the “E’s” and the strategies or messages that fall under each one.
4. **Encourage** any further comments from the participants.



1. **Display** “Step 5- Continued” slide.

2. **Inform** participants that when planning to implement messages and strategies, it is important to consider what resources are needed, what resources are available and who participants can partner with to help get the job done. Emphasize the importance and value of working together with others to accomplish common goals.
3. **Review** the identified resources available, resources needed and partnerships identified on the slide.
4. **Encourage** participants to consider other resources and partnerships.
5. Answer any questions and **instruct** participants to begin the activity. Participants can choose to work individually, with a partner or in a small group.

Once the activity is completed, if time allows, provide participants with an opportunity to share some of their ideas with the larger group. As well, this is a good time to encourage participants to share success stories of injury prevention activities that are currently happening in their own communities. This is an important networking time and it allows participants to gain even more information and ideas of what can be done in their community.



**1. Display** “Wisdom: Our Learnings” slide.

**2. Read** the summary points to participants and invite any comments/questions they may have.

**3. Inform** participants that this slide concludes the *Wisdom* section of the workshop.



# *Conclusion*





# Learning Stage: Conclusion



## ***Overview:***

This section closes the workshop and provides an opportunity for participants to reflect on the learnings from the workshop.



## ***Goals:***

- To respectfully close the learning session in a positive manner based on community traditions.
- To reflect and summarize how our knowledge and past experiences can be applied to create a better future.



## ***Objective:***

- To close the learning session in a positive manner (inviting Elder to conclude the session).



***Number of Slides:*** 5



**Handouts:**  
 Evaluation Letter  
 Evaluation Forms  
 Certificate of Participation

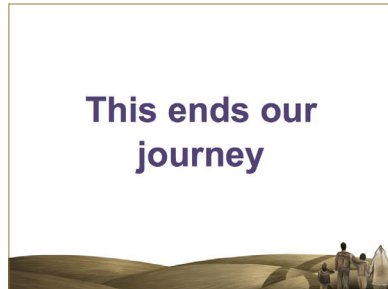


**Time:**  
 27 minutes

**Activity Breakdown:**

Activity	Slides	Time	Materials
Introduction	87	2 minutes	None
Words from Elders	88, 89, 90	5 minutes	None
Closing activity	91	10 minutes	None
Closing and prayer	91	10 minutes	Evaluation Letter Evaluation Forms Certificate of Participation

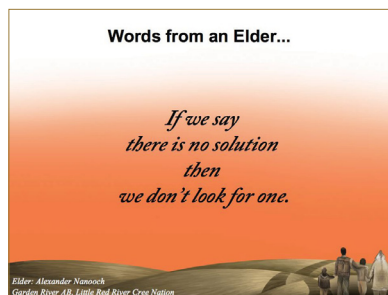




**1. Display** “This ends our journey” slide.

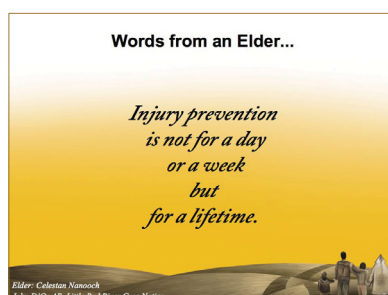
**2. Review** participants’ workshop expectations done at the beginning of the learning session and check to see if they were met.

**3. Inform** participants that this is the end of the workshop and to close we will be reminded of some important words from Elders.



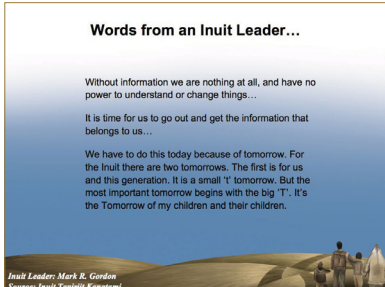
**1. Display** “Words from an Elder...” slide.

**2. Review** the quote and encourage any reflections from participants.



**1. Display** “Words from an Elder...” slide.

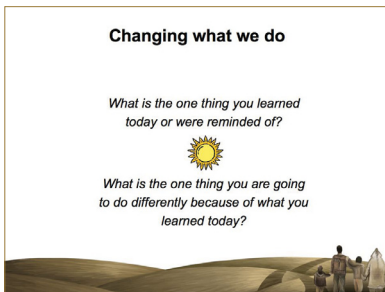
**2. Review** the quote and encourage any reflections from participants.




1. **Display** “Words from an Inuit Leader...” slide.

2. **Review** the quote and encourage any reflections from participants.

---



1. **Display** “Changing what we do” slide.



2. To close, **review** the questions on the slide with the participants and **ask** participants to share their responses with the larger group.

3. Before the participants leave, request that the participants complete the evaluation forms for the workshop. More information on the evaluation can be found on page 15 in the “Introduction and Planning” tab. As well, a letter to the participants explaining the evaluation and the evaluation forms can be found in the “Workshop Resources and Handouts” section.
4. Thank the participants for attending the workshop and address any questions or feedback following the close of the workshop.
5. Conclude the workshop with a prayer from the Elder.



# Workshop Slides







Health  
Canada

Santé  
Canada

*Your health and  
safety... our priority.*

*Votre santé et votre  
sécurité... notre priorité.*

Canada

# A Journey to the Teachings

An injury prevention resource for community  
practitioners and service providers

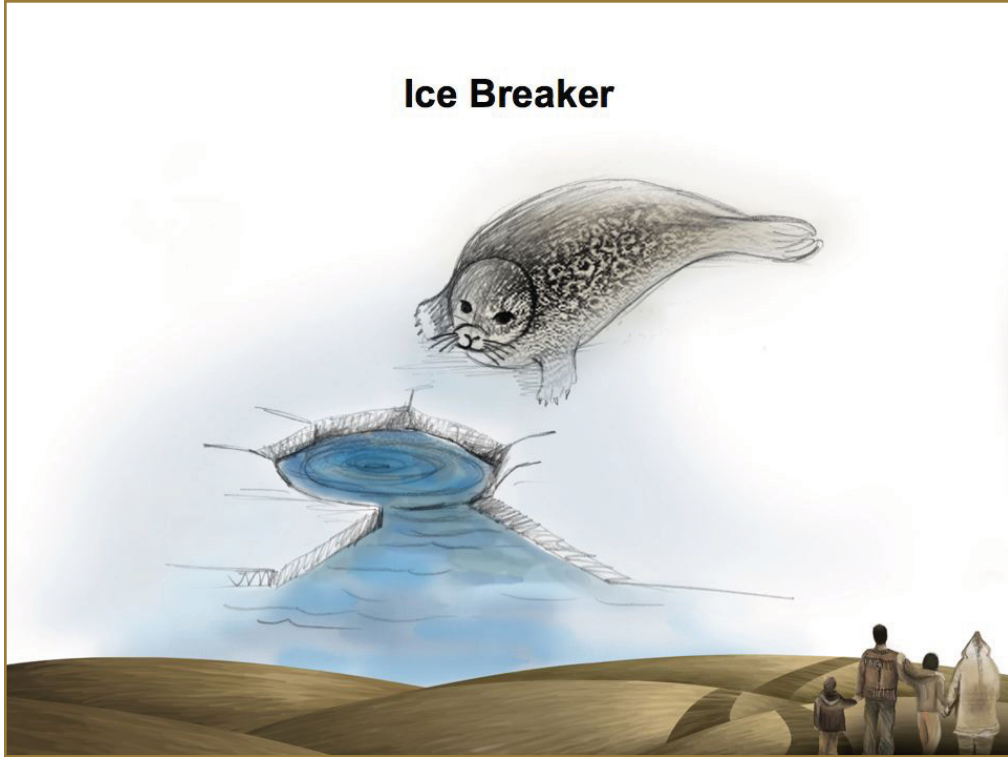


**A start to our learning journey...**





## Ice Breaker



## Focus of learning session

- To discuss the problem of injury and how we perceive injuries

---

- To introduce basic injury prevention theory

---

- To discuss and share our teachings and past experiences with each other

---

- To consider how past and present knowledge can guide our injury prevention journey

---




## Today's approach to learning is intended...

- To facilitate our own learning

---

- To promote discussion and encourage action on injury

---

- To promote injury prevention in our communities



## Legends and Stories

### HELP US

- Change attitudes

---

- Teach lessons

---

- Share knowledge from one generation to the next

---

- Provide a powerful form of change in modern daily living



**Our learning depends on...**

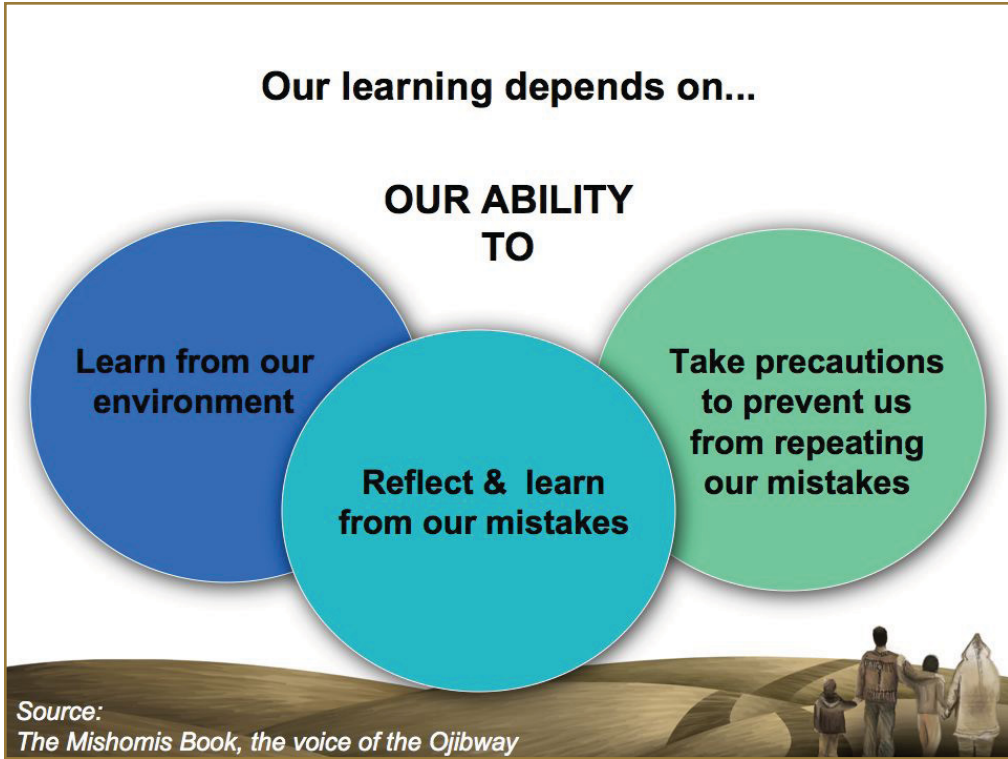
**OUR ABILITY  
TO**

**Learn from our  
environment**

**Reflect & learn  
from our mistakes**

**Take precautions  
to prevent us  
from repeating  
our mistakes**

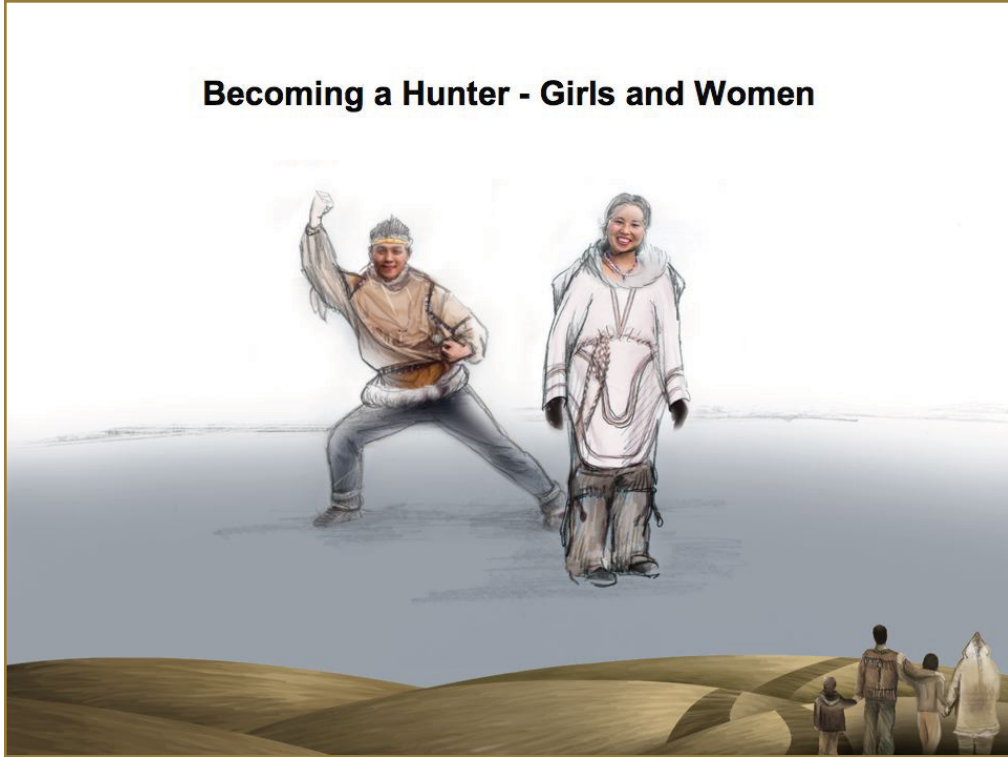
*Source:  
The Mishomis Book, the voice of the Ojibway*

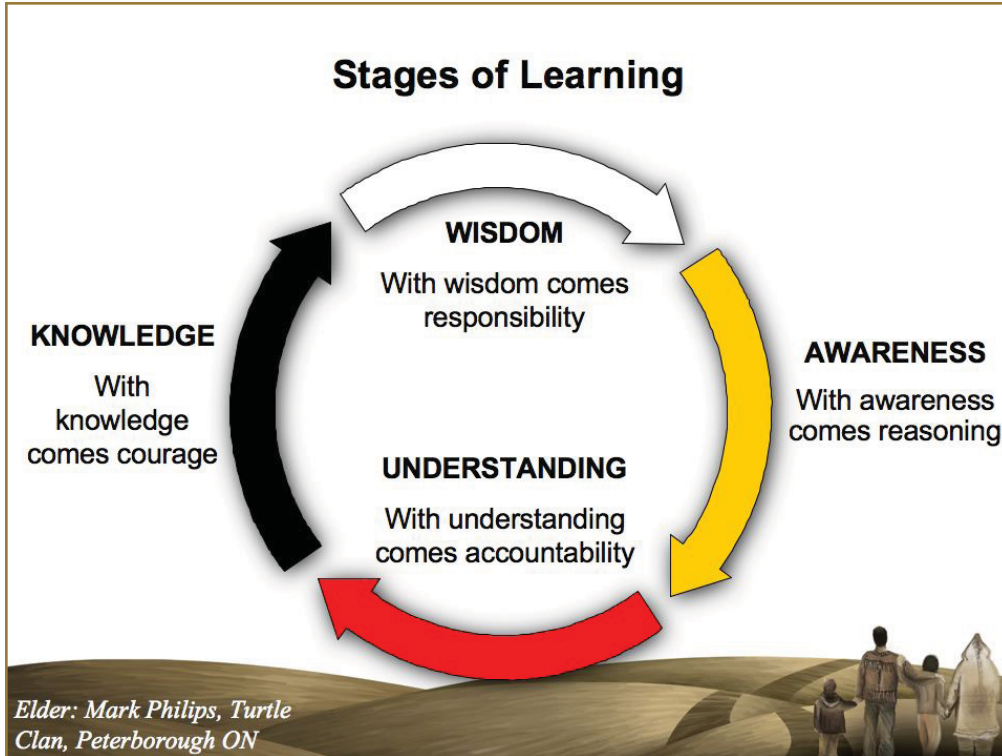


## The Sacred Tree



## Becoming a Hunter - Girls and Women







# **AWARENESS**

Looking at the Problem



## Injury Definitions

An injury is any specific and identifiable bodily impairment or damage resulting from acute exposure to an energy source.

An injury is when the body is damaged. It may be visible (i.e. broken arm from falling down stairs) or invisible (i.e. low self esteem from emotional abuse) to others.



## Injury Categories

### Unintentional injuries

Injuries which occur without intent to do bodily harm  
(traffic collisions, falls, drowning, accidental poisoning)



### Intentional injuries

Interpersonal injuries and self-oriented  
violence (such as assault or suicide)



## Checking our awareness level quiz

**T/F** Injury is the 3<sup>rd</sup> leading cause of death for First Nations aged 1-44.

---

**T/F** Injury is the leading cause of premature death in Inuit regions.

---

**T/F** Most injuries cannot be prevented.

---

**T/F** Disability rates (associated with injury) for Aboriginal people are consistent with Canada's overall disability rate.



## Checking our awareness level quiz

**T/F** Injury is the 3<sup>rd</sup> leading cause of death for First Nations aged 1-44.

---

**FALSE**

**Injury is the #1 cause of death for First Nations aged 1-44.**



## Checking our awareness level quiz

**T/F** Injuries are the leading cause of premature death in Inuit regions.

---

**TRUE**

**Injuries are the leading cause of premature death in Inuit regions.**



## Checking our awareness level quiz

**T/F** Most injuries cannot be prevented.

---

**FALSE**

**Experts in the field estimate that up to 90% of all injuries are preventable.**



## Checking our awareness level quiz

**T/F** Disability rates (associated with injury) for Aboriginal people are consistent with Canada's overall disability rate.

---

**FALSE**

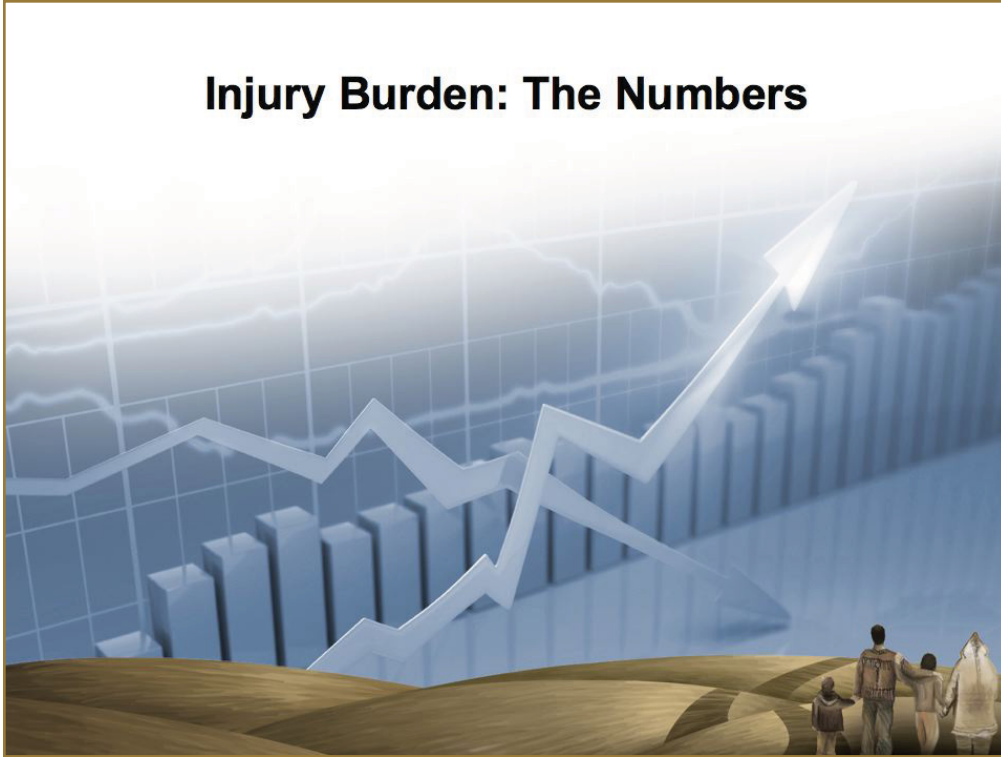
**Aboriginal disability rates (associated with injury) are reported at 31% or double the national rate.**





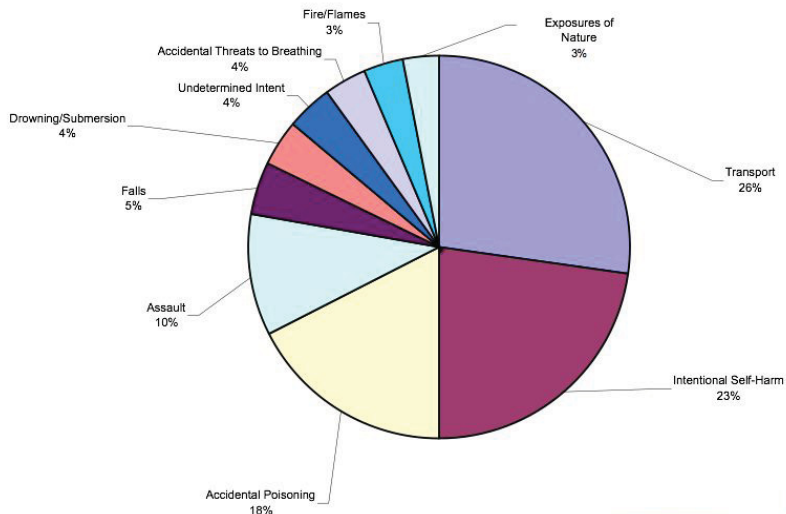


## Injury Burden: The Numbers





### Injury Deaths by Type: First Nations (2001-2002) (Western Canada)

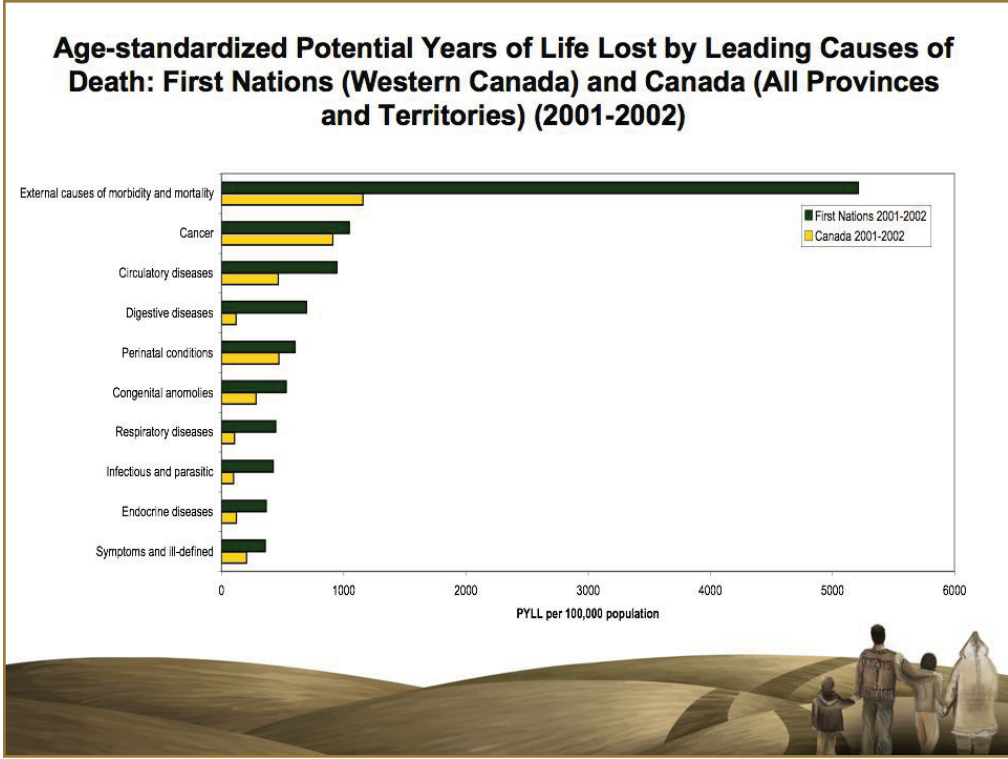


## Intentional or Unintentional?

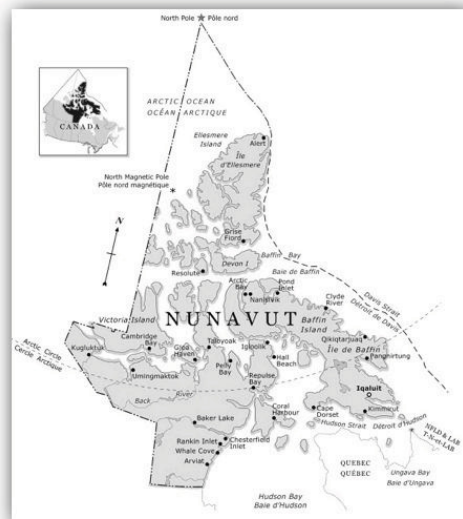
### Discussion questions:

1. Is it easy to categorize the injuries into these two groups?  
Why or why not?
2. Are there injuries that are easier to split into groups than others?  
Why?
3. How can this have an impact on how we understand injury?





## Nunavut PYLL (2001)



The rate of PYLL for unintentional injuries was greater for Nunavut than for Canada as a whole.

**Nunavut: 1711/100,000**

**Canada: 640/100,000**



## Nunavik PYLL (2001)



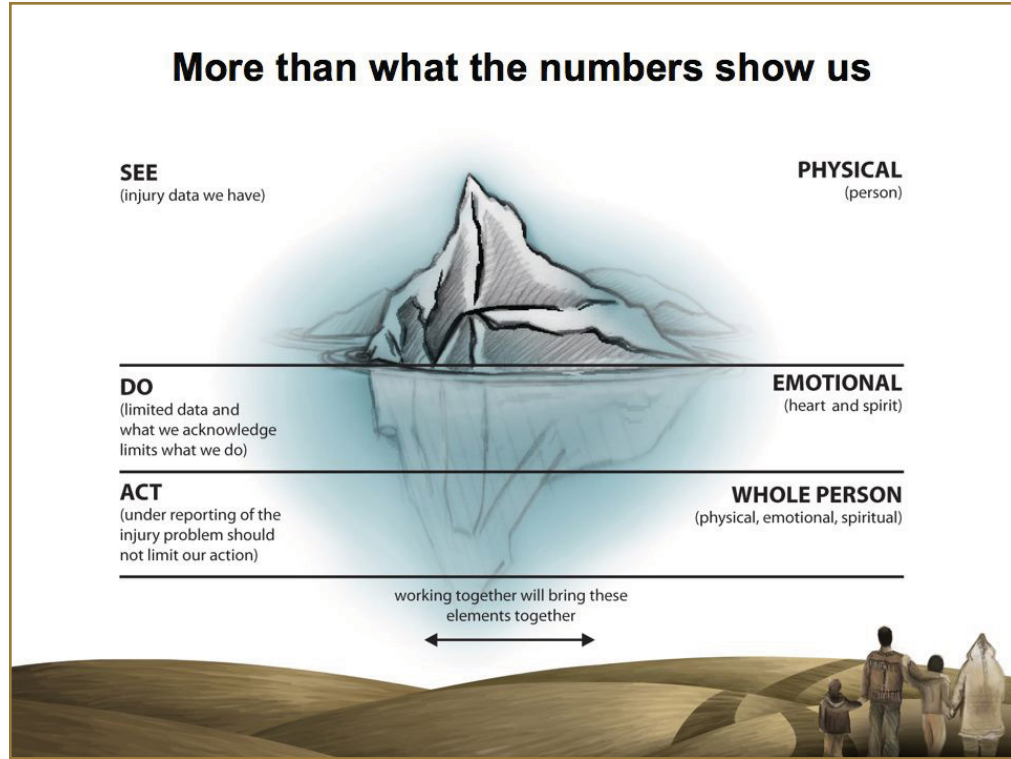
The PYLL for unintentional injuries in Nunavik was almost 6 times greater than the overall Canadian rate.

**Nunavik: 3772/100,000**  
**Canada: 640/100,000**





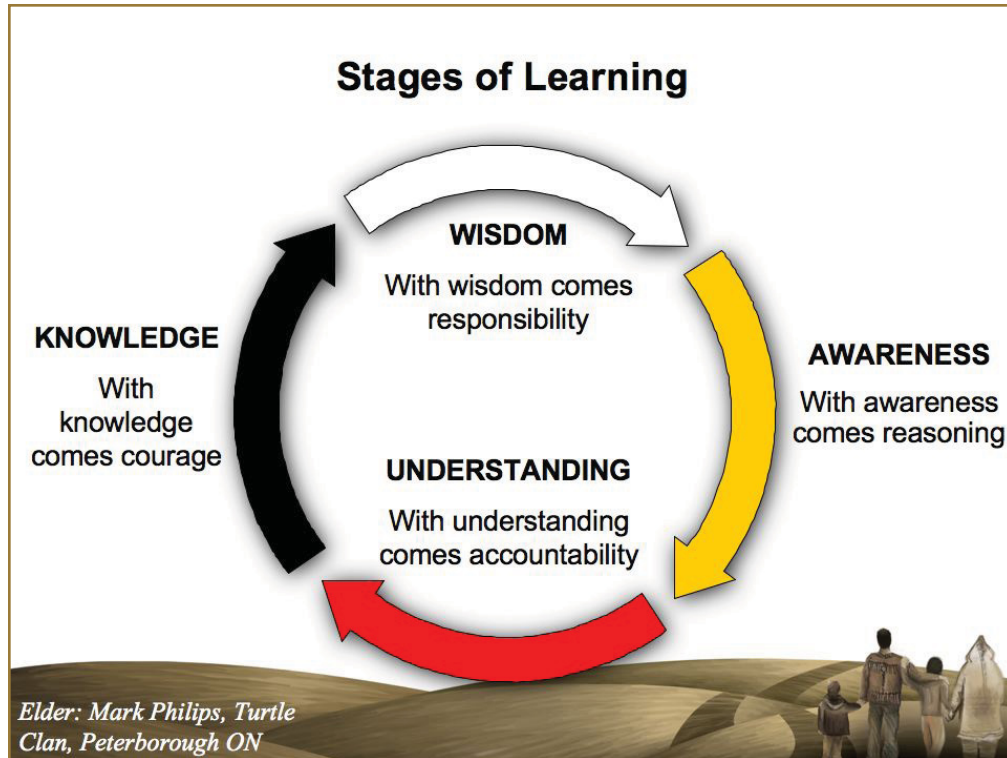
## More than what the numbers show us



## Awareness: Our Learnings

- An injury is when the body is damaged. It may be visible or invisible to others. An injury can affect the whole person... Physically, emotionally, spiritually and mentally
- Injuries can be classified as being intentional or unintentional. There is a “grey area” where some injuries are not always easy to classify
- Injury is a leading cause of death for First Nations and Inuit
- What we know of the injury problem is just the ‘tip of the iceberg’. Much injury data are not collected or reported leading to gaps in the data





# UNDERSTANDING

## Identifying Risk and Protective Factors



## Share a story...



## **What do we know about injuries in our community?**

### **Discussion questions:**

1. What are common injuries that occur in our communities?
2. Who seems to be at greatest risk?
3. What impact do these injuries have?



## Keeping Safe: Introduction to Risk Factors

- **Risk Factors:**  
Factors that increase risk for injury and may be any combination of physical, psychological, social and economic factors
- Examples of risk factors for motor vehicle collisions: drinking and driving, not wearing a seat belt, not wearing a helmet on an ATV or snowmobile, poor road or lighting conditions



## Protective Factors and Resiliency

- “**Protective factors** represent the influences, orientations and behaviours in people’s lives that contribute to positive development and help prevent negative behaviours and outcomes”.
  - Examples: strong social skills, emotional support, participation in extra curricular activities
- **Resiliency** is the ability to keep, regain and build hope, emotional wellness, and positive ways of coping through times of difficulty in life.





## Introduction to Determinants of Health

"Why is Jason in the hospital?

Because he has a bad infection in his leg.

But why does he have an infection?

Because he has a cut on his leg and it got infected.

But why does he have a cut on his leg?

Because he was playing in the junk yard next to his apartment building and there was some sharp, jagged steel there that he fell on.

But why was he playing in a junk yard?

Because his neighbourhood is kind of run down. A lot of kids play there and there is no one to supervise them.

But why does he live in that neighbourhood?

Because his parents can't afford a nicer place to live.

But why can't his parents afford a nicer place to live?

Because his Dad is unemployed and his Mom is sick.

But why is his Dad unemployed?

Because he doesn't have much education and he can't find a job.

But why ...?"



## Determinants of Health

- The factors or conditions that determine the level of health of people.
- Key determinants include:
 

Income and Social Status	Personal Health Practices and Coping Skills
Social Support Networks	Healthy Child Development
Education and Literacy	Biology and Genetic Endowment
Employment/Working Conditions	Health Services
Social Environments	Gender
Physical Environments	Culture
- Other broader determinants for Aboriginal Peoples can include:
 

Colonization	Access
Globalization	Territory
Migration	Poverty
Cultural continuity	Self- determination

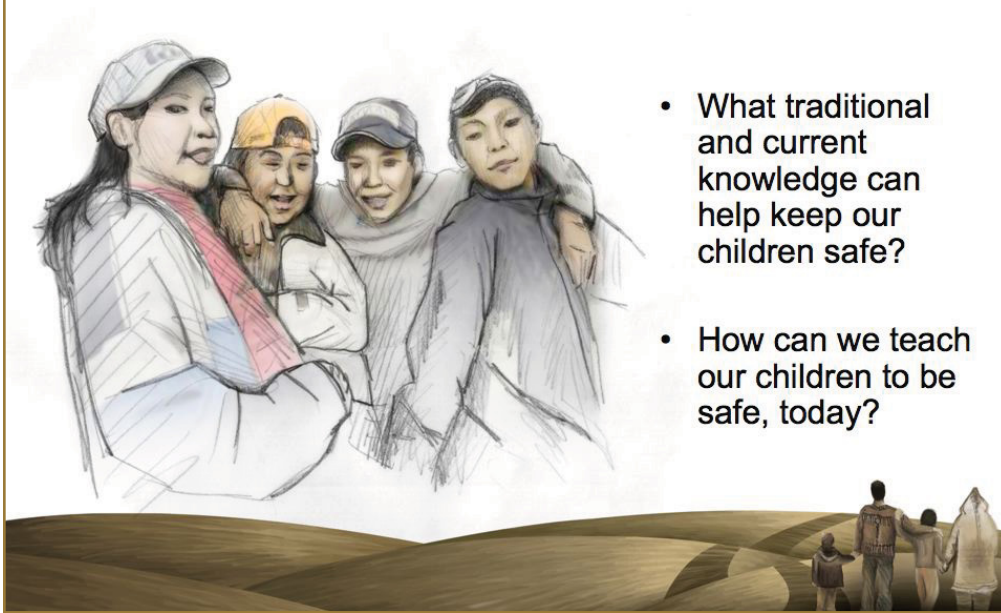


## A Story

A man was found dead on Saturday on the shores of a lake in a remote First Nations community in Manitoba. The man had been fishing for a community feast with his son in a canoe when he stood up to catch a fish, lost his balance and fell overboard. Unfortunately the man was not a strong swimmer and was not wearing a life jacket or personal flotation device (PFD). The man's son, was wearing a life jacket, but was unable to save him. The young boy managed to paddle to shore and notified RCMP. Community members are aware of the importance of PFDs and swimming lessons but note that both are not always easily accessed by the community. The man's family expressed their gratefulness to the community for everyone's support during this difficult time.



## Summarizing and Sharing our Learning

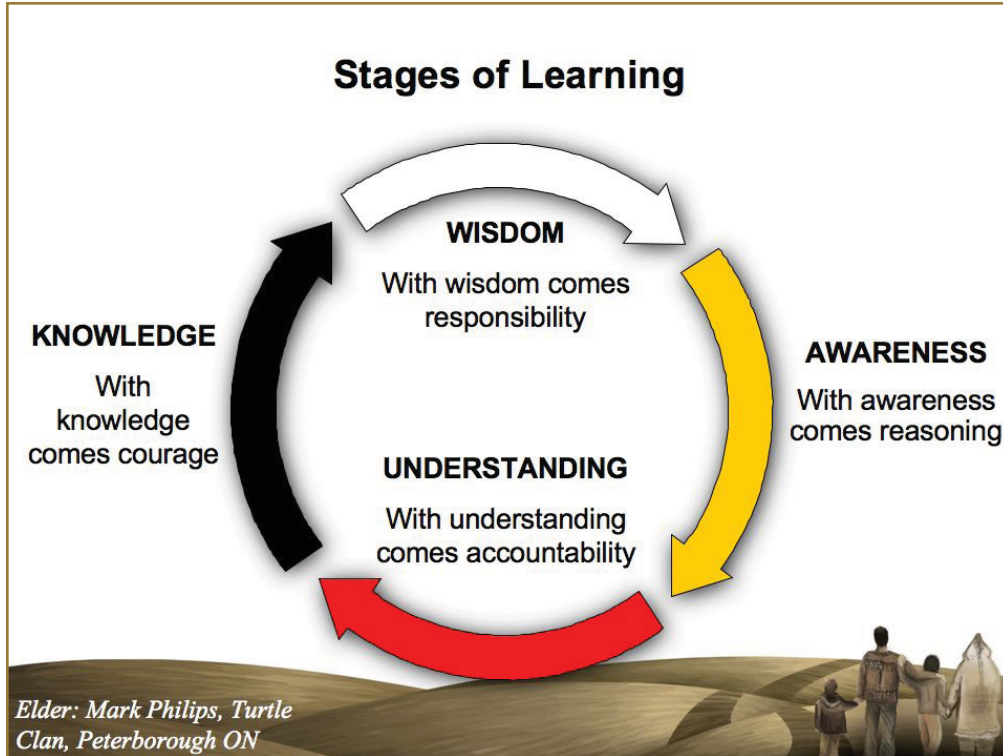


- What traditional and current knowledge can help keep our children safe?
- How can we teach our children to be safe, today?

## Understanding: Our Learnings

- Risk Factors:  
Factors that increase risk for injury and may be any combination of physical, psychological, social and economic factors
- Protective Factors:  
“Represent the influences, orientations and behaviours in people’s lives that contribute to positive development and help prevent negative behaviours and outcomes”
- An important factor of resiliency is the ability to cope
- Important determinants of health for Aboriginal people are colonization, globalization, migration, cultural continuity, access, territory, poverty and self-determination





# Knowledge

Identifying Injury Patterns and  
Prevention Strategies





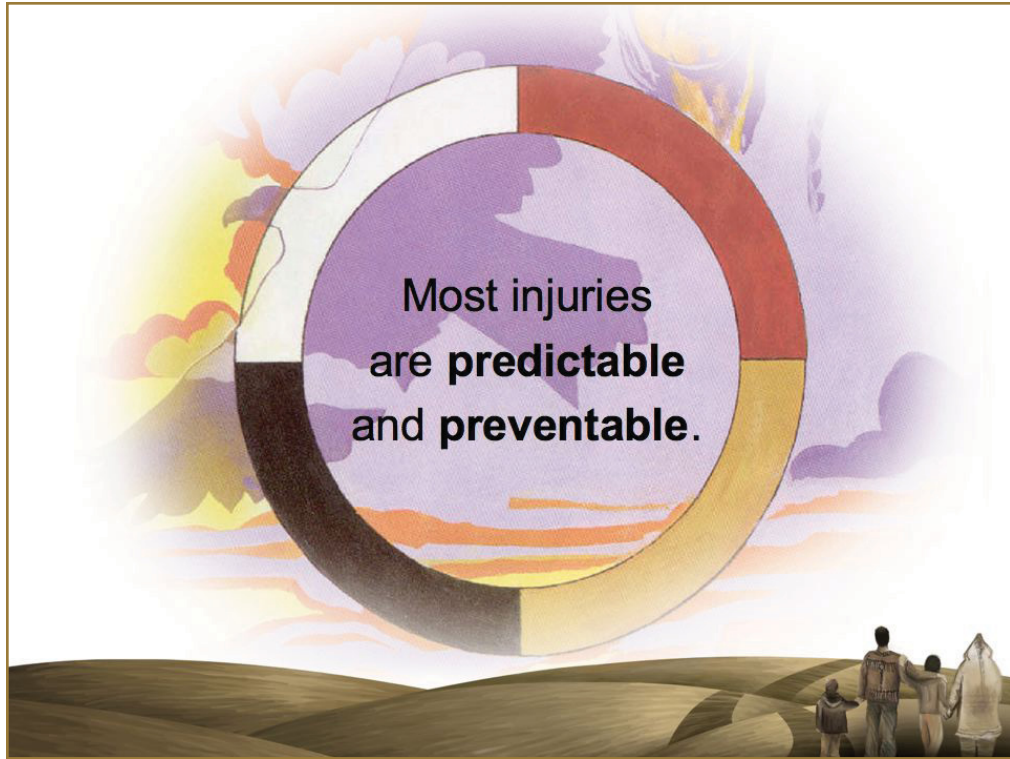
## **Injury Prevention: How do we perceive injuries?**

### **Discussion questions:**

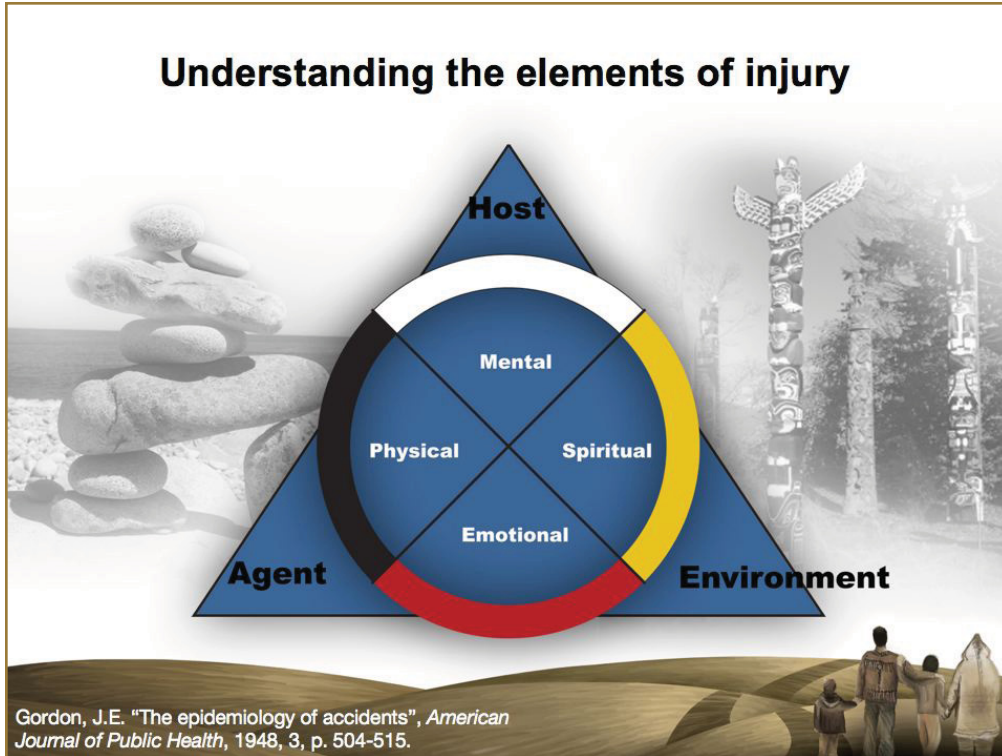
1. What does our culture teach us about preventability?
2. Why is it a challenge to talk about preventing injuries?







## Understanding the elements of injury



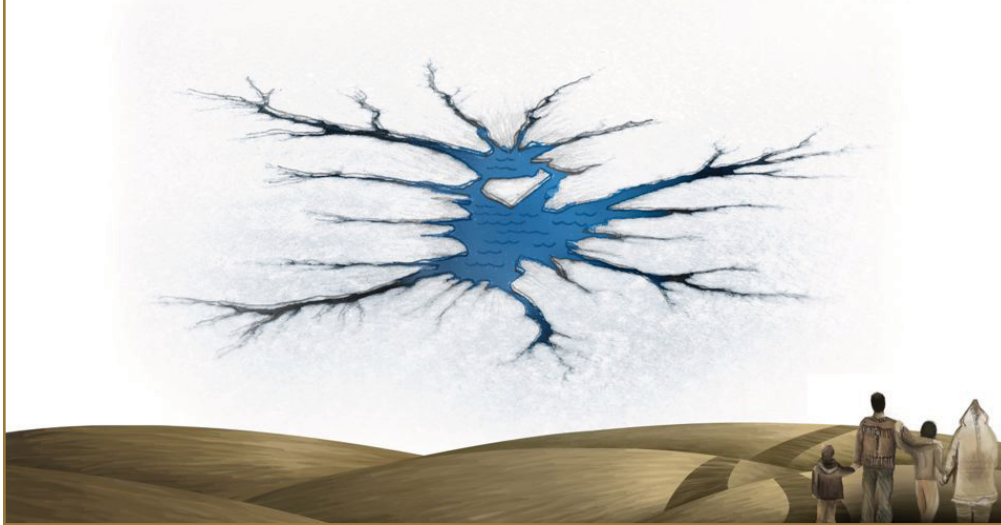
## Host

The person who is injured



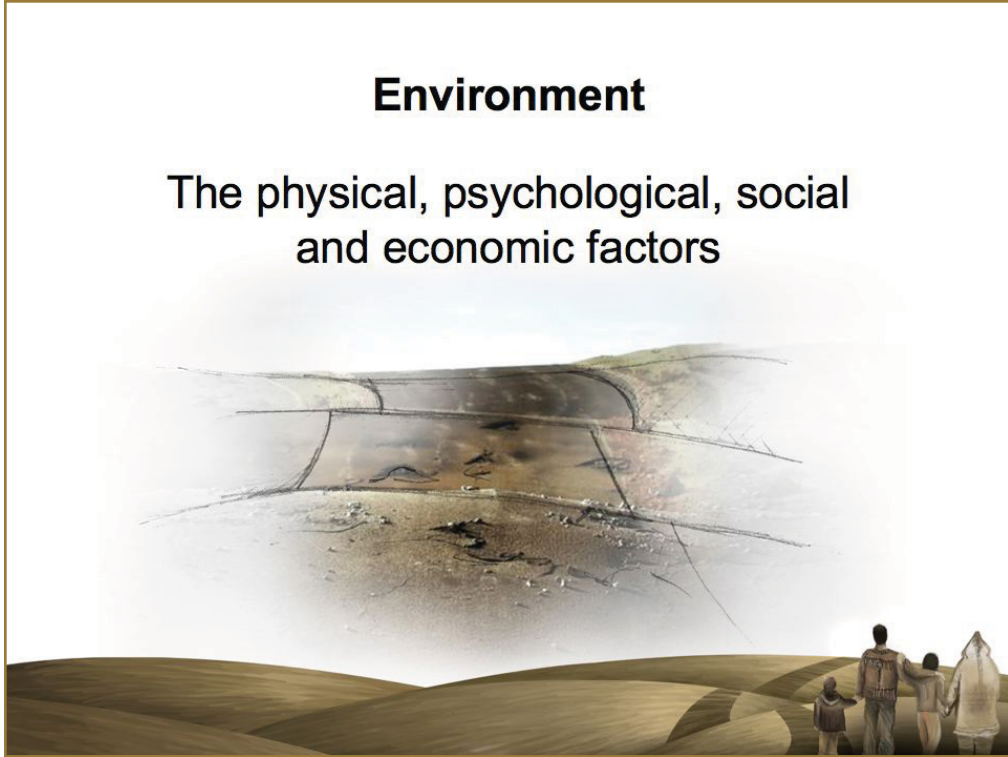
## Agent

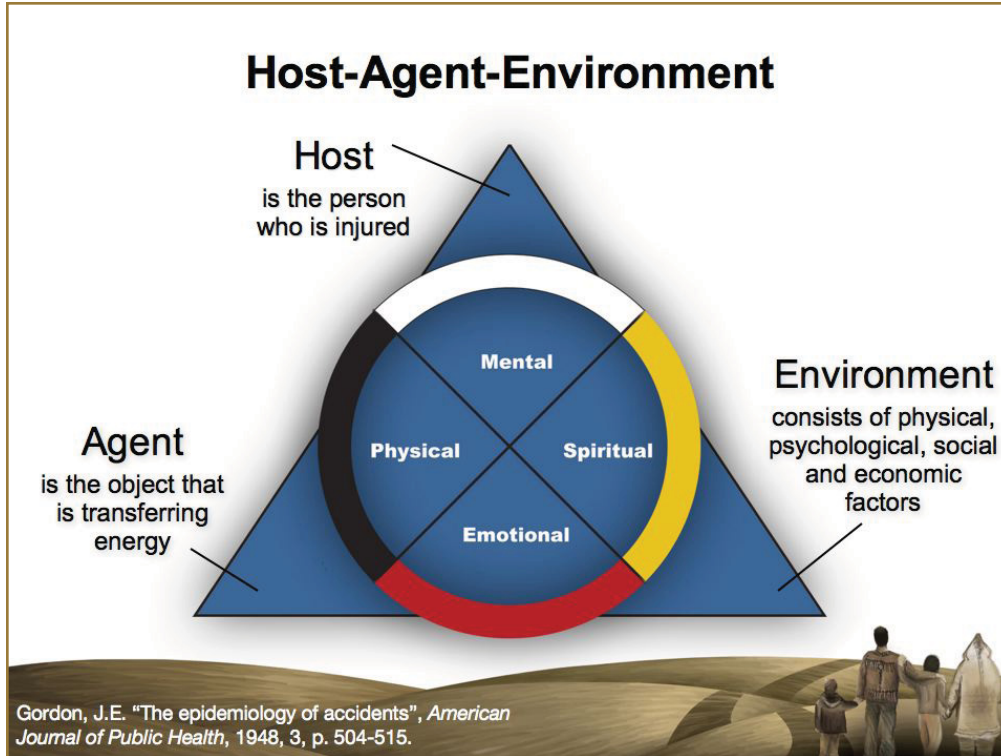
The object that is transferring the energy



## Environment

The physical, psychological, social  
and economic factors



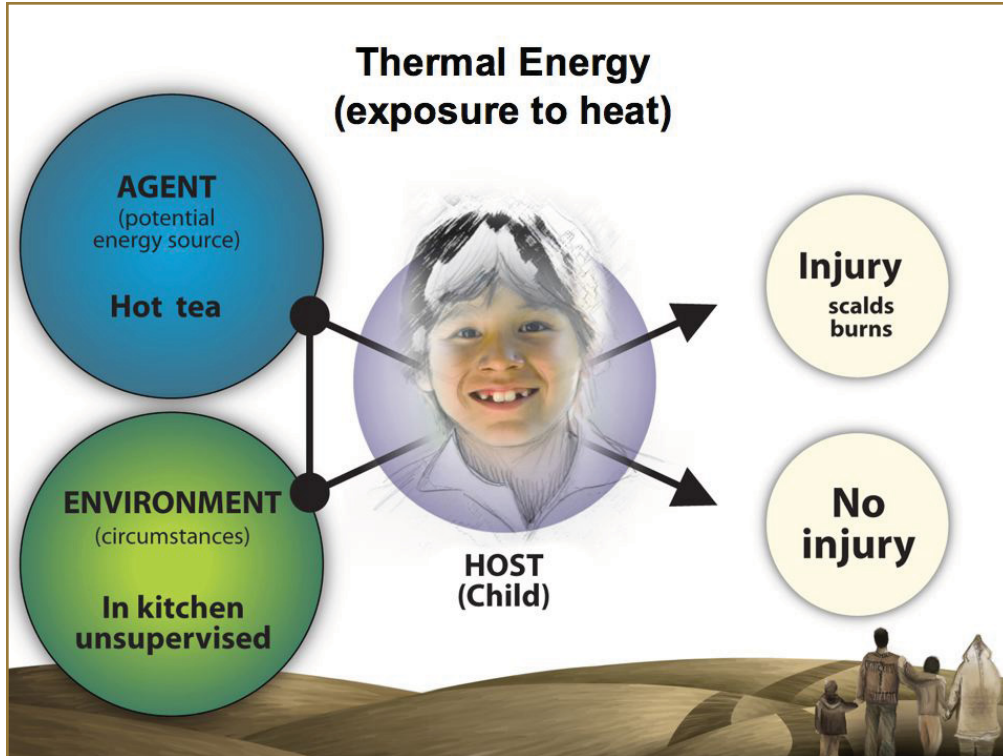


## Energy Sources and Injury Types

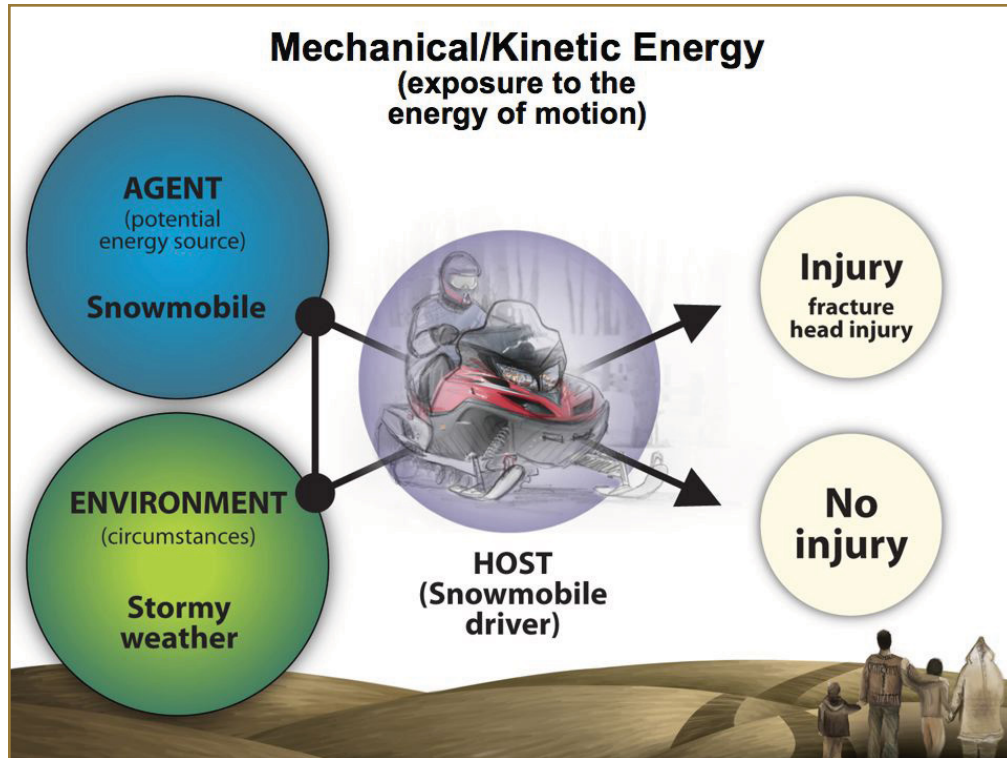
- **Thermal** (heat) (e.g. burns or scalds)
- **Mechanical/kinetic** (motion) (e.g. falls, motor vehicle collisions)
- **Electrical** (e.g. electrocution)
- **Chemical** (e.g. unintentional poisoning)
- **Absence of air or heat** (e.g. drowning, choking or suffocation)

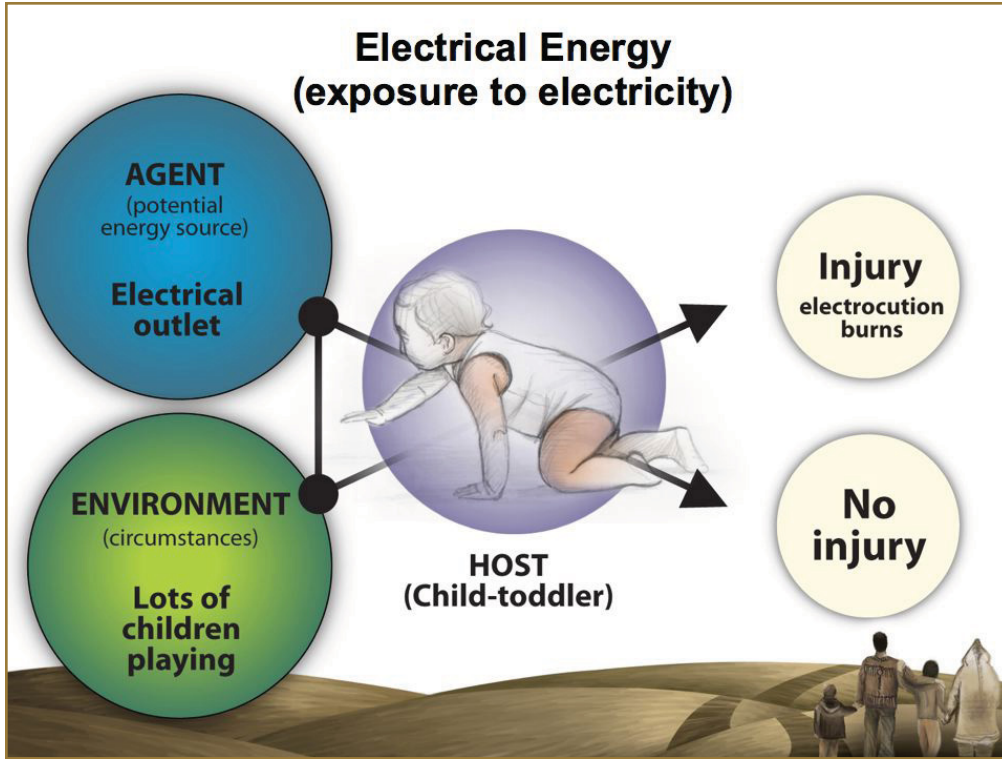


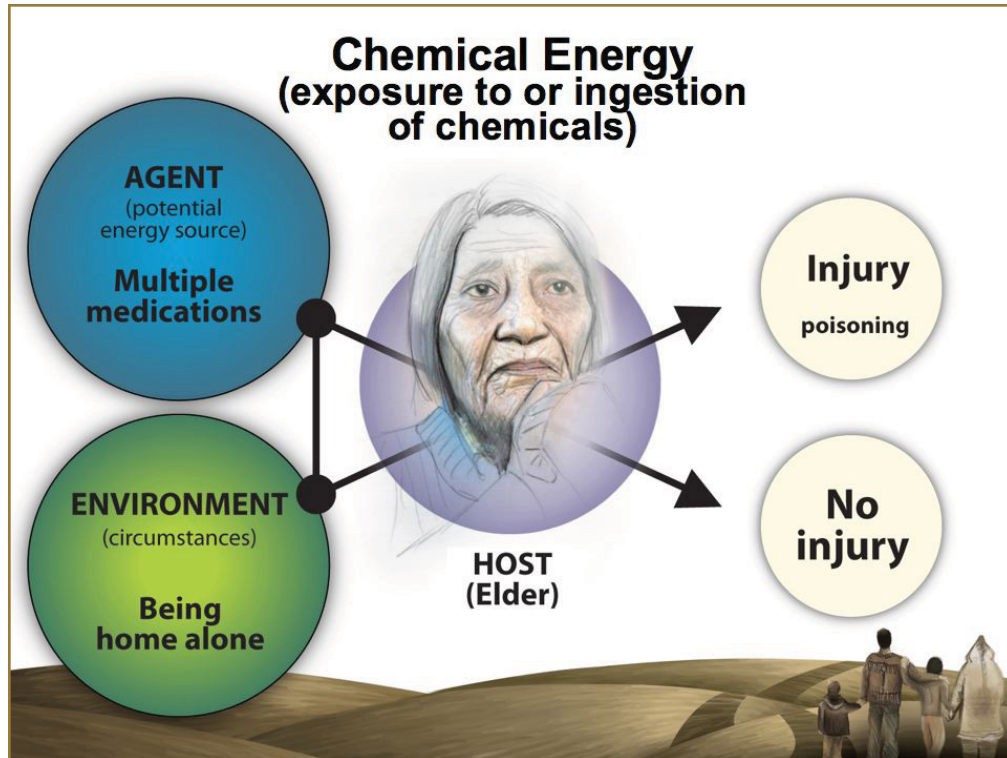


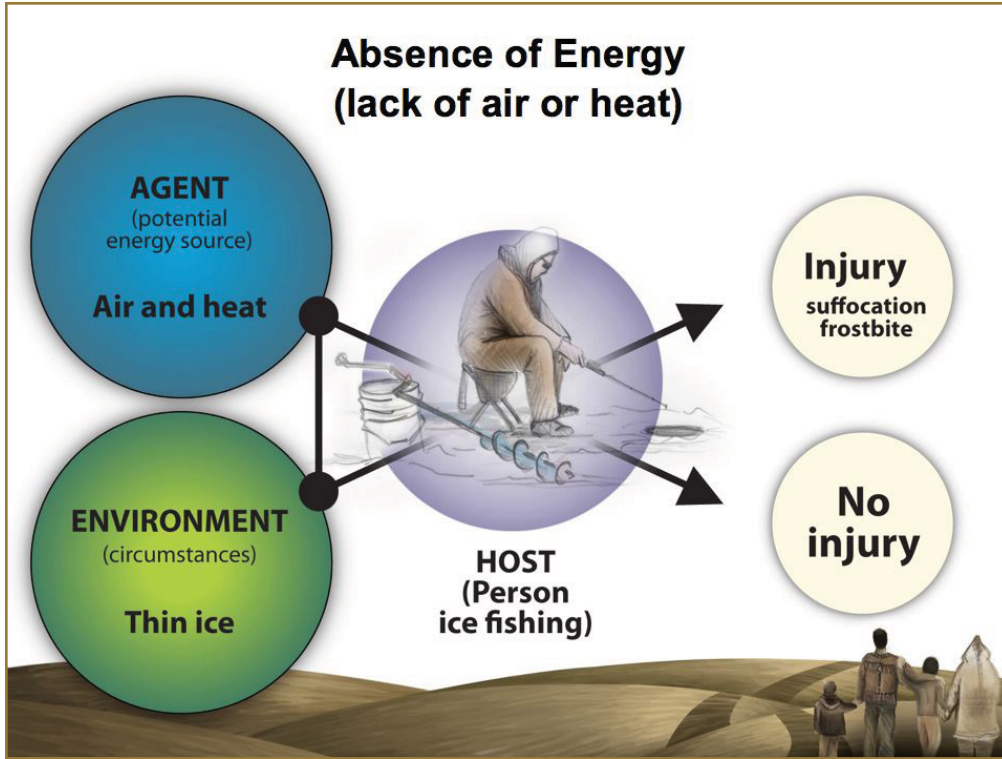












## Injury Prevention **BINGO!**



### **Bingo Game Options**

- 1-2-or-3 lines: in one line in any direction
- Block of 9: any 9 squares that are in a block (3 by 3)
- Blackout: all squares
- Postage stamp: 4 squares in any of the corners
- 4 corners: the 4 corners of the card



## What is Haddon's Matrix?

- A tool used to help identify factors and organize patterns related to an injury event
- Consists of two components:
  - Injury Triangle: host, agent and environment
  - Life-cycle of injury divided into pre-event, event and post-event
- The matrix or table provides a way of looking at the patterns of injury from a holistic perspective by looking at all the key elements associated with injury events



## Chain of Events Over Time Interacting Factors

**PRE-EVENT**  
(BEFORE the injury)

**EVENT**  
(AT THE TIME of the injury)

**POST-EVENT**  
(AFTER the injury)

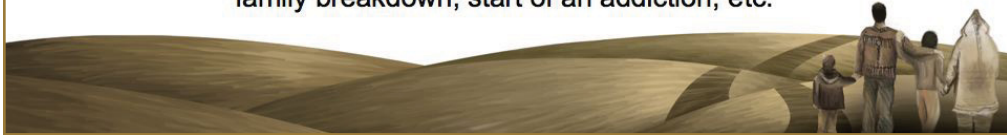


(each circle represents a factor)

increased number of risk factors interacting  
increases risk of injury

### **LONG TERM IMPACT**

family breakdown, start of an addiction, etc.





## Haddon's Matrix

HADDON'S MATRIX (table of injury factors involved in the injury event)		INJURY TRIANGLE (3 key injury elements)		
		HOST (person injured)	AGENT (object transferring energy)	ENVIRONMENT (physical-social-economic)
INJURY LIFE-CYCLE (continuum of time)	Pre-event (before the injury)			
	Event (at the time of the injury)			
	Post-event (after the injury)			

**IMPACT OF INJURY**  
 death, permanent disability, family breakdown, unemployment, other





## Haddon's Matrix Scenario

A twenty-year old female driver had attended a family gathering. It was a special birthday celebration with many family members gathered. Along with the food, the young driver consumed alcoholic beverages throughout the course of the evening. The young woman departed for home before midnight, forgetting to buckle up for the drive home. The road was dry and unlit. The driver, driving a small compact vehicle, swerved off the road and rolled over several times. The driver was discovered shortly after the incident and transported by emergency services to hospital within 40 minutes. Unfortunately the driver still suffered from major head and spinal injuries which left her a quadriplegic.



## Haddon's Matrix: Host

HADDON's MATRIX (table of injury factors involved in the injury event)		INJURY TRIANGLE (3 key injury elements)		
		HOST (person injured)	AGENT (object transferring energy)	ENVIRONMENT (physical-social-economic)
INJURY LIFE-CYCLE (continuum of time)	Pre-event (before the injury)	Alcohol beverages consumed		
	Event (at the time of the injury)	Did not use seat belt		
	Post-event (after the injury)	20 year old female		



## Haddon's Matrix: Agent

HADDON's MATRIX (table of injury factors involved in the injury event)		INJURY TRIANGLE (3 key injury elements)		
		HOST (person injured)	AGENT (object transferring energy)	ENVIRONMENT (physical-social-economic)
INJURY LIFE-CYCLE (continuum of time)	Pre-event (before the injury)	Alcohol beverages consumed		
	Event (at the time of the injury)	Did not use seat belt	Small compact vehicle	
	Post-event (after the injury)	20 year old female	Roll over	



## Haddon's Matrix: Environment

HADDON'S MATRIX (table of injury factors involved in the injury event)		INJURY TRIANGLE (3 key injury elements)		
		HOST (person injured)	AGENT (object transferring energy)	ENVIRONMENT (physical-social-economic)
INJURY LIFE-CYCLE (continuum of time)	Pre-event (before the injury)	Alcohol beverages consumed		Family gathering
	Event (at the time of the injury)	Did not use seat belt	Small compact vehicle	Midnight Dry road condition Unlit road
	Post-event (after the injury)	20 year old female	Roll over	Quick response and transport to medical facilities



## Do your own Haddon's Matrix!

HADDON's MATRIX (table of injury factors involved in the injury event)		INJURY TRIANGLE (3 key injury elements)		
		HOST (person injured)	AGENT (object transferring energy)	ENVIRONMENT (physical-social-economic)
INJURY LIFE-CYCLE (continuum of time)	Pre-event (before the injury)			
	Event (at the time of the injury)			
	Post-event (after the injury)			



## Haddon's Matrix

### Discussion questions:

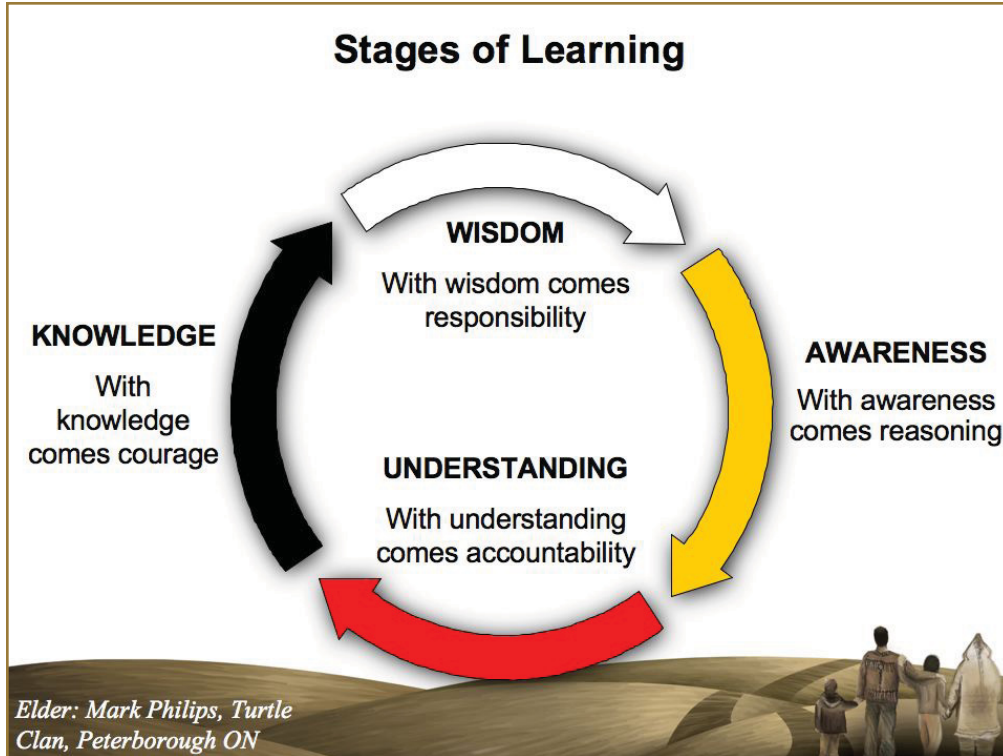
1. What patterns have emerged from your injury examples?
2. What could be done to address each risk factor?



## Knowledge: Our Learnings

- Most injuries are predictable and preventable
- Injury Triangle: Host, Agent, Environment
- Energy Sources:
  - Thermal (e.g. burns/scalds)
  - Mechanical/kinetic (e.g. falls, motor vehicle collisions)
  - Electrical (e.g. burns)
  - Chemical (e.g. unintentional poisoning)
  - Absence of air or heat (e.g. drowning, choking/suffocation)
- Haddon's Matrix is a tool that is used to help identify factors and organize patterns related to an injury event







# Wisdom

Using Prevention Strategies to Act



## What is Community-Based Injury Surveillance?

- Collecting written information about injury events in a community
- An “information gathering system” intended to keep track of what, who, when, where and how, whenever an injury occurs
- It can help communities identify and prevent injuries



## Why is it important to my community?

Injury surveillance can help to:

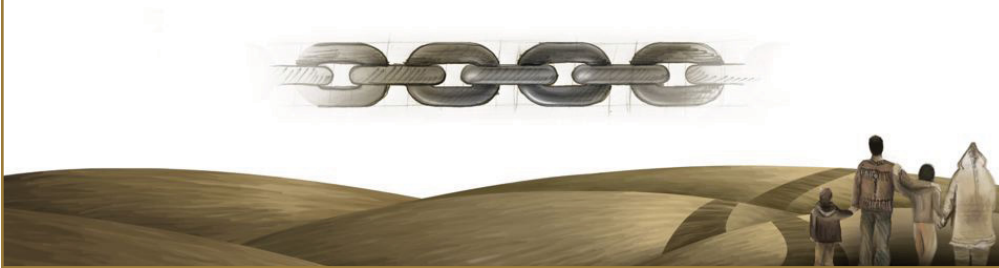
- Reduce injury by helping you to identify, understand and prevent injury problems
- Look at injury problems in an objective way
- Evaluate how useful injury prevention activities are in your community



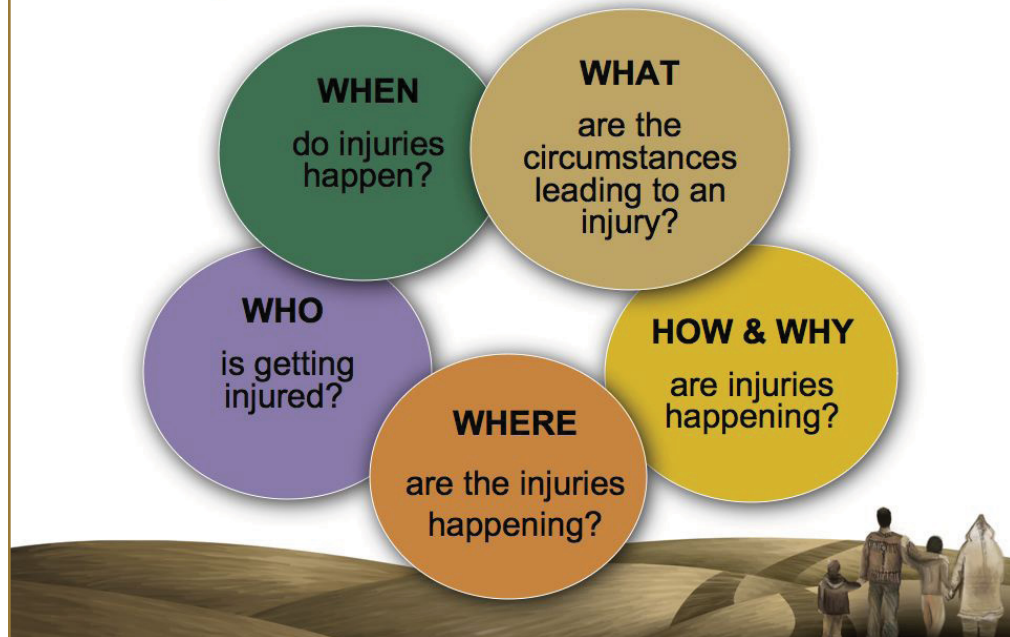
## Surveillance: How does it work?

Surveillance involves 4 steps:

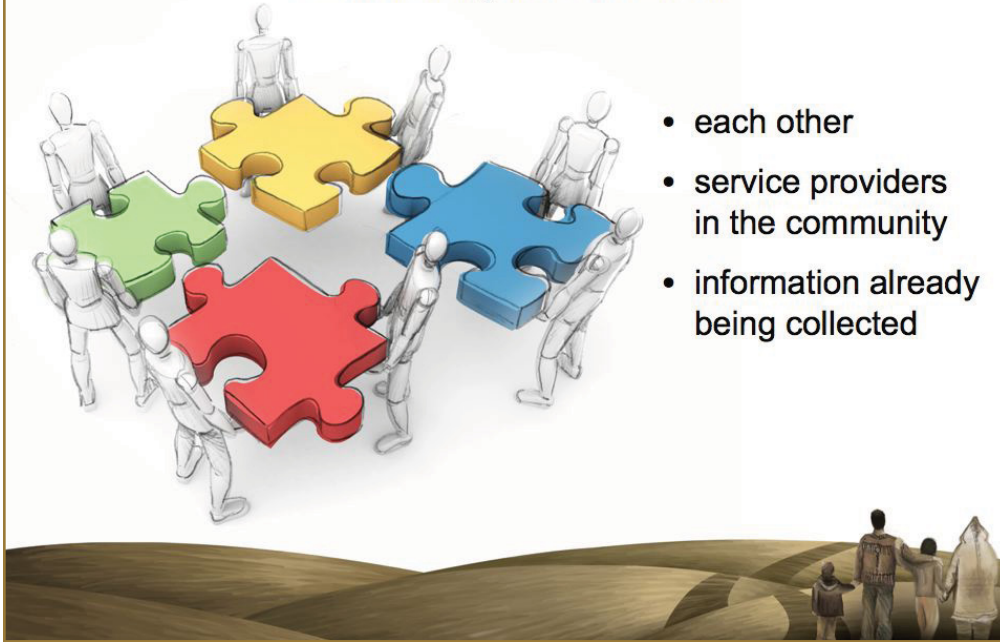
- Collecting injury information
- Analyzing the information
- Interpreting and understanding information
- Getting information out and using it



## Injury patterns in your community...



## Gathering Community Information



- each other
- service providers in the community
- information already being collected

## Surveillance in Action

Community X identified falls of both children and adults due to icy conditions as a particular problem. Staff were able to identify that a number of these falls were occurring in the parking lot at the community childcare centre, particularly during drop-off and pick-up times. Acting on their knowledge and understanding of the injury problem, staff made ice shoes available during drop-off and pick-up times and organized the shovelling and sanding of the parking lot.



## Injury Prevention E's

A large, bold, blue letter 'E' is positioned on the left side of the slide, serving as a visual anchor for the list of 'E's'.

- Education
- Environment/Engineering
- Enforcement
- Economics





## Education and Environment/Engineering

- Education approaches
  - Increase awareness, knowledge and understanding of injury by providing information (e.g. brochures)
- Environment/Engineering approaches
  - Make changes in the environment to be safe and reduce the risk of injury (e.g. stop signs)



## Enforcement and Economics

- Enforcement approaches
  - Laws, regulations and policies aimed at controlling injuries (e.g. seat belt laws)
- Economic approaches
  - Financial benefits for those who act safely or punishments for safety violations (e.g. driver training discounts, speeding tickets)



## **Bringing Injury Prevention Home**

Purpose of the activity:

- Help to identify and implement injury prevention messages and strategies at a community level



## Activity Steps

- Step 1: Identify an injury issue
- Step 2: Who, What, When, Where, How and Why of the injury
- Step 3: Identify risk and protective factors
- Step 4: Identify injury prevention messages and strategies
- Step 5: Consider the “Injury Prevention E’s”, resources and partners



## **Step 1: Identifying an Injury Issue**

Place of work is a childcare centre

- Injury Issue: Motor Vehicle Collisions



## Step 2: Injury Surveillance

- Who: Children
- When: Coming home from the childcare centre
- What: Car seats are not being used; drivers not aware of when to stop and who has the right of way
- Where: Main intersection
- How and Why: Children injured by not being properly restrained; car seats are not accessible; caregivers are unaware of how to properly install a car seat; poor signage; drivers are not aware of when to stop and who has the right of way



### Step 3: Identifying Risk and Protective Factors

- Risk Factors:
  - Inaccessible car seats; unaware of how to properly install a car seat; poor signage at main intersection
- Protective Factor:
  - Supportive community






## Step 4: Identifying Injury Prevention Messages and Strategies

- Messages: car seats protect children; always buckle up; drive sober; drive the speed limit
- Strategies: car seat loaner/donor program; posters; Public Service Announcements (PSAs); car seat clinics; car seat training; information sessions for caregivers; car seat/seat belt by-law; speed limit by-law; post speed limits and stop signs; buckle up and use car seats





## Messages and Strategies: Individual, Family and Community

 <b>Individual</b>	 <b>Family</b>	 <b>Community:</b>
<ul style="list-style-type: none"> <li>•Enrol in car seat training</li> <li>•Buckle up</li> <li>•Use car seats</li> </ul>	<ul style="list-style-type: none"> <li>•Attend a car seat information session</li> <li>•Buckle up</li> <li>•Use car seats</li> <li>•Attend car seat clinics</li> </ul>	<ul style="list-style-type: none"> <li>•Car seat loaner/donor program</li> <li>•Posters</li> <li>•PSAs</li> <li>•Offer car seat training and clinics</li> <li>•Implement and enforce car seats/seat belt and speed limit by-laws</li> <li>•Post speed limits and stop signs</li> </ul>



## Step 5: Injury Prevention E's

- Education: posters; PSAs; car seat clinics; child seat training; information sessions for caregivers; car seats protect children; always buckle up; drive sober; drive the speed limit; on how to properly install and use a car seat
- Environment/Engineering: post speed limits and stop signs; car seat loaner/donor program
- Enforcement: car seat/seat belt by-law; speed limit by-law
- Economics: car seat loaner/donor program



## Step 5 - Continued

- Resources:
  - Available:
    - RCMP/police; FNIH regional coordinator; health professionals; province/territory/municipality/health authority
  - Need:
    - Increased funding for social marketing and car seats; car seats; road signs; training
- Partnerships: RCMP/police; province/territory/municipality/health authority; health centre staff; FNIH regional coordinator; non-government organizations.



## Wisdom: Our Learnings

- Surveillance:
  - Who, What, When, Where, Why and How
- Injury Prevention E's
  - Education, Enforcement, Economics, Environment/Engineering



# This ends our journey



## Words from an Elder...

*If we say  
there is no solution  
then  
we don't look for one.*

*Elder: Alexander Nanooch  
Garden River AB, Little Red River Cree Nation*



## Words from an Elder...

*Injury prevention  
is not for a day  
or a week  
but  
for a lifetime.*

*Elder: Celestan Nanooch  
John D'Or AB, Little Red River Cree Nation*



## Words from an Inuit Leader...

Without information we are nothing at all, and have no power to understand or change things...

It is time for us to go out and get the information that belongs to us...

We have to do this today because of tomorrow. For the Inuit there are two tomorrows. The first is for us and this generation. It is a small 't' tomorrow. But the most important tomorrow begins with the big 'T'. It's the Tomorrow of my children and their children.

*Inuit Leader: Mark R. Gordon*  
*Source: Inuit Tapiriit Kanatami*





## Changing what we do

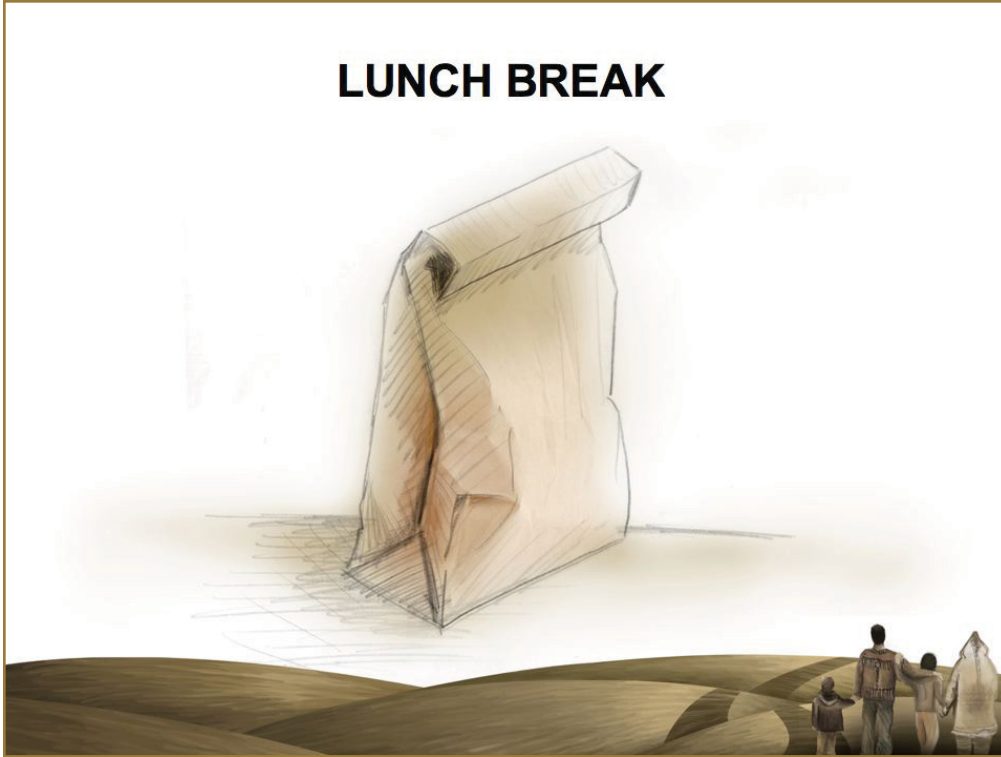
*What is the one thing you learned  
today or were reminded of?*



*What is the one thing you are going  
to do differently because of what you  
learned today?*



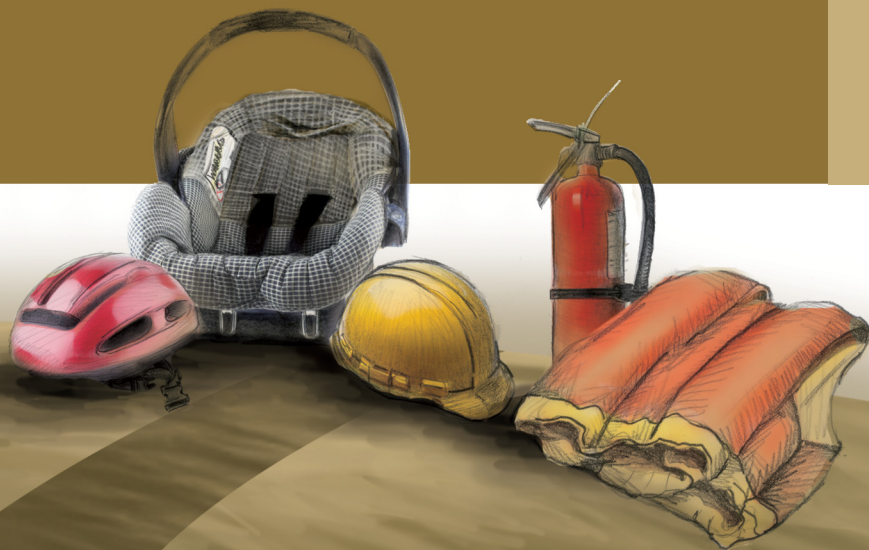
## LUNCH BREAK







# *Glossary of Terms*





# GLOSSARY OF TERMS

<b>Aboriginal</b>	Defined as Indian (First Nations), Inuit and Métis by the Constitution Act 1982. (INAC, 2005)
<b>First Nation</b>	Descendants of the original inhabitants of North America. Although the term “First Nation” is now widely used, there is no legal definition for it. (INAC, 2005)
<b>Inuit</b>	Inuit are the Aboriginal people of Arctic Canada. They live primarily in Nunavut, the Northwest Territories, Labrador and northern Quebec. Inuit means “the people” in Inuktitut, the Inuit language. (INAC, 2005)
<b>Métis</b>	A person, who self identifies as a Métis, is of historic Métis Nation ancestry, is distinct from other Aboriginal Peoples and is accepted by the Métis Nation. (Métis National Council, 2002)
<b>Agent</b>	Form of energy that damages body tissue (e.g. chemical energy causing poisoning).
<b>Biomechanical</b>	Body movements and forces acting on the musculoskeletal system.
<b>Crude rate</b>	A crude rate considers the actual number of events (such as births, deaths, diseases) which occur in relation to an overall population for a specified time period. The actual calculation involves taking the number of events divided by the number of individuals for a given population for a specified time period.
<b>Determinants of Health</b>	The factors or conditions that determine the level of health of people.
<b>Energy</b>	Includes thermal, electrical, mechanical/kinetic, and chemical.
<b>Energy (absence)</b>	Lack of essential energy such as air and heat.
<b>Energy (chemical)</b>	Exposure to or ingestion of an excessive chemical source of energy.

<b>Energy (electrical)</b>	Exposure to electrical energy can result in electrocution.
<b>Energy (mechanical/kinetic)</b>	Exposure to the energy of motion. This form of energy is often associated with transportation-related injuries. Kinetic energy is associated with the movement of our own bodies.
<b>Energy (thermal)</b>	Relates to heat where excessive exposure results in burns and scalds.
<b>Environment</b>	Physical, psychological, social, and economic factors or circumstances.
<b>Event</b>	Factors in play at the time of an injury event.
<b>Event (post-event)</b>	Factors in play after an injury event.
<b>Event (pre-event)</b>	Factors in play before an injury event.
<b>External causes of morbidity and mortality</b>	The term external causes of morbidity and mortality consist of a broad range of injury categories which include intentional and unintentional injuries as well as injuries of unknown intent. The injury categories include: transport related crashes (pedestrian, cyclist, motorcycle, ATV, driver/passenger, bus, pick-up truck, van, water transport, and air and space), intentional self-harm, accidental poisoning, assault, drowning/submersion, falls, fire/flames, accidental threats to breathing and injuries of undetermined intent.
<b>Haddon's Matrix</b>	A table used to organize patterns related to injury events.
<b>Host</b>	The person that is injured.
<b>Injury</b>	Any specific and identifiable bodily impairment or damage resulting from acute exposure to an energy source (e.g. thermal, mechanical, electrical or chemical or the absence of energy such as heat and air).



<b>Injury (intentional)</b>	Injuries that are inflicted purposefully or with intent to harm (e.g. suicide, homicide, assault, self-mutilation and other violence directed to oneself or others).
<b>Injury (unintentional)</b>	Injuries where there is no demonstrated intent to do harm (e.g. motor vehicle-related, falls, burns).
<b>Injury prevention</b>	Practices intended to minimize the risk of injury. At the individual level injury prevention involves positive choices and living in healthy ways to minimize risk. At the population or community level injury prevention involves promoting healthy and safe lifestyles.
<b>Injury Prevention E's</b>	Include education, environment/engineering, enforcement and economic approaches to injury prevention.
<b>Metaphors</b>	Figures of speech that help create mental images to communicate ideas.
<b>Protective factors</b>	Factors that represent the influences, orientations and behaviours in people's lives that contribute to positive development and help prevent negative behaviours and outcomes. (SAMHSA, 2002, p.10)
<b>PYLL (Potential Years of Life Lost)</b>	A measure that looks at how long a person is expected to live and how long they actually lived based on an average life expectancy.
<b>Resiliency</b>	The ability to keep, regain and build hope, emotional wellness, and positive ways of coping through times of difficulty in life. (NAHO, 2007)
<b>Risk factors</b>	Factors that increase risk for injury and may be any combination of physical, psychological, social and economic factors.
<b>Strategy (community level)</b>	Targets the entire community membership (e.g. a program that rewards members for wearing seat belts and using child car seats).

<b>Strategy (family level)</b>	Involves family activities that support healthy and safe choices (e.g. making sure all family members use seat belts and child car seats).
<b>Strategy (individual)</b>	Involves individual behaviours and choices that minimize risk of injury (e.g. not drinking and driving).
<b>Surveillance</b>	Injury surveillance is an information gathering system that keeps track of injuries. It involves data collection, analysis and interpretation of information to understand why injuries are happening and to whom.
<b>Symbols</b>	Something that stands for something else; used by human beings to express/represent ideas and feelings that are important. Symbols represent meaning and help us gain purpose and understanding in our lives.

# *Workshop Resources and Handouts*





# CONTENTS

Facilitator Checklist  
Participant List  
Agenda  
Participant Slides  
Ice Breaker  
Ice Breaker Answer Key  
The Sacred Tree  
Becoming a Hunter - Girls and Women  
Injury Story: Motor Vehicle  
Injury Story: Fire  
Injury Story: Drowning  
Injury Prevention Strategies and Messages Activity Booklet  
Facilitator Injury Prevention Bingo Tips  
Injury Prevention Bingo Calling Card  
Injury Prevention Bingo Cards  
Haddon's Matrix Activity  
Community-Based Injury Surveillance Pamphlet  
Bringing Injury Prevention Home Activity Booklet  
Resource Guide  
Resources for First Nations on Injury Prevention (NAHO)  
National Evaluation  
Certificate of Participation



# FACILITATOR CHECKLIST



Workshop Date	
Community/Organization	
Elder (Identify, invite & honour with gift)	
Workshop Promotion (Announcements/advertising)	
Number of Participants	
Location of Learning Room	
Key Community Contacts (Name, phone number, e-mail)	
Learning Room Requirements	
Audio-visual Requirements	
Coffee and Meal Arrangements	
Handouts to be prepared	
Participant List	
Workshop Evaluation	
Certificate of Participation	
Additional Information	











# AGENDA

**Learning Time = 8.5 hours** (additional time needed for breaks and/or meals)

Learning Sections	Suggested Time Allotted
<b>BEGINNING THE LEARNING JOURNEY (30 min.)</b>	
Opening prayer, welcome and introductions	10 minutes
Ice breaker	10 minutes
Introduction to learning workshop and the stages of learning	10 minutes
<b>Learning Stage: AWARENESS - LOOKING AT THE PROBLEM (50 min.)</b>	
Introduction	5 minutes
Injury definition and categories	10 minutes
Checking our awareness levels quiz	5 minutes
Injury data with activity	25 minutes
Learning summary	5 minutes
<b>Learning Stage: UNDERSTANDING - IDENTIFYING RISK AND PROTECTIVE FACTORS (65 min.)</b>	
Introduction	5 minutes
What do we know about injuries in our community?	15 minutes
Introduction to risk and protective factors	5 minutes
Introduction to determinants of health	5 minutes
Understanding activity	20 minutes
Sharing and summarizing our learning	10 minutes
Learning summary	5 minutes

continued

**NOTE:**

- Suggested time allotted will vary based on group size, group dynamics and translation requirements

# AGENDA

(continued)

Learning Sections	Suggested Time Allotted
<b>Learning Stage: KNOWLEDGE - IDENTIFYING INJURY PATTERNS AND PREVENTION STRATEGIES (175 min.)</b>	
Introduction	5 minutes
How do we perceive injury?	10 minutes
Injury Triangle with prevention strategies	85 minutes
Injury prevention bingo	20 minutes
Introduction to Haddon's Matrix	30 minutes
Haddon's Matrix activity	20 minutes
Learning summary	5 minutes
<b>Learning Stage: WISDOM - USING PREVENTION STRATEGIES TO ACT (165 min.)</b>	
Introduction	5 minutes
Introduction to community-based injury surveillance	20 minutes
Injury Prevention E's	5 minutes
Introduction to Bringing Injury Prevention Home activity	10 minutes
Bringing Injury Prevention Home activity	60 minutes
Bringing Injury Prevention Home sharing	60 minutes
Learning summary	5 minutes
<b>CONCLUSION (27 min.)</b>	
Introduction	2 minutes
Words from Elders	5 minutes
Closing activity	10 minutes
Closing and prayer	10 minutes

**NOTE:**

- Suggested time allotted will vary based on group size, group dynamics and translation requirements





Health  
Canada

Santé  
Canada

Your health and  
safety... our priority.


Votre santé et votre  
sécurité... notre priorité.

# PARTICIPANT SLIDES

 Health Canada Santé Canada Your health and safety... our priority. Votre santé et votre sécurité... notre priorité. 

## A Journey to the Teachings

An injury prevention resource for community practitioners and service providers




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A start to our learning journey...





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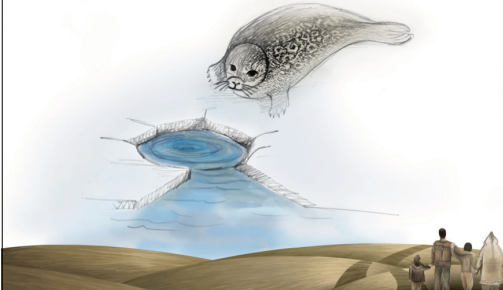
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Ice Breaker




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### Focus of learning session

- To discuss the problem of injury and how we perceive injuries
- To introduce basic injury prevention theory
- To discuss and share our teachings and past experiences with each other
- To consider how past and present knowledge can guide our injury prevention journey



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### Today's approach to learning is intended...

- To facilitate our own learning
- To promote discussion and encourage action on injury
- To promote injury prevention in our communities



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### Legends and Stories

#### HELP US

- Change attitudes
- Teach lessons
- Share knowledge from one generation to the next
- Provide a powerful form of change in modern daily living



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**Our learning depends on...**

**OUR ABILITY TO**

- Learn from our environment
- Reflect & learn from our mistakes
- Take precautions to prevent us from repeating our mistakes

Source:  
*The Mishomis Book, the voice of the Ojibway*

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**The Sacred Tree**

- Healing
- Power
- Wisdom
- Safety

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**Becoming a Hunter - Girls and Women**

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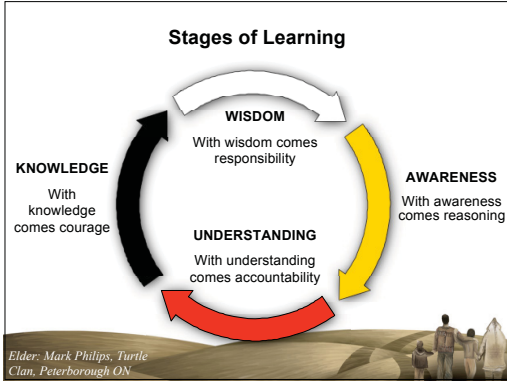
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**AWARENESS**  
Looking at the Problem

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**Injury Definitions**

An injury is any specific and identifiable bodily impairment or damage resulting from acute exposure to an energy source.

An injury is when the body is damaged. It may be visible (i.e. broken arm from falling down stairs) or invisible (i.e. low self esteem from emotional abuse) to others.

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### Injury Categories

**Unintentional injuries**  
Injuries which occur without intent to do bodily harm  
(traffic collisions, falls, drowning, accidental poisoning)

**Intentional injuries**  
Interpersonal injuries and self-oriented violence (such as assault or suicide)

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### Checking our awareness level quiz

**T/F** Injury is the 3<sup>rd</sup> leading cause of death for First Nations aged 1-44.

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**T/F** Injury is the leading cause of premature death in Inuit regions.

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**T/F** Most injuries cannot be prevented.

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**T/F** Disability rates (associated with injury) for Aboriginal people are consistent with Canada's overall disability rate.

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### Checking our awareness level quiz

**T/F** Injury is the 3<sup>rd</sup> leading cause of death for First Nations aged 1-44.

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**FALSE**  
Injury is the **#1** cause of death for First Nations aged 1-44.

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**Checking our awareness level quiz**

**T/F** Injuries are the leading cause of premature death in Inuit regions.

**TRUE**

**Injuries are the leading cause of premature death in Inuit regions.**



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**Checking our awareness level quiz**

**T/F** Most injuries cannot be prevented.

**FALSE**

**Experts in the field estimate that up to 90% of all injuries are preventable.**



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**Checking our awareness level quiz**

**T/F** Disability rates (associated with injury) for Aboriginal people are consistent with Canada's overall disability rate.

**FALSE**

**Aboriginal disability rates (associated with injury) are reported at 31% or double the national rate.**



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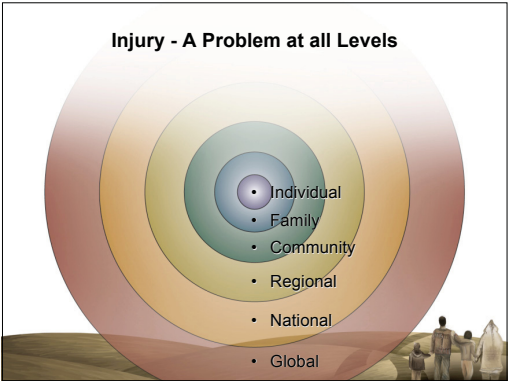
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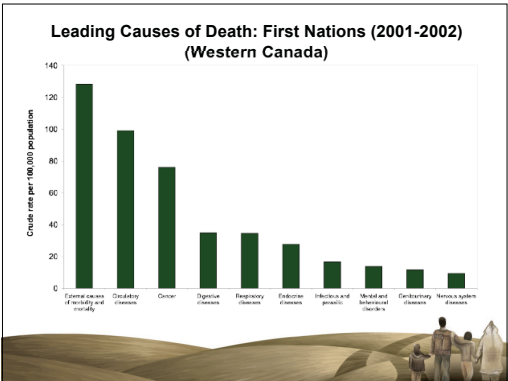
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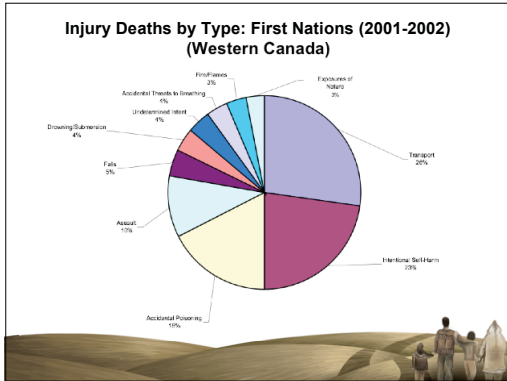
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### Intentional or Unintentional?

**Discussion questions:**

1. Is it easy to categorize the injuries into these two groups? Why or why not?
2. Are there injuries that are easier to split into groups than others? Why?
3. How can this have an impact on how we understand injury?

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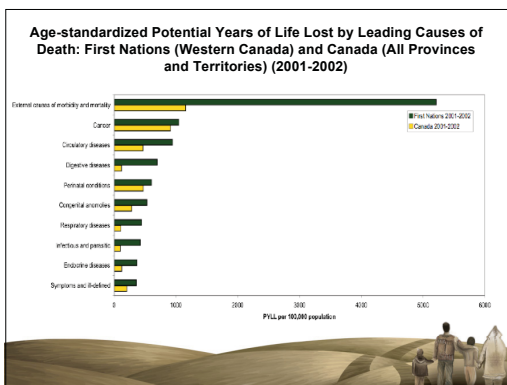
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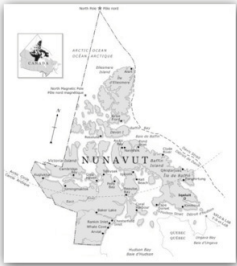
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### Nunavut PYLL (2001)



The rate of PYLL for unintentional injuries was greater for Nunavut than for Canada as a whole.

**Nunavut: 1711/100,000**  
**Canada: 640/100,000**




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### Nunavik PYLL (2001)



The PYLL for unintentional injuries in Nunavik was almost 6 times greater than the overall Canadian rate.

**Nunavik: 3772/100,000**  
**Canada: 640/100,000**




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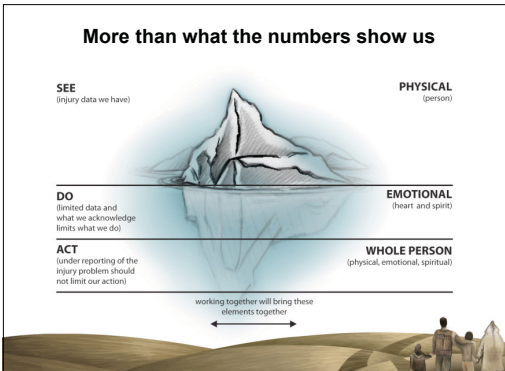
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### More than what the numbers show us



**SEE**  
(injury data we have)

**PHYSICAL**  
(person)


**DO**  
(limited data and what we acknowledge limits what we do)

**EMOTIONAL**  
(heart and spirit)

**ACT**  
(beyond reporting of the injury problem should not limit our action)

**WHOLE PERSON**  
(physical, emotional, spiritual)

working together will bring these elements together




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### Awareness: Our Learnings

- An injury is when the body is damaged. It may be visible or invisible to others. An injury can affect the whole person... Physically, emotionally, spiritually and mentally
- Injuries can be classified as being intentional or unintentional. There is a "grey area" where some injuries are not always easy to classify
- Injury is a leading cause of death for First Nations and Inuit
- What we know of the injury problem is just the 'tip of the iceberg'. Much injury data are not collected or reported leading to gaps in the data



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### Stages of Learning



Elder: Mark Philips, Turtle Clan, Peterborough ON



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### UNDERSTANDING

Identifying Risk and Protective Factors



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**Share a story...**



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**What do we know about injuries in our community?**

**Discussion questions:**

1. What are common injuries that occur in our communities?
2. Who seems to be at greatest risk?
3. What impact do these injuries have?



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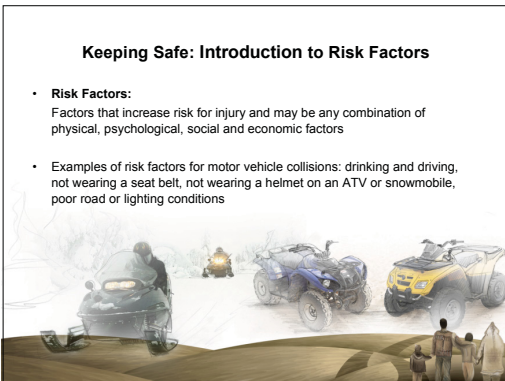
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**Keeping Safe: Introduction to Risk Factors**

- **Risk Factors:**  
Factors that increase risk for injury and may be any combination of physical, psychological, social and economic factors
- Examples of risk factors for motor vehicle collisions: drinking and driving, not wearing a seat belt, not wearing a helmet on an ATV or snowmobile, poor road or lighting conditions



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### Protective Factors and Resiliency

- **Protective factors** represent the influences, orientations and behaviours in people's lives that contribute to positive development and help prevent negative behaviours and outcomes".
  - Examples: strong social skills, emotional support, participation in extra curricular activities
- **Resiliency** is the ability to keep, regain and build hope, emotional wellness, and positive ways of coping through times of difficulty in life.



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### Introduction to Determinants of Health

"Why is Jason in the hospital?  
Because he has a bad infection in his leg.  
But why does he have an infection?  
Because he has a cut on his leg and it got infected.  
But why does he have a cut on his leg?  
Because he was playing in the junk yard next to his apartment building and there was some sharp, jagged steel there that he fell on.  
But why was he playing in a junk yard?  
Because his neighbourhood is kind of run down. A lot of kids play there and there is no one to supervise them.  
But why does he live in that neighbourhood?  
Because his parents can't afford a nicer place to live.  
But why can't his parents afford a nicer place to live?  
Because his Dad is unemployed and his Mom is sick.  
But why is his Dad unemployed?  
Because he doesn't have much education and he can't find a job.  
But why ...?"



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### Determinants of Health

- The factors or conditions that determine the level of health of people.
- Key determinants include:

Income and Social Status	Personal Health Practices and Coping Skills
Social Support Networks	Healthy Child Development
Education and Literacy	Biology and Genetic Endowment
Employment/Working Conditions	Health Services
Social Environments	Gender
Physical Environments	Culture
- Other broader determinants for Aboriginal Peoples can include:

Colonization	Access
Globalization	Territory
Migration	Poverty
Cultural continuity	Self-determination



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### A Story

A man was found dead on Saturday on the shores of a lake in a remote First Nations community in Manitoba. The man had been fishing for a community feast with his son in a canoe when he stood up to catch a fish, lost his balance and fell overboard. Unfortunately the man was not a strong swimmer and was not wearing a life jacket or personal flotation device (PFD). The man's son, was wearing a life jacket, but was unable to save him. The young boy managed to paddle to shore and notified RCMP. Community members are aware of the importance of PFDs and swimming lessons but note that both are not always easily accessed by the community. The man's family expressed their gratefulness to the community for everyone's support during this difficult time.



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### Summarizing and Sharing our Learning



- What traditional and current knowledge can help keep our children safe?
- How can we teach our children to be safe, today?



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### Understanding: Our Learnings

- Risk Factors:  
Factors that increase risk for injury and may be any combination of physical, psychological, social and economic factors
- Protective Factors:  
"Represent the influences, orientations and behaviours in people's lives that contribute to positive development and help prevent negative behaviours and outcomes"
- An important factor of resiliency is the ability to cope
- Important determinants of health for Aboriginal people are colonization, globalization, migration, cultural continuity, access, territory, poverty and self-determination



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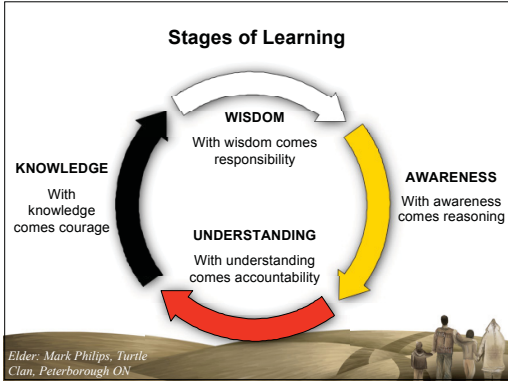
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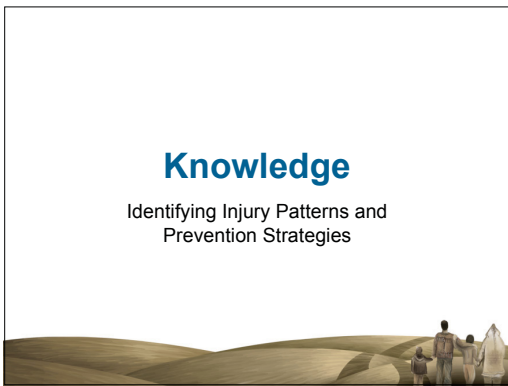
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**Injury Prevention:  
How do we perceive injuries?**

**Discussion questions:**

1. What does our culture teach us about preventability?
2. Why is it a challenge to talk about preventing injuries?

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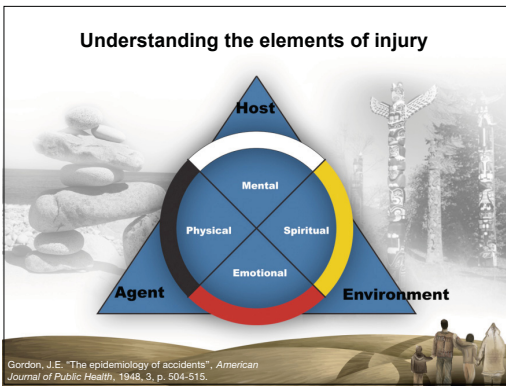
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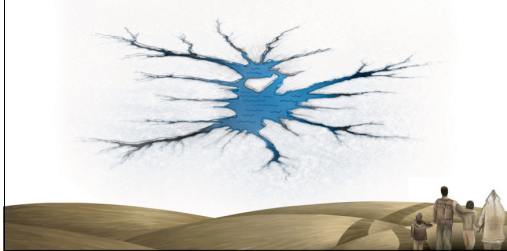
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### Agent

The object that is transferring the energy



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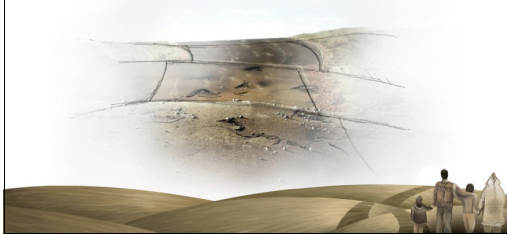
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### Environment

The physical, psychological, social and economic factors



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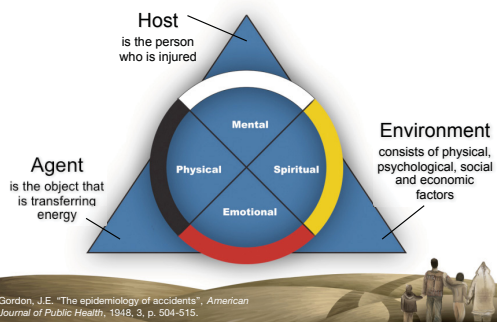
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### Host-Agent-Environment



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### Energy Sources and Injury Types

- **Thermal** (heat) (e.g. burns or scalds)
- **Mechanical/kinetic** (motion) (e.g. falls, motor vehicle collisions)
- **Electrical** (e.g. electrocution)
- **Chemical** (e.g. unintentional poisoning)
- **Absence of air or heat** (e.g. drowning, choking or suffocation)



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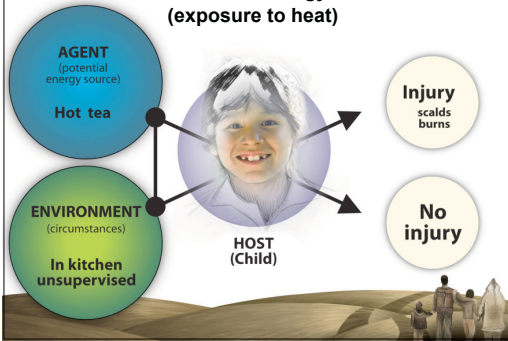
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### Thermal Energy (exposure to heat)



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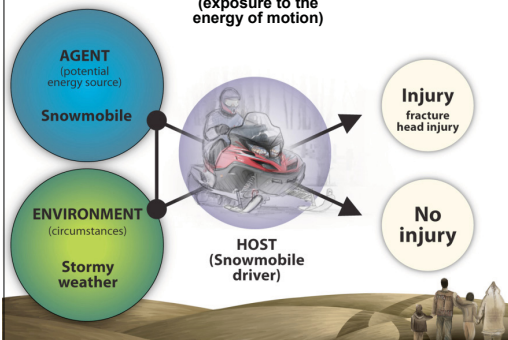
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### Mechanical/Kinetic Energy (exposure to the energy of motion)



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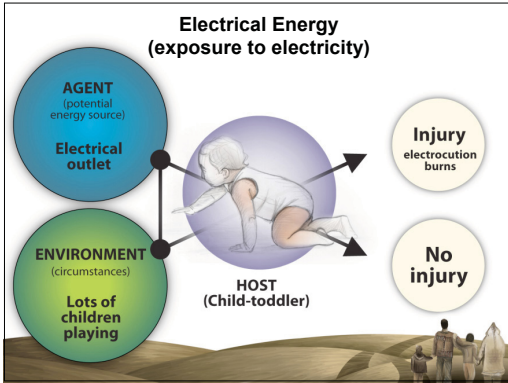
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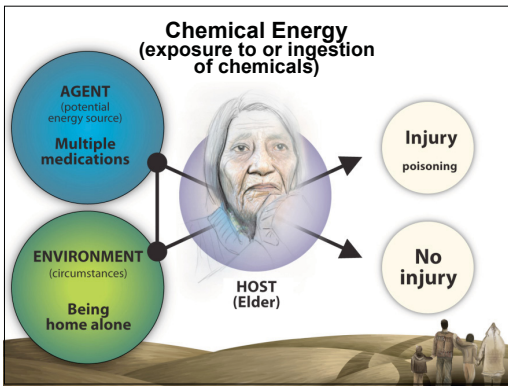
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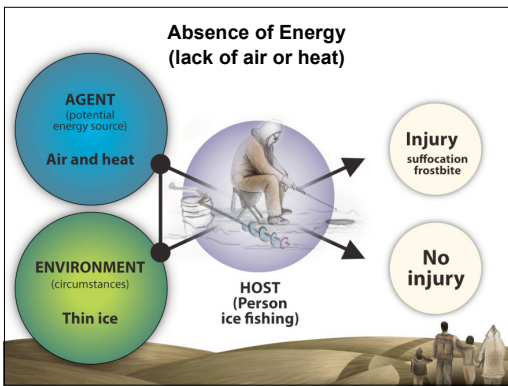
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**Injury Prevention**  
**BINGO!**



**Bingo Game Options**

- 1-2-or-3 lines: in one line in any direction
- Block of 9: any 9 squares that are in a block (3 by 3)
- Blackout: all squares
- Postage stamp: 4 squares in any of the corners
- 4 corners: the 4 corners of the card




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**What is Haddon's Matrix?**

- A tool used to help identify factors and organize patterns related to an injury event
- Consists of two components:
  - Injury Triangle: host, agent and environment
  - Life-cycle of injury divided into pre-event, event and post-event
- The matrix or table provides a way of looking at the patterns of injury from a holistic perspective by looking at all the key elements associated with injury events




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**Chain of Events Over Time**  
**Interacting Factors**

PRE-EVENT (BEFORE the injury)	EVENT (AT THE TIME of the injury)	POST-EVENT (AFTER the injury)
 <p>(each circle represents a factor) increased number of risk factors interacting increases risk of injury</p>		
<p><b>LONG TERM IMPACT</b> family breakdown, start of an addiction, etc.</p>		




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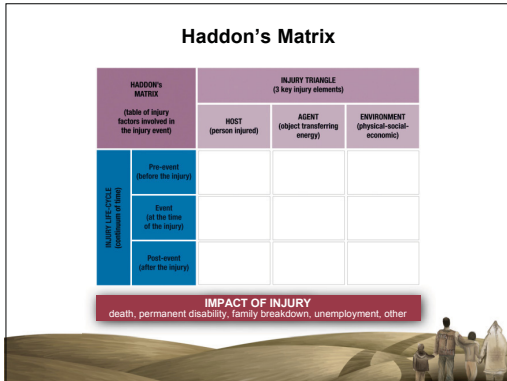
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### Haddon's Matrix Scenario

A twenty-year old female driver had attended a family gathering. It was a special birthday celebration with many family members gathered. Along with the food, the young driver consumed alcoholic beverages throughout the course of the evening. The young woman departed for home before midnight, forgetting to buckle up for the drive home. The road was dry and unlit. The driver, driving a small compact vehicle, swerved off the road and rolled over several times. The driver was discovered shortly after the incident and transported by emergency services to hospital within 40 minutes. Unfortunately the driver still suffered from major head and spinal injuries which left her a quadriplegic.




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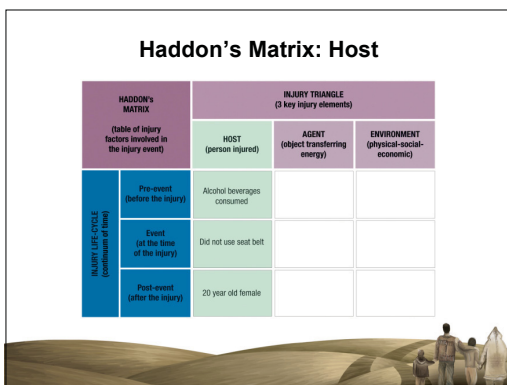
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### Haddon's Matrix: Agent

HADDON'S MATRIX Table of injury factors involved in the injury event		INJURY TRIANGLE (3 key injury elements)		
		HOST (person injured)	AGENT (object transferring energy)	ENVIRONMENT (physical-social-economic)
INJURY LIFE-CYCLE (continuum of time)	Pre-event (before the injury)	Alcohol beverages consumed		
	Event (at the time of the injury)	Did not use seat belt	Small compact vehicle	
	Post-event (after the injury)	20 year old female	Roll over	




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### Haddon's Matrix: Environment

HADDON'S MATRIX Table of injury factors involved in the injury event		INJURY TRIANGLE (3 key injury elements)		
		HOST (person injured)	AGENT (object transferring energy)	ENVIRONMENT (physical-social-economic)
INJURY LIFE-CYCLE (continuum of time)	Pre-event (before the injury)	Alcohol beverages consumed		Family gathering
	Event (at the time of the injury)	Did not use seat belt	Small compact vehicle	Midnight Dry road condition limit road
	Post-event (after the injury)	20 year old female	Roll over	Quick response and transport to medical facilities




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### Do your own Haddon's Matrix!

HADDON'S MATRIX Table of injury factors involved in the injury event		INJURY TRIANGLE (3 key injury elements)		
		HOST (person injured)	AGENT (object transferring energy)	ENVIRONMENT (physical-social-economic)
INJURY LIFE-CYCLE (continuum of time)	Pre-event (before the injury)			
	Event (at the time of the injury)			
	Post-event (after the injury)			




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## Haddon's Matrix

### Discussion questions:

1. What patterns have emerged from your injury examples?
2. What could be done to address each risk factor?



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## Knowledge: Our Learnings

- Most injuries are predictable and preventable
- Injury Triangle: Host, Agent, Environment
- Energy Sources:
  - Thermal (e.g. burns/scalds)
  - Mechanical/kinetic (e.g. falls, motor vehicle collisions)
  - Electrical (e.g. burns)
  - Chemical (e.g. unintentional poisoning)
  - Absence of air or heat (e.g. drowning, choking/suffocation)
- Haddon's Matrix is a tool that is used to help identify factors and organize patterns related to an injury event



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## Stages of Learning



Elder: Mark Phillips, Turtle Clan, Peterborough ON

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**Wisdom**  
Using Prevention Strategies to Act



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**What is Community-Based Injury Surveillance?**

- Collecting written information about injury events in a community
- An "information gathering system" intended to keep track of what, who, when, where and how, whenever an injury occurs
- It can help communities identify and prevent injuries



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**Why is it important to my community?**

Injury surveillance can help to:

- Reduce injury by helping you to identify, understand and prevent injury problems
- Look at injury problems in an objective way
- Evaluate how useful injury prevention activities are in your community



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## Surveillance: How does it work?

Surveillance involves 4 steps:

- Collecting injury information
- Analyzing the information
- Interpreting and understanding information
- Getting information out and using it



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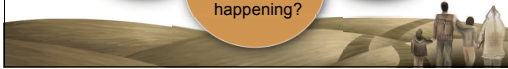
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## Injury patterns in your community...



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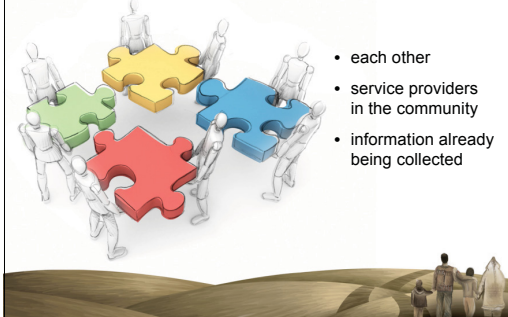
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## Gathering Community Information



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### Surveillance in Action

Community X identified falls of both children and adults due to icy conditions as a particular problem. Staff were able to identify that a number of these falls were occurring in the parking lot at the community childcare centre, particularly during drop-off and pick-up times. Acting on their knowledge and understanding of the injury problem, staff made ice shoes available during drop-off and pick-up times and organized the shovelling and sanding of the parking lot.



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### Injury Prevention E's



- Education
- Environment/Engineering
- Enforcement
- Economics



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### Education and Environment/Engineering

- Education approaches
  - Increase awareness, knowledge and understanding of injury by providing information (e.g. brochures)
- Environment/Engineering approaches
  - Make changes in the environment to be safe and reduce the risk of injury (e.g. stop signs)



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### Enforcement and Economics

- Enforcement approaches
  - Laws, regulations and policies aimed at controlling injuries (e.g. seat belt laws)
- Economic approaches
  - Financial benefits for those who act safely or punishments for safety violations (e.g. driver training discounts, speeding tickets)



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### Bringing Injury Prevention Home

- Purpose of the activity:
- Help to identify and implement injury prevention messages and strategies at a community level



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### Activity Steps

- Step 1: Identify an injury issue
- Step 2: Who, What, When, Where, How and Why of the injury
- Step 3: Identify risk and protective factors
- Step 4: Identify injury prevention messages and strategies
- Step 5: Consider the "Injury Prevention E's", resources and partners



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### Step 1: Identifying an Injury Issue

Place of work is a childcare centre

- Injury Issue: Motor Vehicle Collisions



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### Step 2: Injury Surveillance

- Who: Children
- When: Coming home from the childcare centre
- What: Car seats are not being used; drivers not aware of when to stop and who has the right of way
- Where: Main intersection
- How and Why: Children injured by not being properly restrained; car seats are not accessible; caregivers are unaware of how to properly install a car seat; poor signage; drivers are not aware of when to stop and who has the right of way



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### Step 3: Identifying Risk and Protective Factors

- Risk Factors:
  - Inaccessible car seats; unaware of how to properly install a car seat; poor signage at main intersection
- Protective Factor:
  - Supportive community



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### Step 4: Identifying Injury Prevention Messages and Strategies

- Messages: car seats protect children; always buckle up; drive sober; drive the speed limit
- Strategies: car seat loaner/donor program; posters; Public Service Announcements (PSAs); car seat clinics; car seat training; information sessions for caregivers; car seat/seat belt by-law; speed limit by-law; post speed limits and stop signs; buckle up and use car seats




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### Messages and Strategies: Individual, Family and Community

 Individual	 Family	 Community:
<ul style="list-style-type: none"> <li>•Enrol in car seat training</li> <li>•Buckle up</li> <li>•Use car seats</li> </ul>	<ul style="list-style-type: none"> <li>•Attend a car seat information session</li> <li>•Buckle up</li> <li>•Use car seats</li> <li>•Attend car seat clinics</li> </ul>	<ul style="list-style-type: none"> <li>•Car seat loaner/donor program</li> <li>•Posters</li> <li>•PSAs</li> <li>•Offer car seat training and clinics</li> <li>•Implement and enforce car seats/seat belt and speed limit by-laws</li> <li>•Post speed limits and stop signs</li> </ul>




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### Step 5: Injury Prevention E's

- Education: posters; PSAs; car seat clinics; child seat training; information sessions for caregivers; car seats protect children; always buckle up; drive sober; drive the speed limit; on how to properly install and use a car seat
- Environment/Engineering: post speed limits and stop signs; car seat loaner/donor program
- Enforcement: car seat/seat belt by-law; speed limit by-law
- Economics: car seat loaner/donor program




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### Step 5 - Continued

- Resources:
  - Available:
    - RCMP/police; FNIH regional coordinator; health professionals; province/territory/municipality/health authority
  - Need:
    - Increased funding for social marketing and car seats; car seats; road signs; training
- Partnerships: RCMP/police; province/territory/municipality/health authority; health centre staff; FNIH regional coordinator; non-government organizations.



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### Wisdom: Our Learnings

- Surveillance:
  - Who, What, When, Where, Why and How
- Injury Prevention E's
  - Education, Enforcement, Economics, Environment/Engineering



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**This ends our  
journey**



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**Words from an Elder...**

*If we say  
there is no solution  
then  
we don't look for one.*

Elder: Alexander Nanooch  
Garden River AB, Little Red River Cree Nation



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**Words from an Elder...**

*Injury prevention  
is not for a day  
or a week  
but  
for a lifetime.*

Elder: Celestan Nanooch  
John D'Or AB, Little Red River Cree Nation



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**Words from an Inuit Leader...**

Without information we are nothing at all, and have no power to understand or change things...

It is time for us to go out and get the information that belongs to us...

We have to do this today because of tomorrow. For the Inuit there are two tomorrows. The first is for us and this generation. It is a small 't' tomorrow. But the most important tomorrow begins with the big 'T'. It's the Tomorrow of my children and their children.

Inuit Leader: Mark R. Gordon  
Source: Inuit Tapiriit Kanatani



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**Changing what we do**

*What is the one thing you learned today or were reminded of?*



*What is the one thing you are going to do differently because of what you learned today?*



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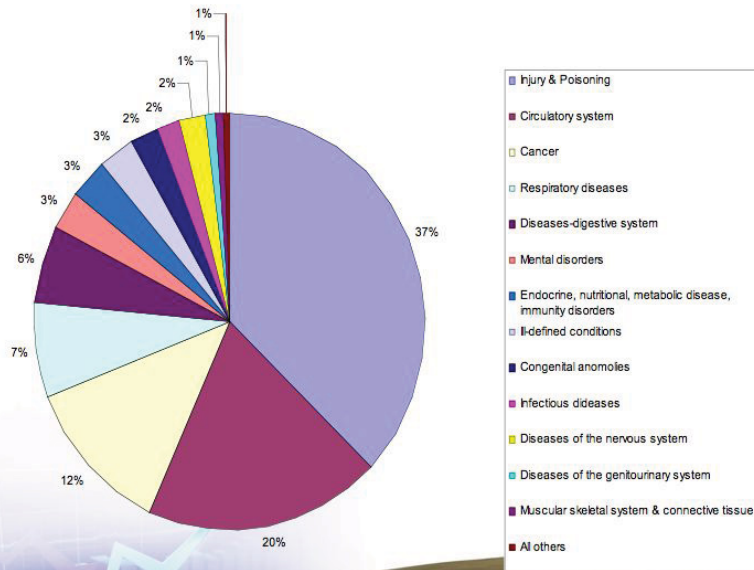
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# SLIDE: 2

## Leading Causes of Death: Alberta First Nations (1990-1999)



Regional Injury Data - Alberta

2/8

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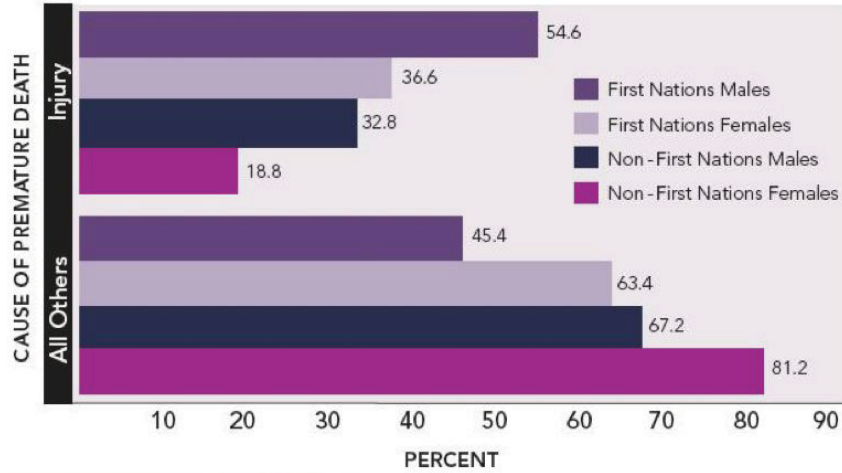
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# SLIDE: 3

**Percent of PYLL, by Leading Causes of Death and Gender:  
First Nations and Non-First Nations, Alberta (1990-1999)**



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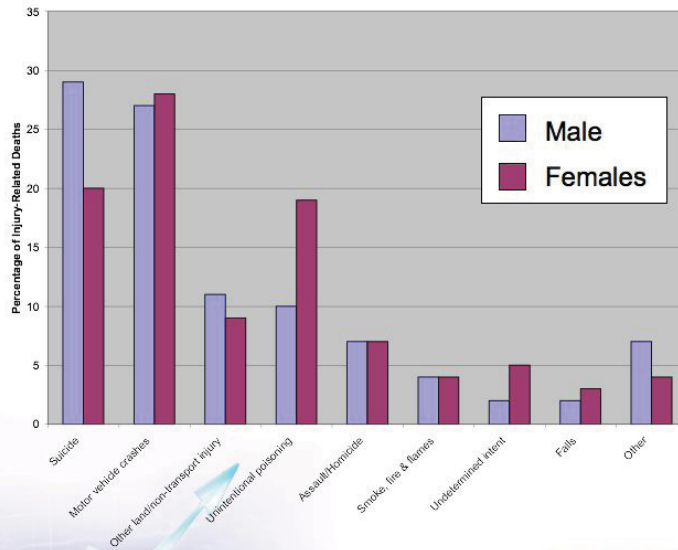
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# SLIDE: 4

**Distribution of Injury-Related Deaths by Gender:  
Alberta First Nations (1990-1999)**



Regional Injury Data - Alberta

4/8

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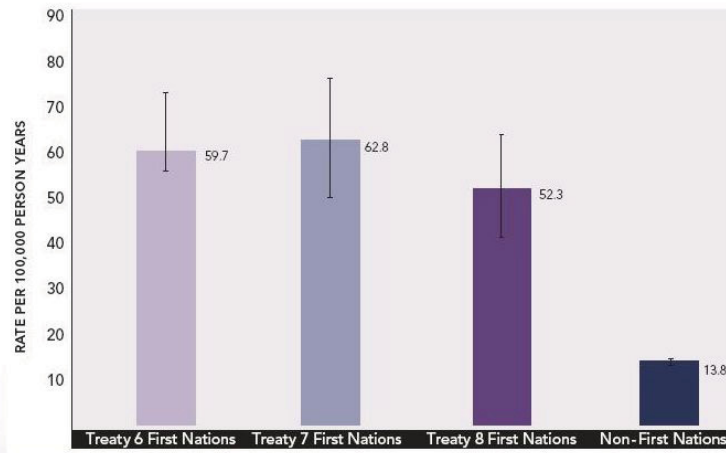
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# SLIDE: 6

## Age-Standardized Motor Vehicle Crash Death Rates: Treaty 6, 7, and 8 First Nations and Non-First Nations, Alberta (1990-1999)



Regional Injury Data - Alberta

6/8

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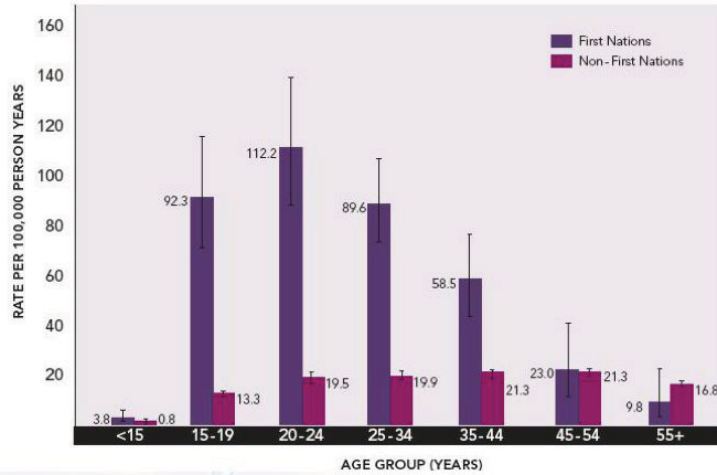
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# SLIDE: 7

**Age-Specific Suicide Rates:  
First Nations and Non-First Nations, Alberta (1990-1999)**



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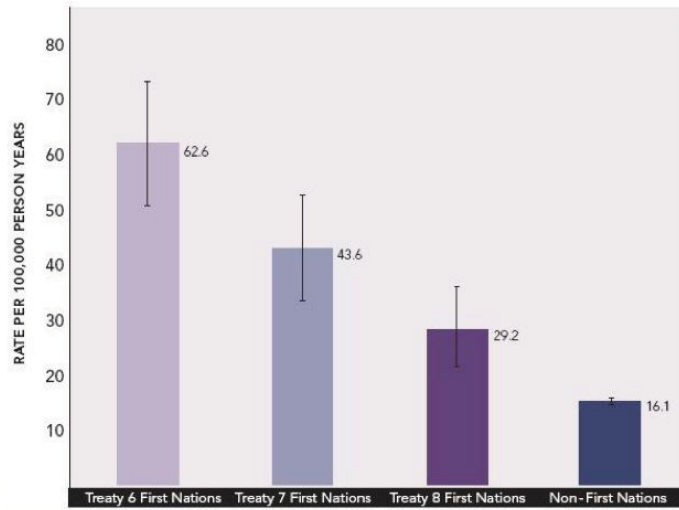
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# SLIDE: 8

## Age-Standardized Suicide Rates: Treaty 6, 7, and 8 First Nations and Non-First Nations, Alberta (1990-1999)



Regional Injury Data - Alberta

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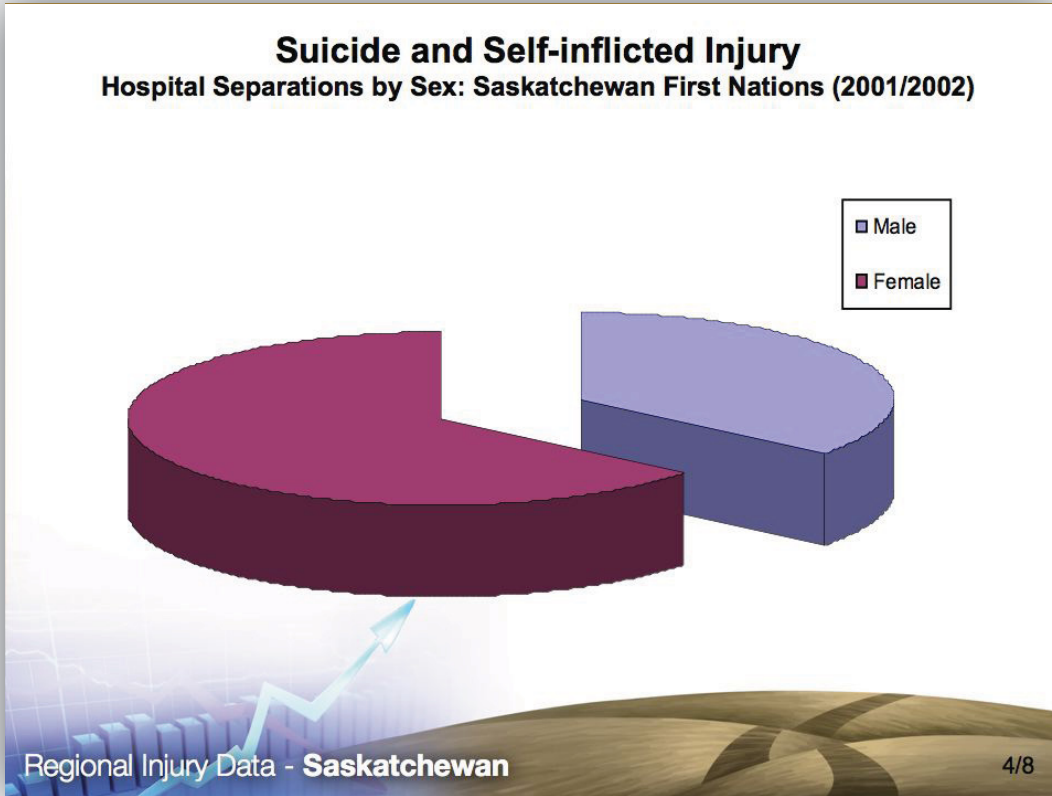
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# SLIDE: 4



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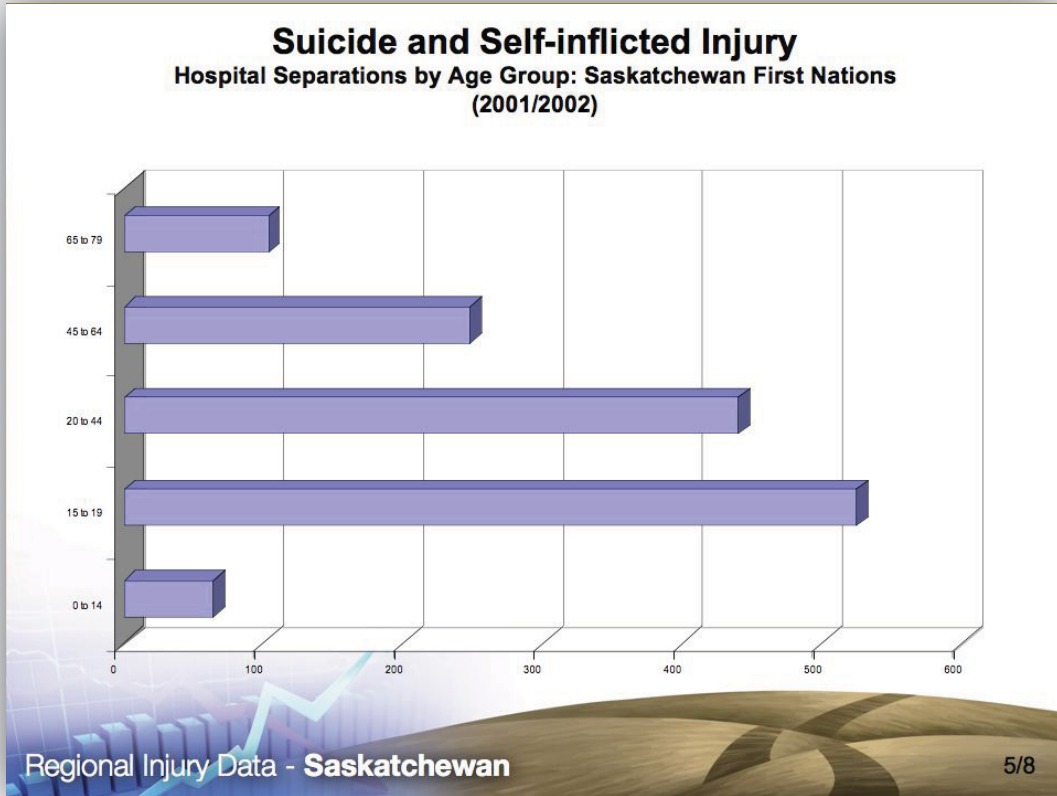
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# SLIDE: 5



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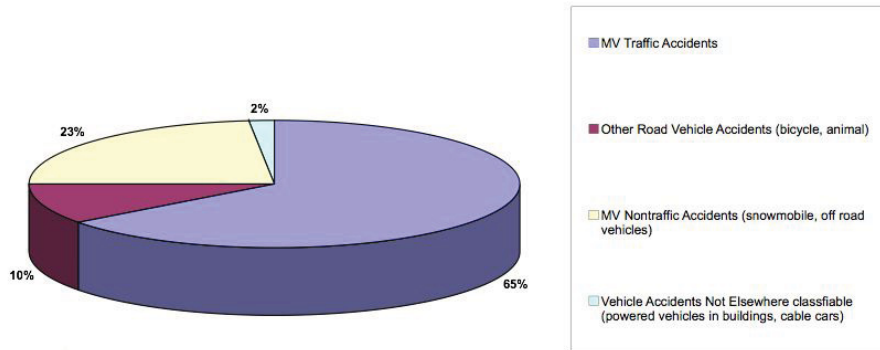
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# SLIDE: 6

## Motor/Road Vehicle Injury Hospital Separations: Saskatchewan First Nations, On-Reserve (2001/2002)



Motor Road Vehicle Accident Hospitalizations are the third highest cause of hospitalizations for On Reserve Saskatchewan First Nations and seventh highest cause for Off Reserve Saskatchewan First Nations.

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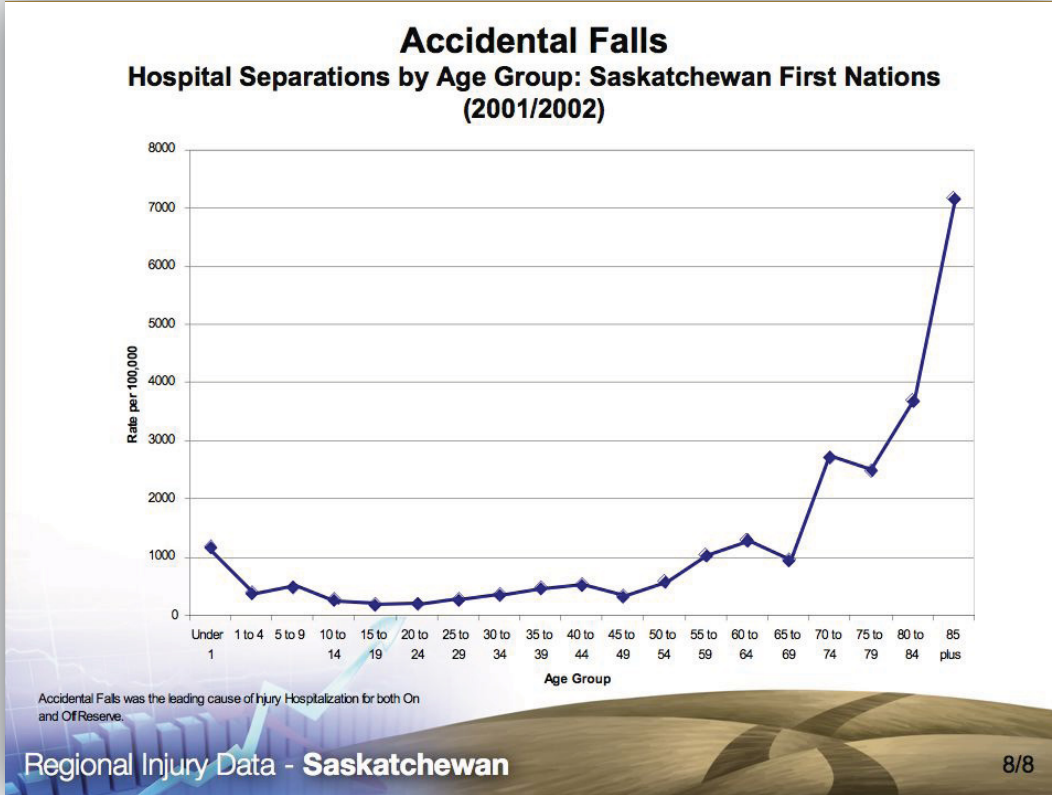
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# SLIDE: 8



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## MANITOBA REGIONAL DATA PARTICIPANT SLIDES

# SLIDE: 1

**Burden of Injury:  
Manitoba First Nations Injury Deaths & Hospitalizations  
(10-Year Review: 1992-2001)**

- First Nations Manitobans were at **increased risk** of death and hospitalization due to injuries
- First Nations Manitobans had an injury death rate which was **almost 2 times** that of other Manitobans
- First Nations Manitobans had an injury hospitalization rate which was **over 3 times** that of other Manitobans



Regional Injury Data - Manitoba 1/11

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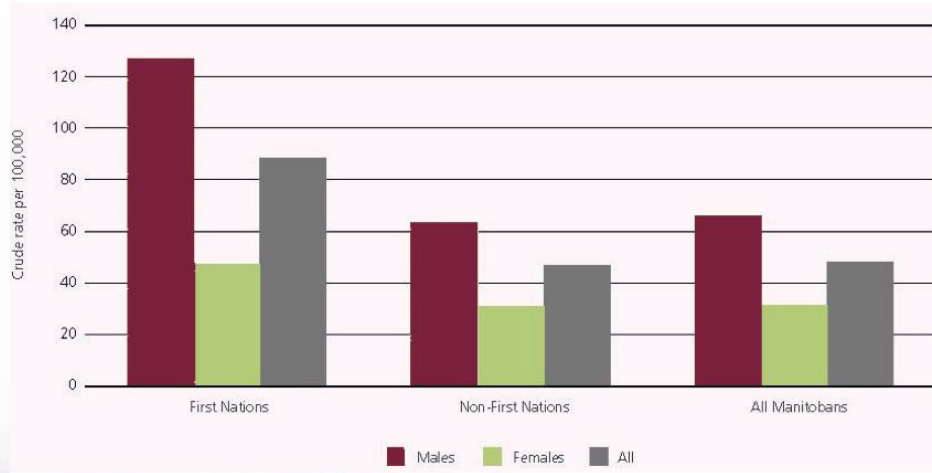
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# SLIDE: 2

## Injury Deaths: First Nations and Non-First Nations Manitobans (1992-1999)



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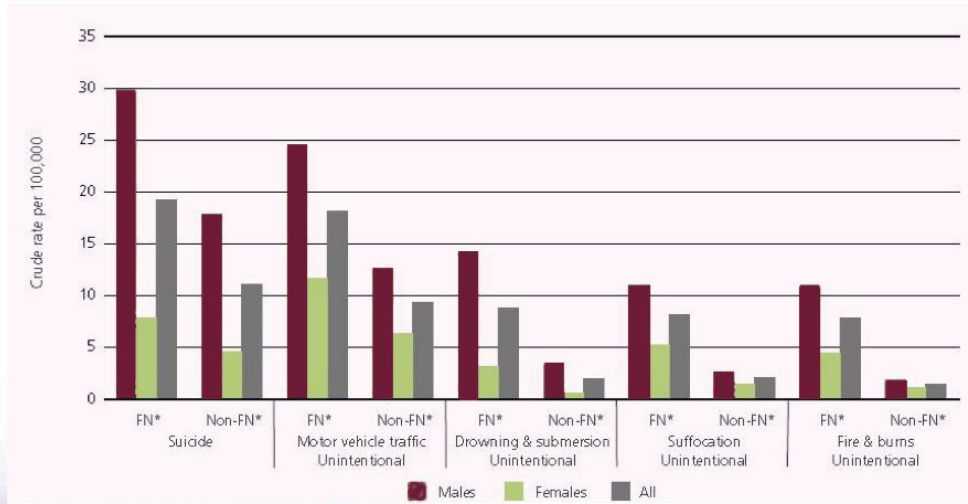
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# SLIDE: 3

## Leading Causes of Injury Deaths: First Nations Manitobans (1992-1999)



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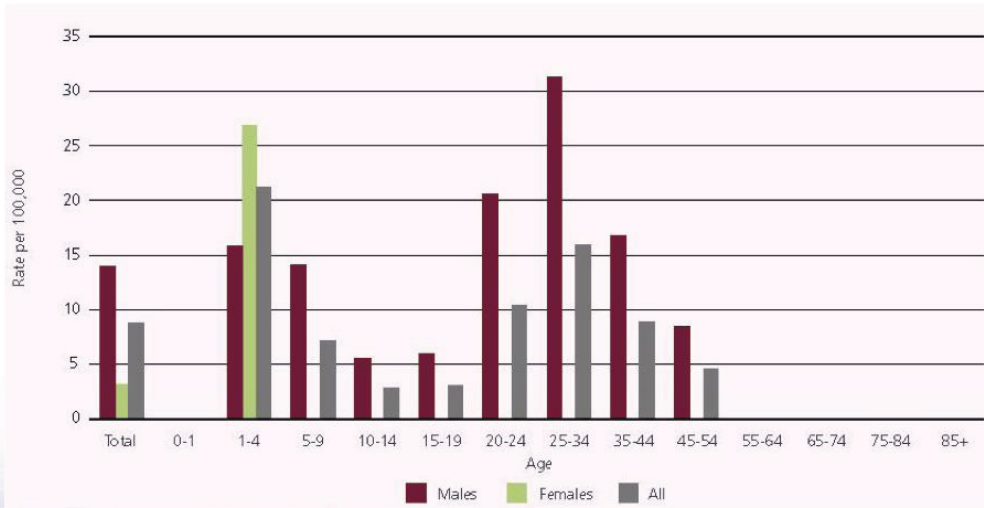






# SLIDE: 6

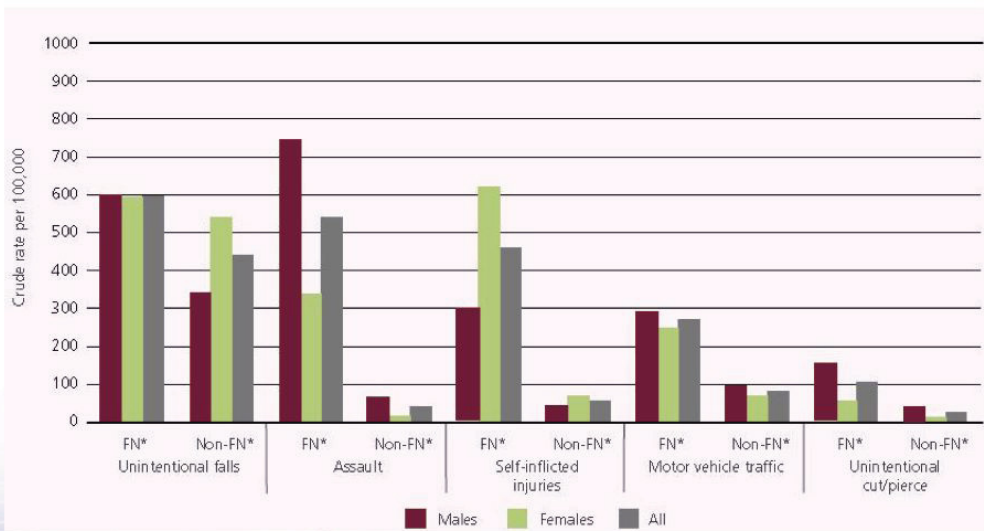
## Deaths Due to Unintentional Drowning or Submersion: First Nations Manitobans (1992-1999)





# SLIDE: 8

## Leading Causes of Injury Hospitalizations: First Nations Manitobans (1992-2001)

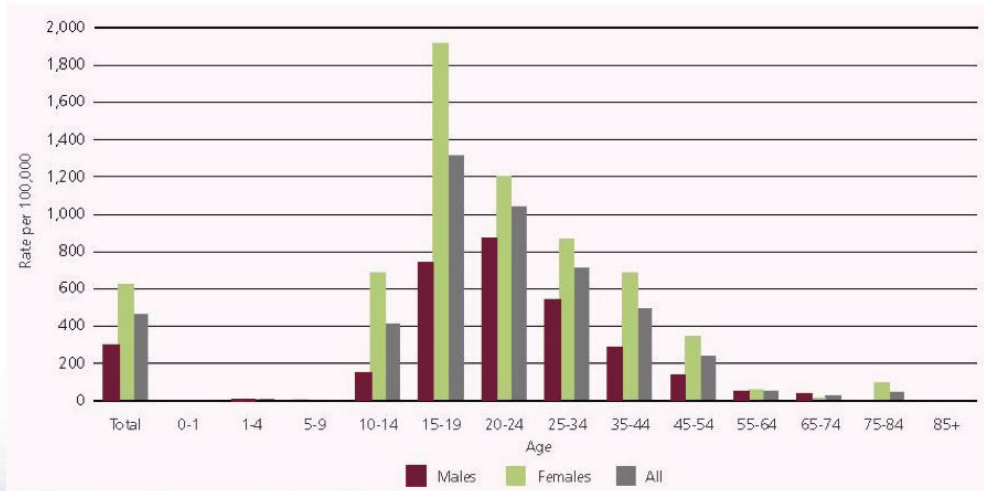






# SLIDE: 11

## Hospitalizations Due to Self-inflicted Injuries: First Nations Manitobans (1992-2001)













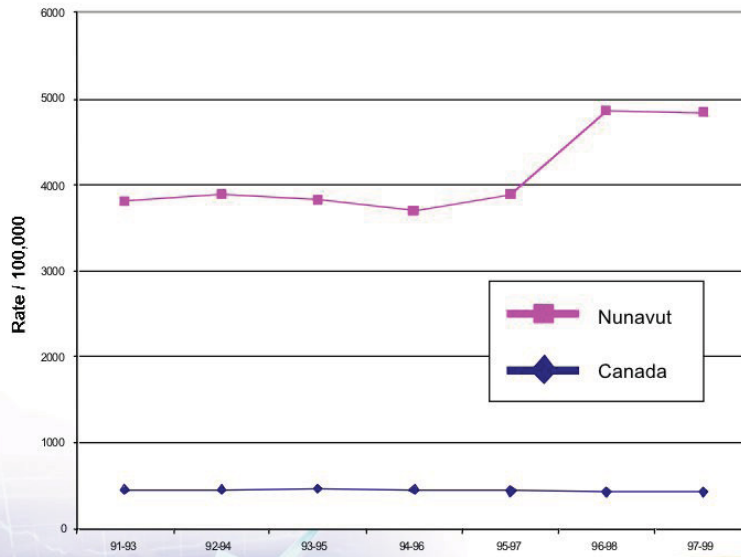






# SLIDE: 7

## PYLL Due to Suicides: Canada and Nunavut (1991-1999)



**Source:** Comparable Health Indicators for Nunavut and Canada, Sept 2002, Nunavut-Department of Health and Social Services.

Regional Injury Data - Inuit

7/11

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# SLIDE: 8

## Burden of Injuries:

1999 – ITK Survey on Injuries - Among Inuit Communities

- **INJURY** is the number one cause of premature death among Inuit
- The number one cause of injury death – is **SUICIDE**
- **Alcohol/drug consumption** and **abuse** were associated with the number one cause of injury in all four Inuit regions



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# SLIDE: 9

## **Burden of Injuries (Intentional and Unintentional):** 1999 – ITK Survey on Injuries - Among Inuit Communities

### **COMMON INJURIES**

- **Violence to others** (domestic abuse)
- **Violence to self** (suicide attempts and completions)
- **Firearm injuries** (lack of safety precautions)
- **Motor vehicle crashes** (includes snow machines, all terrain vehicles, boats, cars and trucks)
- **Drowning** (lack of water safety precautions, life jackets, swimming instruction)

Regional Injury Data - Inuit

9/11

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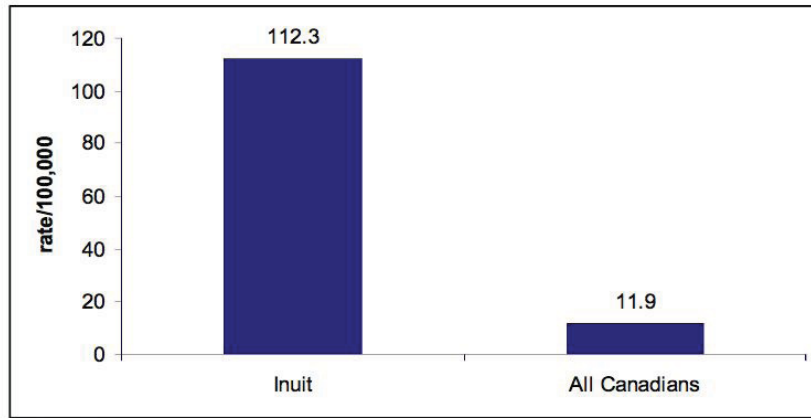
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# SLIDE: 10

**Suicide Rates:**  
Inuit and All Canadians (1999-2003)



*Source:*

1. Penney et al. (2008) Suicide in Inuit Nunaat: An analysis of Suicide Rates and the effect of Community-level factors. 5<sup>th</sup> NRF open Assembly. September 2008. Alaska.
2. Health Canada, First Nations and Inuit Health Branch in-house statistics.

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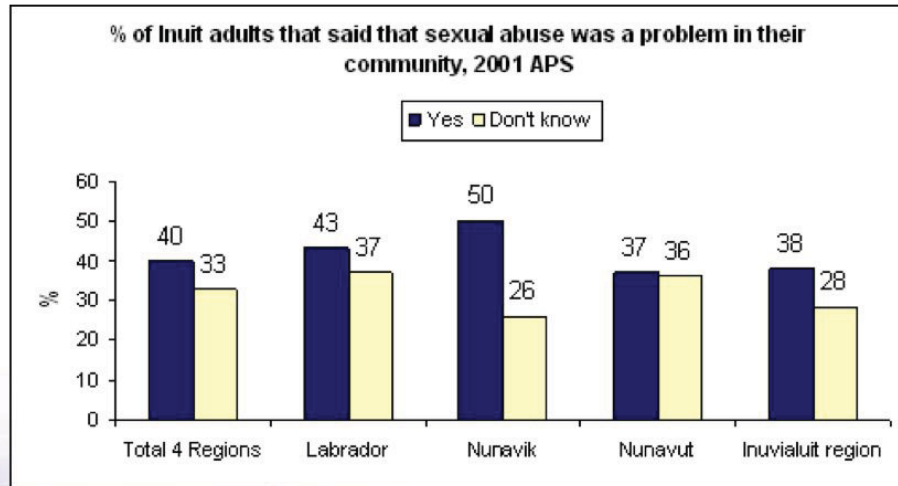
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# SLIDE: 11

## 2001 – Aboriginal Peoples Survey







## Ice Breaker

1. A plane crashes on the border of Manitoba and Saskatchewan. Where do you bury the survivors?
2. You take two bannocks from three bannocks and what would you have?
3. How far can a wolf run into the woods?
4. A rooster, facing north, lays an egg on a pointed roof. Which side would it roll down?
5. A person builds a house with four sides to it. It is rectangular in shape. Each side has a southern exposure. A large bear comes wandering by. What colour is the bear?
6. A farmer had 17 turkeys; all but 9 died. How many are left?
7. If two teams are playing a game of lacrosse, how many quarters will each team play before the end of the game?



# Ice Breaker Answer Key

1. A plane crashes on the border of Manitoba and Saskatchewan. Where do you bury the survivors?

You would not bury the survivors.

2. You take 2 bannocks from 3 bannocks and what would you have?

Two bannocks because you took two.

3. How far can a wolf run into the woods?

Halfway- the last half the wolf is running out of the woods.

4. A rooster, facing north, lays an egg on a pointed roof. Which side would it roll down?

Roosters don't lay eggs.

5. A person builds a house with four sides to it. It is rectangular in shape. Each side has a southern exposure. A large bear comes wandering by. What colour is the bear?

White- The house is in the North Pole.

6. A farmer had 17 turkeys; all but 9 died. How many are left?

Nine are left because all but 9 died.

7. If two teams are playing a game of lacrosse, how many quarters will each team play before the end of the game?

Four- There are 4 quarters in a game.





# THE SACRED TREE



For all the people of the earth, the Creator has planted a Sacred Tree, where people find healing, power, wisdom and safety. The fruits of this tree are good things the Creator has given to the people such as love, caring for others, generosity, patience and wisdom.

The Elders taught us that the life of the tree is the life of the people. If the people should wander too far from the safety of the tree, should they forget to eat its fruits, or should they turn against the tree and try to destroy it, great sadness will befall upon the people.

The people will forget how to live on their own land and their lives will become filled with anger and sadness. Little by little, they will poison themselves and everything they touch.

## **Book**

The Story of the Sacred Tree, Four Worlds Development Project, University of Lethbridge, 1982.



# BECOMING A HUNTER - GIRLS AND WOMEN

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## Becoming a Hunter

Boys began their training to become hunters while still very young. As soon as they could walk and handle things they were given small bows and arrows and slings. They were constantly active, learning to throw rocks accurately, racing with others, and pushing and pulling at things to develop their strength; the young boys were taught early to set snares and deadfall traps for rabbits and other small game. They used their bows and arrows to try to fell birds and ducks. The first goose, fish or other game they managed to bring home was a special time. The game, no matter how small, was shared by all in the camp to mark the occasion.

In adolescence, boys would begin to follow their fathers on short hunting trips. On these trips they learned to obey, and in the process learned valuable skills for hunting. Whenever they had free time the boys would compete with one another in games of skill and physical strength.

As young men, they would often leave the camps of their families to join another camp to learn other hunting skills. As they learned the general skills they usually developed an interest in hunting particular animals and so would join the camps where those animals were most often hunted.



Upon joining other camps they would be under supervision of the camp's leader or best hunter, and also the camp's elders. There they would stay for as long as two years learning a specialized kind of hunting. This was a very important time in the training of the young hunter. He began to understand the importance of exploration, both of the land and of animal habits. He was taught by the better hunters to be curious and inventive, as well as patient and persistent.

## **Girls and Women**

From a young age, girls were aware of the need to learn the skills of becoming capable wives. They were encouraged to sew carefully in order to impress the young men. They quietly and obediently helped their parents care for the young and keep the camp in order.

Young men learning to be hunters would often travel from camp to camp and this was the opportunity for the boys to choose their future wives. To get their attention, the young women would sew beautiful mitts, boots and other clothing which their parents would then present to the young men.

Once a young man chose his bride-to-be he would begin to bring game to the home of his future father-in-law. If the game was accepted, room would be made in their home for the young man. This was how marriages began. The young couple would stay with the parents of the girl until the young man seemed able to care for himself and his wife.

Girls did not engage in sexual relationships until they had been chosen as wives. If they 'happened to have children, before they had husbands, the children were referred to as being without grandfathers'. Since the elders were so greatly respected, it was truly a disgrace. Long ago, this was the way of young girls.

Inuvialuit women were equal partners with men in ensuring survival. In all hunting endeavors success depended as much upon the skilful woman as the skilful hunter.

## **Inuit – Story**

Excerpt from: Inuvialuit Pitqusit: The Culture of the Inuvialuit



## INJURY STORY: MOTOR VEHICLE

My daughter is a beautiful young woman. She was the new mother of an infant daughter. My daughter and her husband were very happy and proud new parents.

They had purchased an infant car seat and had gone to a seat belt clinic at the health station to have the car seat installed properly. That car seat was in the car months before my granddaughter was ever born. My daughter always wore her seat belt and she was always the first one to say, "don't drink and drive". She really always lived by her words and what she believed.

Then one night I got the news. My little granddaughter was dead and my daughter and son-in-law were in hospital. They were all traveling home at night from a friend's place when they were hit by a drunk driver. Help came quickly but my little granddaughter was found dead at the scene. She had been thrown from the vehicle with the force of the crash.

The car window had been open on that hot night. My granddaughter was sitting on my daughter's lap. No one understands why my granddaughter wasn't in her car seat. No one can really talk about it.



*The injury stories presented are based on real life events shared by many people.*

*For learning purposes, each story represents a mix of many stories that combine common injury circumstances.*





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Your health and  
safety... our priority.

Votre santé et votre  
sécurité... notre priorité.

## INJURY STORY: FIRE

Last year we lost an Elder in the community. It hit us all very hard and we are all still talking about it. The Elder was home alone. This wasn't really unusual, however, a fire broke out in the home.

It took awhile before anyone noticed that the Elder's home was on fire. By the time it came to anyone's attention the smoke and flames were just coming out of the house. At that point in time no one could get into the Elder's home. It was even too late for the Fire Department.

They found the Elder in his kitchen. The cause of the fire was determined to be kitchen grease. We think he was probably cooking with grease when the fire got started. We don't know if he fell and couldn't get up, or if things happened too quickly for the Elder to be able to call for help. We realized later that the house had no smoke alarm.



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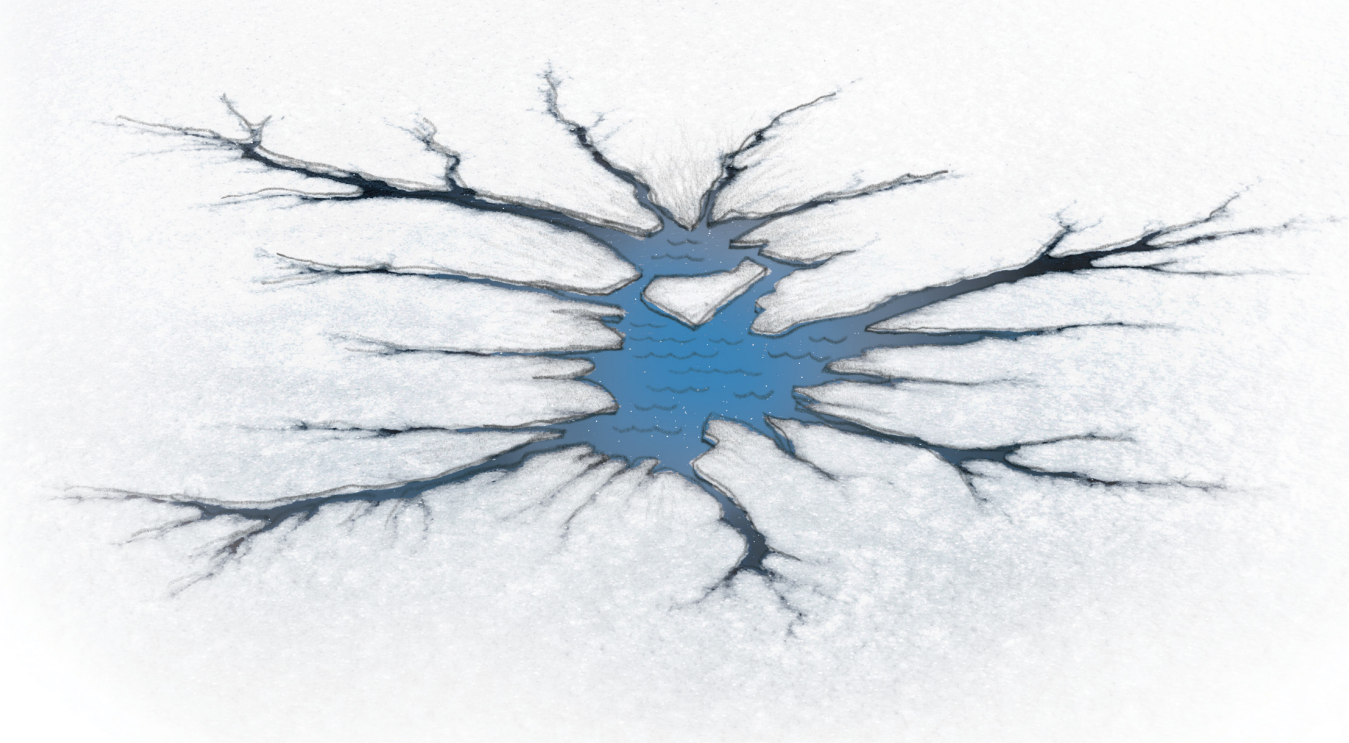
Votre santé et votre  
sécurité... notre priorité.

## INJURY STORY: DROWNING

The river that runs by our community is a special place for all of us. We enjoy it all year round in different ways. In the summer the river bank is our place for families to get together and socialize. The kids like to run around, play and swim. You can find so many of us there on hot summer days and nights. In the winter many people like to walk across the river or snowmobile up and down the river once the ice has frozen.

In the spring last year we had a tragedy. Some youngsters had been partying and some drinking had been going on. One of the older children that had been partying had his younger brother with him. The younger brother was just walking up and down along the river bank throwing rocks into the river. The older brother forgot about his younger brother for awhile, as did everyone else.

At some point the older brother realized that his younger brother was missing. It wasn't too hard to figure out that the younger brother had gone walking on to the river when no one was paying attention and had fallen through the ice. With the river ice melting the young boy had fallen through the ice and drowned. The older brother and his friends called for help but it was too late.



*The injury stories presented are based on real life events shared by many people.*

*For learning purposes, each story represents a mix of many stories that combine common injury circumstances.*

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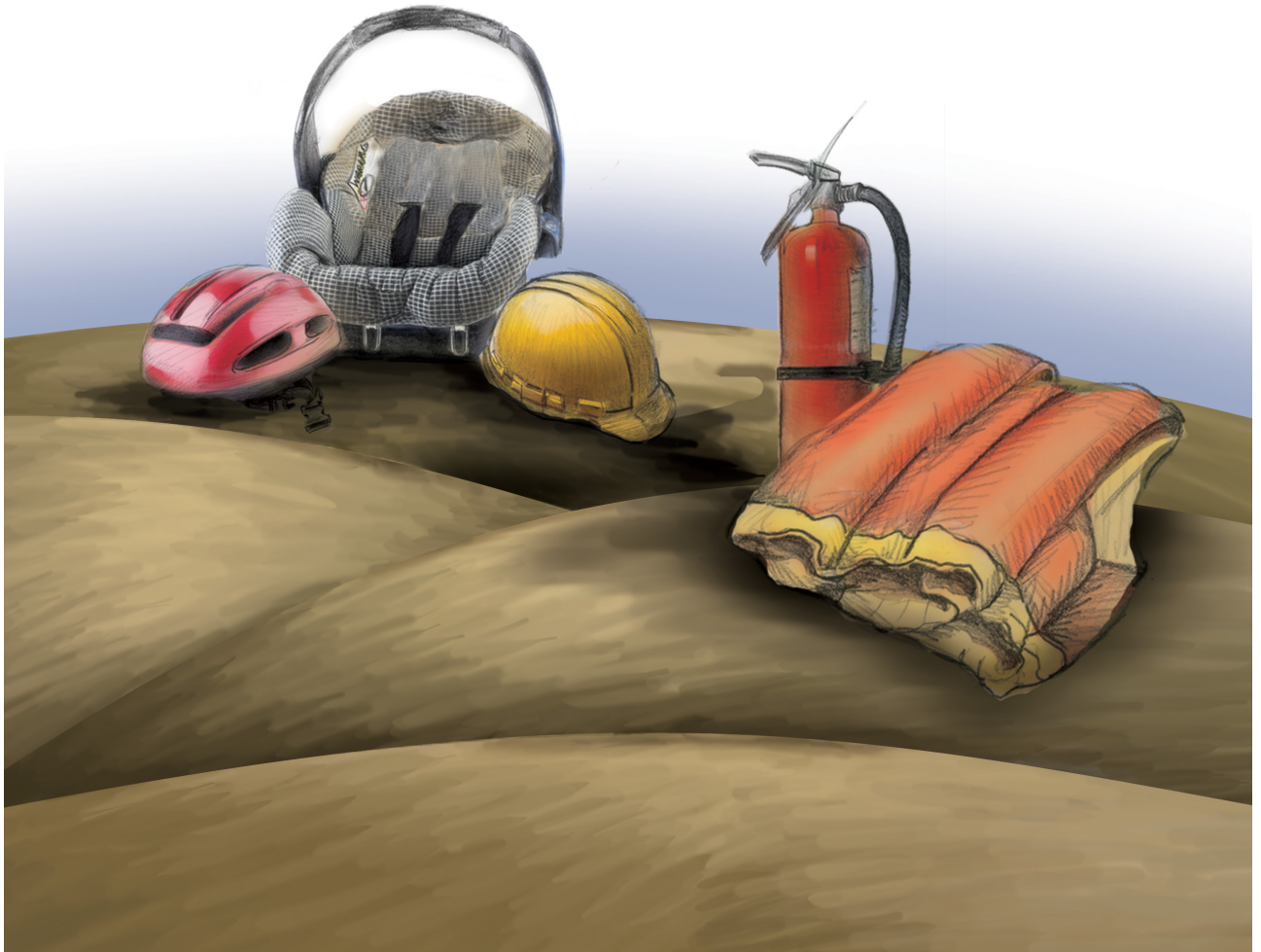
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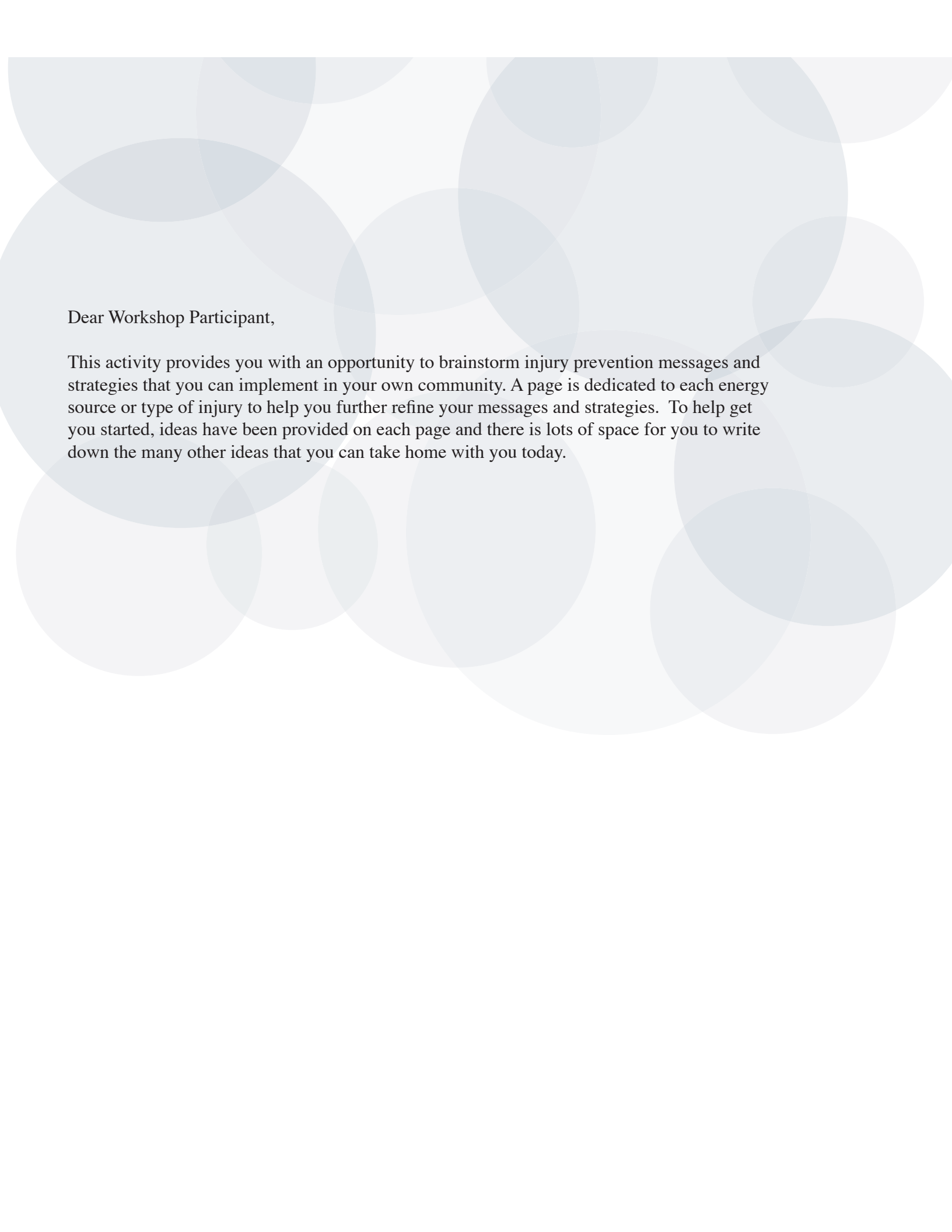
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safety... our priority.*

*Votre santé et votre  
sécurité... notre priorité.*

# INJURY PREVENTION MESSAGES AND STRATEGIES





Dear Workshop Participant,

This activity provides you with an opportunity to brainstorm injury prevention messages and strategies that you can implement in your own community. A page is dedicated to each energy source or type of injury to help you further refine your messages and strategies. To help get you started, ideas have been provided on each page and there is lots of space for you to write down the many other ideas that you can take home with you today.



## **Mechanical/Kinetic Energy Injury Prevention Falls**

- Install handrails
- Ensure stairways are properly lit
- Wear proper footwear
- Avoid the use of scatter rugs
- Use hardware mounted safety gates on stairs
- Avoid placing furniture in front of windows to prevent children from falling from furniture and out of windows
- Remove ice and snow on walkways promptly
- Medication safety
- Use furniture tethers
- Screens (not meant to keep children from falling)
- Baby walker ban
- Stair safety (railings, rise and tread)
- Risk assessment tools
- Safe and proper use of assistive devices
- Safe flooring, sidewalks, curbs and crosswalks
- Water fitness
- Strength training
- T'ai Chi

## **Vehicle Safety (Motorized and Non-Motorized)**

- Helmets are effective and decrease the risk of head injury yet not everyone or every community will support the use of helmets. This may lead to discussions about the challenges in introducing and promoting safety in the community
- Age restrictions of those operating an ATV
- Community resolutions that prohibit passengers on ATVs
- Buckle up
- Use car seats and booster seats
- Don't drink and drive
- Avoid speeding
- Avoid traveling during bad weather
- Car seat loaner/donor program
- Seat belts and pregnancy
- Car seat workshop
- Occupant restraint use reward program
- Partner with RCMP or local police
- ATV training
- Driver's education (winter driving)
- Snowmobile training and safety courses
- Car seat technician training
- Proper use of helmets
- Types of helmets











## Absence of Energy (Air or Heat) Injury Prevention Drowning

- Lifejacket/PFD fashion show
- Lifejacket/PFD fitting session
- Lifejacket/PFD loaner program
- Ice and cold water safety sessions
- Swimming lessons
- Boat and canoe lessons
- Bathing infants and children safely

## Suffocation, Choking

- For children that are too young to lift their heads - never place the infant face down on a waterbed, soft pillow or plastic mattress cover or with a large stuffed animal
- Avoid using heavy blankets with infants and young children
- Ensure that you use a firm mattress that fits the crib snugly to keep the baby from slipping between the mattress and sides of the crib
- Dispose of plastic shopping bags, dry cleaning covers, sandwich wraps, plastic packaging and garbage bags quickly and properly (disposing plastic shopping bags by tying knots can help prevent ingestion or choking)
- Use age appropriate toys for your child
- Keep blind cords high and out of reach of children
- Avoid placing furniture near blinds to prevent children from climbing to reach blind cords
- Balloon safety
- Pacifiers and baby bottle nipple safety
- Drawstring safety
- Playpen safety
- Food safety
- Sudden Infant Death Syndrome (SIDS) information session

## Hypothermia, Frostbite

- Keep your body, arms, legs, ears and nose warm by wearing layered clothing
- Replace wet clothing with dry clothing
- Eat a well-balanced diet
- Drink warm, non-alcoholic liquids to maintain fluid levels
- Ensure to dress appropriately for the weather

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# FACILITATOR INJURY PREVENTION BINGO TIPS

Facilitator Calling Card Options	Considerations
<p>You can choose to cut up your Calling Card and pull bingo calls from a hat or jar.</p> <p>This approach is enjoyed by many workshop participants as it represents a regular bingo game well.</p> <p>This allows you to invite workshop participants to draw the bingo cards being played which can add an additional element of fun.</p>	<p>One drawback of cutting up the calling cards is that it makes playing the Block of 9, Postage Stamp and 4 Corners bingo games more time consuming. You will end up making bingo calls that are not directly related to the types of injuries associated with certain games. For example, a postage stamp game would involve only call outs for Falls and MVC or Burns and Other.</p> <p>Some workshop participants may find this frustrating when bingo calls are unrelated to the games being played.</p> <p>If you enjoy pulling bingo cards from a jar, you may wish to consider having both cut up bingo cards as well as an intact Calling Card to facilitate playing the various bingo game options.</p>
<p>Keeping your Calling Card intact allows you to play all bingo games by crossing out those calls that have been made.</p>	<p>If you choose to keep your Calling Card intact it is recommended that you prepare several copies. You can mark up one copy for each game played. This helps to avoid confusion that may be caused by marking up one copy for several bingo games.</p> <p>Another option may be to plasticize your Calling Card. This allows you to use a temporary marker. You can wipe off your bingo calls from the previous game and begin a new set of bingo calls for the next game.</p>

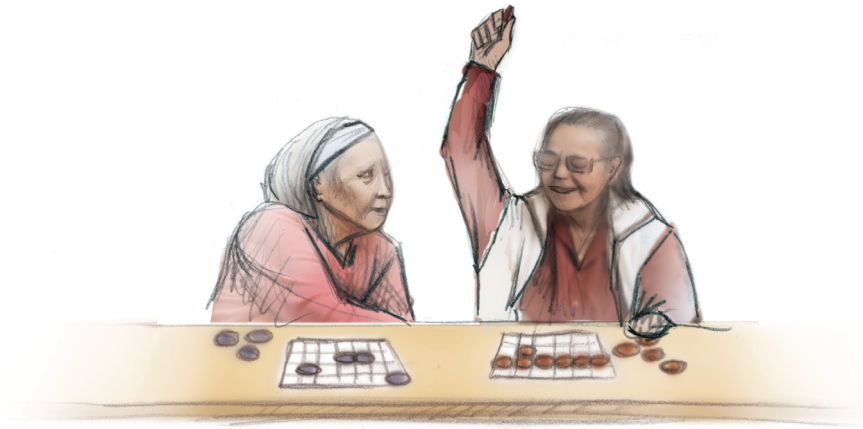
## Participant Bingo Cards

- Consider providing participants with non-permanent ways to mark their bingo cards such as regular bingo chips, pennies, candies or any other small items.
- Remember providing workshop participants with bingo markers means they cannot reuse their Bingo Card. If you choose to use bingo markers, you will need to ensure that participants have more than one card to mark up.
- Bingo Cards can also be plasticized and used with both bingo chips or non-permanent markers.



# INJURY PREVENTION BINGO CALLING CARD

Page 1 OF 2

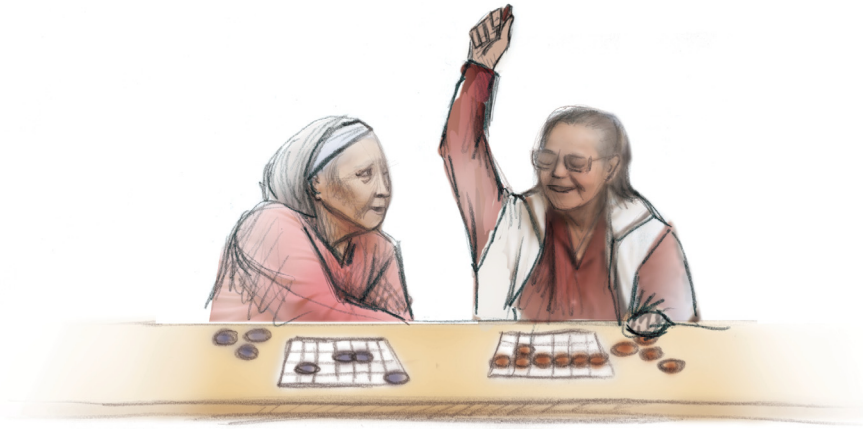


FALLS	MVC	SUICIDE	BURNS	OTHER
<b>Falls</b> Install handrails	<b>MVC</b> Use seatbelts	<b>Suicide</b> Talk about it	<b>Burns</b> Don't let young children cook alone	<b>Other</b> Wear lifejackets when boating
<b>Falls</b> Wear a helmet when riding a bike, ATV, snowmobile	<b>MVC</b> Law enforcement	<b>Suicide</b> Provide training for front line workers	<b>Burns</b> Install smoke detectors	<b>Other</b> Remove poisonous plants
<b>Falls</b> Use walking devices	<b>MVC</b> Maintain vehicles	<b>Suicide</b> Community inter-agency approach	<b>Burns</b> Don't smoke in bed	<b>Other</b> Install plug covers
<b>Falls</b> Fix loose boards on stairs	<b>MVC</b> Road signs	<b>Suicide</b> Promote traditional cultural values	<b>Burns</b> Have a fire escape plan	<b>Other</b> Install baby gates
<b>Falls</b> Attend to icy walkways	<b>MVC</b> Proper lighting	<b>Suicide</b> Self-esteem programs	<b>Burns</b> Turn down hot water tanks	<b>Other</b> Label poisonous products
<b>Falls</b> Avoid slippery floor waxes and polishes	<b>MVC</b> Speed bumps	<b>Suicide</b> Alcohol addiction programs	<b>Burns</b> Have a smoke alarm give away	<b>Other</b> Know how deep the water is you are diving into
<b>Falls</b> Practice your balance	<b>MVC</b> Don't drink and drive	<b>Suicide</b> Mental health promotion	<b>Burns</b> Test smoke alarms regularly	<b>Other</b> Lock up hunting guns
<b>Falls</b> Mark stairs with reflective tape	<b>MVC</b> Roadside checks	<b>Suicide</b> Ensure people know how to access help	<b>Burns</b> Install fire extinguishers	<b>Other</b> Put signs up at dangerous swimming locations
<b>Falls</b> Ensure ladders are stable	<b>MVC</b> Ensure car seats are being used properly	<b>Suicide</b> Connect with culture	<b>Burns</b> Attend to hot cooking oil	<b>Other</b> Stop, drop and roll



# INJURY PREVENTION BINGO CALLING CARD

Page 2 OF 2



FALLS	MVC	SUICIDE	BURNS	OTHER
<b>Falls</b> Supervise children at the playground	<b>MVC</b> Don't drive faster than your guardian angel can fly!	<b>Suicide</b> Know and watch for warning signs	<b>Burns</b> Keep matches and lighters out of children's reach	<b>Other</b> Keep vitamins and medicine out of reach of children
<b>Falls</b> Light switches at the top and bottom of the stairs	<b>MVC</b> Set and enforce speed limits	<b>Suicide</b> Develop a crisis team	<b>Burns</b> Ensure candles are away from window hangings	<b>Other</b> Tie up cords for window blinds
<b>Falls</b> Avoid using scatter rugs and mats	<b>MVC</b> Have a designated driver	<b>Suicide</b> Sponsor cultural activities	<b>Burns</b> Blow out candles when leaving the room	<b>Other</b> Cut hotdogs in half length-wise
<b>Falls</b> Well lit entry ways	<b>MVC</b> Maintain roads	<b>Suicide</b> Train "gatekeepers"	<b>Burns</b> Clean chimneys	<b>Other</b> Avoid jumping from one ice pack to another
<b>Falls</b> Grab bars mounted on the bathtub	<b>MVC</b> Slow down where children are playing	<b>Suicide</b> Care for the caregivers	<b>Burns</b> Use proper ashtrays	<b>Other</b> Do not walk on railway tracks
<b>Falls</b> Use protective gear when skateboarding	<b>MVC</b> Car seat program	<b>Suicide</b> Suicide prevention action plan	<b>Burns</b> Secure abandoned buildings	<b>Other</b> Install cupboard latches







# INJURY PREVENTION BINGO CARD

## BINGO CARD #1

FALLS	MVC	SUICIDE	BURNS	OTHER
Install handrails	Use seatbelts	Talk about it	Don't let young children cook alone	Wear lifejackets when boating
Wear a helmet when riding a bike, ATV, snowmobile	Law enforcement	Provide training for front line workers	Install smoke detectors	Remove poisonous plants
Use walking devices	Maintain vehicles	<b>Injury Prevention (injury-free)</b>	Don't smoke in bed	Install plug covers
Fix loose boards on stairs	Road signs	Promote traditional cultural values	Have a fire escape plan	Install baby gates
Attend to icy walkways	Proper lighting	Self-esteem programs	Turn down hot water tanks	Label poisonous products

# BINGO

### WINNING BINGO

- ❖ **1 – 2 – 3 lines:** (i.e. in one line in any direction)
- ❖ **Block of 9:** (i.e. any 9 squares that are in a 3 by 3 block)
- ❖ **Blackout:** (i.e. all squares)
- ❖ **Postage stamp:** (i.e. 4 squares in any of the corners)
- ❖ **4 corners:** (i.e. the 4 corners of the card)





# INJURY PREVENTION BINGO CARD

## BINGO CARD #2

FALLS	MVC	SUICIDE	BURNS	OTHER
Avoid slippery floor waxes and polishes	Speed bumps	Alcohol addiction programs	Have a smoke alarm give away	Know how deep the water is you are diving into
Practice your balance	Don't drink and drive	Mental health promotion	Test smoke alarms regularly	Lock up hunting guns
Mark stairs with reflective tape	Roadside checks	<b>Injury Prevention (injury-free)</b>	Install fire extinguishers	Put signs up at dangerous swimming locations
Use protective gear when skateboarding	Car seat programs	Suicide prevention action plan	Secure abandoned buildings	Install cupboard latches
Ensure ladders are stable	Ensure car seats are being used properly	Connect with culture	Attend to hot cooking oil	Stop, drop and roll

# BINGO

### WINNING BINGO

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# INJURY PREVENTION BINGO CARD

## BINGO CARD #3

FALLS	MVC	SUICIDE	BURNS	OTHER
Supervise children at the playground	Don't drive faster than your guardian angel can fly!	Know and watch for warning signs	Keep matches and lighters out of children's reach	Keep vitamins and medicine out of reach of children
Light switches at the top and bottom of the stairs	Set and enforce speed limits	Develop a crisis team	Ensure candles are away from window hangings	Tie up cords for window blinds
Avoid using scatter rugs and mats	Have a designated driver	<b>Injury Prevention (injury-free)</b>	Blow out candles when leaving the room	Cut hotdogs in half length-wise
Well lit entry ways	Maintain roads	Train "gatekeepers"	Clean chimneys	Avoid jumping from one ice pack to another
Grab bars mounted on the bathtub	Slow down where children are playing	Care for the caregivers	Use proper ashtrays	Do not walk on railroad bridges

# BINGO

### WINNING BINGO

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# INJURY PREVENTION BINGO CARD

## BINGO CARD #4

FALLS	MVC	SUICIDE	BURNS	OTHER
Use walking devices	Maintain vehicles	Community inter-agency approach	Don't smoke in bed	Install plug covers
Fix loose boards on stairs	Road signs	Promote traditional cultural values	Have a fire escape plan	Install baby gates
Attend to ice patches	Proper lighting	<b>Injury Prevention (injury-free)</b>	Turn down hot water tanks	Label poisonous products
Avoid slippery floor waxes and polishes	Speed bumps	Alcohol addiction programs	Have a smoke alarm give away	Know how deep the water you are diving into is
Practice your balance	Don't drink and drive	Mental health promotion	Test smoke alarms regularly	Lock up hunting guns

# BINGO

### WINNING BINGO

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# INJURY PREVENTION BINGO CARD

## BINGO CARD #5

FALLS	MVC	SUICIDE	BURNS	OTHER
Attend to icy walkways	Proper lighting	Self-esteem programs	Turn down hot water tanks	Label poisonous products
Avoid slippery floor waxes and polishes	Speed bumps	Alcohol addiction programs	Have a smoke alarm give away	Know how deep the water you are diving into is
Practice your balance	Don't drink and drive	<b>Injury Prevention (injury-free)</b>	Test smoke alarms regularly	Lock up hunting guns
Mark stairs with reflective tape	Roadside checks	Ensure people know how to access help	Install fire extinguishers	Put signs up at dangerous swimming locations
Use protective gear when skateboarding	Car seat programs	Suicide prevention action plan	Secure abandoned buildings	Install cupboard latches

# BINGO

### WINNING BINGO

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# INJURY PREVENTION BINGO CARD

## BINGO CARD #6

FALLS	MVC	SUICIDE	BURNS	OTHER
Practice your balance	Don't drink and drive	Mental health promotion	Test smoke alarms regularly	Lock up hunting guns
Mark stairs with reflective tape	Roadside checks	Ensure people know how to access help	Install fire extinguishers	Put signs up at dangerous swimming locations
Use protective gear when skateboarding	Car seat programs	<b>Injury Prevention (injury-free)</b>	Secure abandoned buildings	Install cupboard latches
Ensure ladders are stable	Ensure car seats are being used properly	Connect with culture	Attend to hot cooking oil	Stop, drop and roll
Supervise children at the playground	Don't drive faster than your guardian angel can fly!	Know and watch for warning signs	Keep matches and lighters out of children's reach	Keep vitamins and medicine out of reach of children

# BINGO

### WINNING BINGO

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# INJURY PREVENTION BINGO CARD

## BINGO CARD #7

FALLS	MVC	SUICIDE	BURNS	OTHER
Avoid using scatter rugs and mats	Have a designated driver	Sponsor cultural activities	Blow out candles when leaving the room	Cut hotdogs in half length-wise
Well lit entry ways	Maintain roads	Train "gatekeepers"	Clean chimneys	Ensure you are not walking on thin ice
Grab bars mounted on the bathtub	Slow down where children are playing	<b>Injury Prevention (injury-free)</b>	Use proper ashtrays	Do not walk on railway tracks
Install handrails	Use seatbelts	Talk about it	Don't let young children cook alone	Wear lifejackets when boating
Wear a helmet when riding a bike, ATV, snowmobile	Law enforcement	Provide training for front line workers	Install smoke detectors	Remove poisonous plants

# BINGO

### WINNING BINGO

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# INJURY PREVENTION BINGO CARD

## BINGO CARD #8

FALLS	MVC	SUICIDE	BURNS	OTHER
Wear a helmet when riding a bike, ATV, snowmobile	Law enforcement	Provide training for front line workers	Install smoke detectors	Remove poisonous plants
Use walking devices	Maintain vehicles	Community inter-agency approach	Don't smoke in bed	Install plug covers
Attend to ice patches	Proper lighting	<b>Injury Prevention (injury-free)</b>	Turn down hot water tanks	Label poisonous products
Practice your balance	Don't drink and drive	Mental health promotion	Test smoke alarms regularly	Lock up hunting guns
Mark stairs with reflective tape	Roadside checks	Ensure people know how to access help	Install fire extinguishers	Put signs up at dangerous swimming locations

# BINGO

### WINNING BINGO

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# INJURY PREVENTION BINGO CARD

## BINGO CARD #9

FALLS	MVC	SUICIDE	BURNS	OTHER
Ensure ladders are stable	Ensure car seats are being used properly	Connect with culture	Attend to hot cooking oil	Stop, drop and roll
Supervise children at the playground	Don't drive faster than your guardian angel can fly!	Know and watch for warning signs	Keep matches and lighters out of children's reach	Keep vitamins and medicine out of reach of children
Avoid slippery floor waxes and polishes	Speed bumps	<b>Injury Prevention (injury-free)</b>	Have a smoke alarm give away	Know how deep the water is you are diving into
Wear a helmet when riding a bike, ATV, snowmobile	Law enforcement	Provide training for front line workers	Install smoke detectors	Remove poisonous plants
Fix loose boards on stairs	Road signs	Promote traditional cultural values	Have a fire escape plan	Install baby gates

# BINGO

### WINNING BINGO

- ❖ **1 – 2 – 3 lines:** (i.e. in one line in any direction)
- ❖ **Block of 9:** (i.e. any 9 squares that are in a 3 by 3 block)
- ❖ **Blackout:** (i.e. all squares)
- ❖ **Postage stamp:** (i.e. 4 squares in any of the corners)
- ❖ **4 corners:** (i.e. the 4 corners of the card)





# INJURY PREVENTION BINGO CARD

## BINGO CARD #10

FALLS	MVC	SUICIDE	BURNS	OTHER
Install handrails	Use seatbelts	Talk about it	Don't let young children cook alone	Wear lifejackets when boating
Avoid slippery floor waxes and polishes	Speed bumps	Alcohol addiction programs	Have a smoke alarm give away	Know how deep the water is you are diving into
Use protective gear when skateboarding	Car seat programs	<b>Injury Prevention (injury-free)</b>	Secure abandoned buildings	Install cupboard latches
Supervise children at the playground	Don't drive faster than your guardian angel can fly!	Know and watch for warning signs	Keep matches and lighters out of children's reach	Keep vitamins and medicine out of reach of children
Avoid using scatter rugs and mats	Have a designated driver	Sponsor cultural activities	Blow out candles when leaving the room	Cut hotdogs in half length-wise

# BINGO

### WINNING BINGO

- ❖ **1 – 2 – 3 lines:** (i.e. in one line in any direction)
- ❖ **Block of 9:** (i.e. any 9 squares that are in a 3 by 3 block)
- ❖ **Blackout:** (i.e. all squares)
- ❖ **Postage stamp:** (i.e. 4 squares in any of the corners)
- ❖ **4 corners:** (i.e. the 4 corners of the card)





# HADDON'S MATRIX

HADDON'S MATRIX  (table of injury factors involved in the injury event)		INJURY TRIANGLE (3 key injury elements)		
		HOST (person injured)	AGENT (object transferring energy)	ENVIRONMENT (physical-social-economic)
INJURY LIFE-CYCLE (continuum of time)	Pre-event (before the injury)			
	Event (at the time of the injury)			
	Post-event (after the injury)			





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## COMMUNITY – BASED INJURY SURVEILLANCE

Keeping Track: Looking at Injuries and  
How They Can be Prevented

### INJURIES ARE PREVENTABLE

Accidents happen, people get hurt and we see the results in our communities—burns, broken arm, cuts, bruises and worse. After hearing about them we often say, “Well that could have been prevented if.....!” But how do we prevent accidents, don’t they “just happen by chance?” They do happen – but most of them happen for a reason. Communities need to know the reasons why injuries occur,

recognize potential harmful circumstances and take action to lessen the chance of more injuries happening. How do we do this? Learning more about injuries is the first step to reducing the risk of accidents and injuries in your community. To learn you need information. Gathering information means communities need to keep track of what accidents and injuries are happening. A good way to do this is through Community-Based Injury Surveillance.

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## WHAT IS COMMUNITY – BASED INJURY SURVEILLANCE?

Injury surveillance means collecting written information about injury events or accidents in your community. It is an “information gathering system” intended to keep track of what, who, when, where and how, whenever an injury occurs. Community-based injury surveillance simply means gathering this information for use in the community. Why would you need injury information? Because reliable information can help communities identify and prevent injuries.



## HOW CAN INJURY SURVEILLANCE HELP YOUR COMMUNITY?

Injury Surveillance will give you data that allows your community to take action on injury prevention. Here are a few facts to consider:

**Injury surveillance can reduce injury and harm to people in your community by allowing you to identify, understand and prevent injury problems in your community.**

Communities can prevent continuing and similar injury events by identifying and understanding situations that lead to accidents and injuries. Injury surveillance will give you the information you need to decide what strategies will work best in your community and what people and resources are needed to make prevention strategies work. Over time injury surveillance can help reduce injury and harm to people in your community.

**Injury surveillance information will help you evaluate how useful injury prevention activities are in your community**

Injury surveillance information, over time, gives you a tool to measure how helpful injury prevention activities are in your community. You can compare where you started with where you've



been. Most importantly, injury surveillance can tell you which direction you should be going. Is your prevention strategy making a difference? Has our injury situation changed for the better? Are we reaching the right people? Good evaluation makes good decision – making easier. Injury surveillance can help you identify as well as prioritize injury problems, helping your community to focus on the most pressing issues.

**Injury surveillance helps to look at injury problems in an objective way.**

When data is collected in the same way with regular procedures, the information is more accurate and reliable. This creates a standard way of collecting the information. If procedures are in place and followed it doesn't matter who collects the information. The facts will be noted the same way even if different people are recording them. Most importantly your information won't depend on the people's memories about events that have already happened. Collecting information in a consistent way also gives you a realistic picture of your community's injury problems. You need to know the facts, not someone's guess, to effectively handle a problem.





### Injury surveillance data is useful in funding proposals.

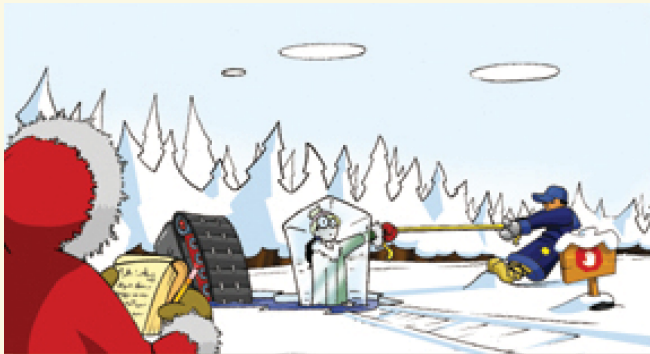
Funding proposals that use data to prove specific community needs tend to receive more attention from funding agencies. Proposals that use reliable data are more likely to be successful since it is obvious money is being given to help deal with clearly identified problems.

### Injury surveillance develops skills

Injury surveillance requires people to work with information, train others in data collection procedures, hold team meetings, share information in a user-friendly way and undertake program planning, implementation and evaluation. These are valuable skills that are an asset to your community and to you personally since this expertise can be used in other fields.

### Injury surveillance gives you helpful information about your community.

Injury surveillance is collected by community people. This provides a focus on local needs and a focal point for people to take action on your community's injury problems. Good information gained and shared creates awareness and encourages community members and service providers to take action on injury prevention and education.



## HOW DOES INJURY SURVEILLANCE WORK?

There are four related parts to injury surveillance.

**1. Collecting Injury Information** – People will say many things about an accident in the community. Usually the exact details get stretched as the story makes its rounds. Taking action to prevent accidents and injuries requires accurate and reliable information. The most useful and important information to collect will tell you the follow-

ing: Who is being injured, When injuries are occurring, Where injuries are occurring, What injuries are occurring, How the injury event or accident happened. Ideally, people in your community and those who provide services to your community can collect the information.



**2. Analyzing the Information** – Once injury information is collected it must be analyzed. This is similar to working on a picture puzzle. The more pieces you have in place, the easier it is to see the big picture – an injury picture for your community. This comes from finding patterns in the information. For example, by looking at 100 injury events over the past year you may find that 60 of the 100 injuries happen to toddlers under the age of 3. This is an injury pattern. By taking a closer look at the 60 injuries, you may find that 30 of the injuries are burn injuries in children less than 3 years old. This would be another injury pattern.

**3. Interpreting and Understanding Information** – It is very important to understand why injuries are happening! Looking at the causes of injuries helps us understand why injuries are happening. In the example given above, a closer look at the information about the children who experienced burn injuries, may show that these injuries happened when hot water was being prepared and involved mostly young parents or elderly care givers. Having good information helps us focus on specific age groups and specific injury problems. Understanding who is most affected by injury and how events happen helps guide injury prevention and safety promotion activities.

**4. Getting Information to People in Your Community** – People who have information are more aware of injury problems. People who are aware and concerned have more reason to become involved in promoting safety and living safely. Getting information to community people is usually overlooked but it is often the most impor-





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# Bringing Injury Prevention Home

How you can make a difference  
in your community

Wisdom

Knowledge

Understanding

Awareness



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# Introduction:

Sometimes we attend training sessions and leave with a lot more information than we came with, but we don't know what to do with the information when we get home. This is not the intention of *A Journey to the Teachings*. It is hoped that this activity will help build a foundation for injury prevention activities in your community by helping you consider various factors that contribute to a good activity plan. These factors were discussed throughout *A Journey to the Teachings* and you now have the opportunity to apply what you have learned.

If you are new to injury prevention, are feeling overwhelmed with the new information you have learned, or just want some helpful suggestions, your facilitator will be providing you with the resource guides. The information provided in these handouts will hopefully make it easier for you to plan and implement injury prevention strategies in your community.

Thank you for taking the time to attend this training session and identifying injuries as an issue in your community. Best of success as you continue to move forward in your injury prevention efforts!



# Activity Sample:

Place of work: Childcare Centre

**Step 1:** Identify an injury issue in your community that is relevant to your area of work and/or a community need.

Injury Issue: Motor vehicle collisions (MVCs)

**Step 2:** Answer the following questions related to the injury issue identified above:

Who is being injured?  
(i.e. host)

Children are being injured

When do the injuries happen?

Injuries are happening on the way home from the childcare centre

What are the circumstances leading to the injury?

Car seats are not being used, therefore children are not adequately protected in a collision. Drivers are using seat belts for themselves and for the children (but not using car seats or booster seats)

Where are the injuries happening?  
(i.e. environment)

Injuries are occurring at the main intersection of the community where there is poor signage

How and Why are the injuries happening?  
(i.e. agent)

Car seats are not easily accessible in the community and caregivers are unaware of how to properly install a car seat. Due to poor signage at the intersection, drivers are not aware of when to stop and who has the right of way

The community is well aware of all of these issues and has a desire to make changes.

**Step 3:** Identify the risk and protective factors related to your identified injury issue:

**MVCs**




<p><b>Risk Factors:</b></p> <ul style="list-style-type: none"> <li>- Inaccessible car seats</li> <li>- Unaware of how to properly install a car seat</li> <li>- Poor signage at main intersection</li> </ul>	<p><b>Protective Factors:</b></p> <ul style="list-style-type: none"> <li>- Supportive community</li> </ul>
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**Step 4:** A) Identify prevention messages and strategies related to your identified injury issue:

**MVCs**

<p><b>Messages:</b></p> <ul style="list-style-type: none"> <li>- Car seats protect children</li> <li>- Always buckle up</li> <li>- Drive sober</li> <li>- Drive the speed limit</li> <li>- Use your car seat properly</li> </ul>	<p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>- Car seat loaner/donor program</li> <li>- Posters</li> <li>- PSAs</li> <li>- Car seat clinics</li> <li>- Car seat training</li> <li>- Information sessions for caregivers</li> <li>- Car seat/seat belt by-law</li> <li>- Speed limit by-law</li> <li>- Post speed limits and stop signs</li> <li>- Buckle up and use car seats properly</li> </ul>
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**Step 4:** B) Categorize the strategies as being at the individual, family or community level:

 <b>Individual</b>	 <b>Family</b>	 <b>Community</b>
<ul style="list-style-type: none"> <li>- Enrol in car seat training</li> <li>- Buckle up and use car seats</li> <li>- Drive the speed limit</li> <li>- Drive sober</li> </ul>	<ul style="list-style-type: none"> <li>- Attend a car seat information session</li> <li>- Buckle up and use car seats</li> <li>- Attend car seat clinics</li> </ul>	<ul style="list-style-type: none"> <li>- Car seat loaner/donor program</li> <li>- Posters</li> <li>- PSAs</li> <li>- Offer car seat training and clinics</li> <li>- Implement and enforce a car seat/seat belt and speed limit by-laws</li> <li>- Post speed limits and stop signs</li> </ul>

**Step 5:** Consider the “Injury Prevention E’s” using the messages and strategies in Step 4. Also, identify the resources you need and whether or not they are readily available. In addition, note the current and potential partnerships.

### Injury Prevention E’s

Education	Environment/ Engineering	Enforcement	Economics
<ul style="list-style-type: none"> <li>-Posters</li> <li>-PSAs</li> <li>-Car seat clinics</li> <li>-Child seat training</li> <li>-Information sessions for caregivers</li> <li>-Car seats protect children</li> <li>-Always buckle up</li> <li>-Drive sober</li> <li>-Drive the speed limit</li> <li>-On how to properly install and use a car seat</li> </ul>	<ul style="list-style-type: none"> <li>-Post speed limits and stop signs</li> <li>-Car seat loaner/donor program</li> </ul>	<ul style="list-style-type: none"> <li>-Car seat/seat belt by-law</li> <li>-Speed limit by-law</li> </ul>	<ul style="list-style-type: none"> <li>-Car seat loaner/donor program</li> </ul>

Resources	Partnerships
<p>Available:</p> <ul style="list-style-type: none"> <li>-RCMP/police</li> <li>-FNIH regional coordinator</li> <li>-Health professionals</li> <li>-Province/territory</li> </ul> <p>Not Available:</p> <ul style="list-style-type: none"> <li>-Increased funding for social marketing and car seats</li> <li>-Car seats</li> <li>-Road signs</li> <li>-Training</li> </ul>	<ul style="list-style-type: none"> <li>-RCMP/Police</li> <li>-Province/territory</li> <li>-Health centre staff</li> <li>-FNIH regional coordinator</li> <li>-Non-government organizations</li> </ul>







**Step 5:** Consider the “Injury Prevention E’s” using messages and strategies in Step 4. Also, identify the resources you need and whether or not they are readily available. In addition, note the current and potential partnerships.

**Injury Prevention E’s**

Education	Environment/ Engineering	Enforcement	Economics

Resources	Partnerships



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# RESOURCE GUIDE

## *A Journey to the Teachings*

### *Organizations with Injury Prevention Resources*

Alberta Centre for Injury Control and Research (ACICR)	<a href="http://www.acicr.ualberta.ca">http://www.acicr.ualberta.ca</a>
Assembly of First Nations (AFN)	<a href="http://www.afn.ca/">http://www.afn.ca/</a>
Atlantic Network for Injury Prevention (ANIP)	<a href="http://www.anip.ca/">http://www.anip.ca/</a>
BC Injury Research & Prevention Unit (BCIRPU)	<a href="http://www.injuryresearch.bc.ca">http://www.injuryresearch.bc.ca</a>
Canadian Red Cross	<a href="http://www.redcross.ca">http://www.redcross.ca</a>
Centres for Disease Control and Prevention (CDC)	<a href="http://www.cdc.gov">http://www.cdc.gov</a>
Child Safety Link	<a href="http://www.childsafetylink.ca/">http://www.childsafetylink.ca/</a>
First Nations of Quebec and Labrador Health and Social Services Commission	<a href="http://www.cssspnql.com">http://www.cssspnql.com</a>
Government of British Columbia - Population Health and Wellness	<a href="http://www.healthservices.gov.bc.ca/prevent/">http://www.healthservices.gov.bc.ca/prevent/</a>
Government of the Northwest Territories - Health and Social Services	<a href="http://www.hlthss.gov.nt.ca/">http://www.hlthss.gov.nt.ca/</a>
Health Canada	<a href="http://www.hc-sc.gc.ca">http://www.hc-sc.gc.ca</a>
Healing Our Spirit	<a href="http://www.healingourspirit.org/">http://www.healingourspirit.org/</a>
Honouring Life Network	<a href="http://www.honouringlife.ca">http://www.honouringlife.ca</a>
IMPACT – The Injury Prevention Centre of Children’s Hospital, Winnipeg, MB	<a href="http://www.hsc.mb.ca/impact">http://www.hsc.mb.ca/impact</a>
Inuit Tapiriit Kanatami (ITK)	<a href="http://www.itk.ca">http://www.itk.ca</a>
Inuit Youth Council	<a href="http://www.niyc.ca/news.php">http://www.niyc.ca/news.php</a>
Local municipalities or health authorities	

Manitoba Centre for Health Policy	<a href="http://www.umanitoba.ca/medicine/units/mchp/">http://www.umanitoba.ca/medicine/units/mchp/</a>
Momsanddads.ca	<a href="http://www.momsanddads.ca">http://www.momsanddads.ca</a>
Mothers Against Drunk Driving Canada	<a href="http://www.madd.ca/">http://www.madd.ca/</a>
National Aboriginal Health Organization (NAHO)	<a href="http://www.naho.ca/english/">http://www.naho.ca/english/</a>
National Association of Friendship Centres	<a href="http://www.nafc-aboriginal.com/index.htm">http://www.nafc-aboriginal.com/index.htm</a>
Native Women's Association of Canada (NWAC)	<a href="http://www.nwac-hq.org/en/index.html">http://www.nwac-hq.org/en/index.html</a>
Nova Scotia Office of Health Promotion	<a href="http://www.gov.ns.ca/ohp/injuryPrevention.html">http://www.gov.ns.ca/ohp/injuryPrevention.html</a>
Nunavik Regional Board of Health & Social Services	<a href="http://www.rrsss17.gouv.qc.ca/en/main.aspx">http://www.rrsss17.gouv.qc.ca/en/main.aspx</a>
Pauktuutit Inuit Women of Canada	<a href="http://www.pauktuutit.ca/home_e.asp">http://www.pauktuutit.ca/home_e.asp</a>
PLAN-IT SAFE	<a href="http://www.cheo.on.ca">www.cheo.on.ca</a>
Public Health Agency of Canada (PHAC)	<a href="http://www.phac-aspc.gc.ca">http://www.phac-aspc.gc.ca</a>
Quebec Institute of Public Health	<a href="http://www.inspq.qc.ca/">http://www.inspq.qc.ca/</a>
Safe Kids Canada	<a href="http://www.sickkids.ca/safekidscanada/">http://www.sickkids.ca/safekidscanada/</a>
Safe Saskatchewan	<a href="http://www.safesask.com/">http://www.safesask.com/</a>
Saskatchewan Prevention Institute	<a href="http://www.preventioninstitute.sk.ca/">http://www.preventioninstitute.sk.ca/</a>
SMARTRISK	<a href="http://www.smartrisk.ca/">http://www.smartrisk.ca/</a>
The Health Communication Unit	<a href="http://www.thcu.ca">http://www.thcu.ca</a>
thinkfirst	<a href="http://www.thinkfirst.ca">http://www.thinkfirst.ca</a>
World Health Organization	<a href="http://www.who.int">http://www.who.int</a>

## *Injury Report*

The Health and Health Care Use of Registered First Nations People Living in Manitoba: A Population-Based Study (2002)	Manitoba Centre for Health Policy <a href="http://www.umanitoba.ca/centres/">http://www.umanitoba.ca/centres/</a>
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# Introduction

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The First Nations Centre recognized that Injury Prevention is a major public health concern for First Nations peoples and communities. This document provides a list of Injury Prevention resources and literature relevant to First Nations and Aboriginal Peoples. The literature is categorized by provincial/territorial, national, international and global relevance. Some of the summaries include direct text taken from the documents. The following includes information on the seriousness of the issue:

- Injuries is one of the leading causes of death in First Nations people, and is responsible for approximately one quarter of all deaths and over half the Potential Years of Life Lost.<sup>1</sup>
- Aboriginal Canadians had nearly a 4 times greater risk of severe trauma than the non-Aboriginal population.<sup>2</sup>
- Substantial increase in fracture risk among Canadian First Nations people.<sup>3</sup>
- The disparity between Aboriginal and non-Aboriginal rates of disability corresponds to disparities in rates of injury, accident, violence, self-destructive or suicidal behaviour and illness (such as diabetes) that can result in permanent impairment.<sup>4</sup>
- First Nations in lower-income households are at greater risk of injury.<sup>5</sup>
- Existing literature does not adequately examine the health issue of injury in Aboriginal populations in Canada.<sup>6</sup>
- Suicide accounts for roughly one quarter of all injury deaths, and rates are 3 to 4 times the Canadian average – with far greater differences in some geographical areas, and at particular ages.<sup>7</sup>

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<sup>1</sup> Health Canada. *Unintentional and Intentional Injury Profile for Aboriginal People in Canada 1990-1999*. Minister of Public Works and Government Services Canada, 2001. p. vi.

<sup>2</sup> Karmali, S., Lauplaud, K., Harrop, A.R., Findlay, C., Kirkpatrick, A., Winston, B., Kortbeek, J., Crowshoe, and M. Hameed. Epidemiology of severe trauma among status Aboriginal Canadians: a population-based study. *Canadian Medical Association Journal*. 12 April 2005, Vol 172 (8):1007-1011.

<sup>3</sup> Leslie, W., Derksen, S., Metge, C., Lix, L., Salamon, E., Steiman, P., and L. Roos. Fracture risk among First Nations people: a retrospective matched cohort study. *Canadian Medical Association Journal*. 12 Oct 2004, Vol 171(8):869-73.

<sup>4</sup> Royal Commission on Aboriginal Peoples. *Report of the Royal Commission of Aboriginal Peoples*. 1996. p.148.

<sup>5</sup> First Nations Regional Health Survey National Steering Committee. *First Nations Regional Longitudinal Health Survey 2002/2003 The Peoples Report*. National Aboriginal Health Organization. 2005. p.23.

<sup>6</sup> T. Kue Young. Review of research on Aboriginal populations in Canada: relevance to their health needs. *BMJ*. Vol. 327, 23 August 2003. p.419-22.

<sup>7</sup> Health Canada. *Unintentional and Intentional Injury Profile for Aboriginal People in Canada 1990-1999*. Minister of Public Works and Government Services Canada, 2001. p. vi.

- First Nations adults reported injuries requiring treatment; a rate two times the Canadian average.<sup>8</sup>
- Health experts maintain that inadequate housing can be associated with a host of health problems. For example, crowded living conditions can lead to the transmission of infectious diseases such as tuberculosis and hepatitis A, and can also increase risk for injuries, mental health problems, family tensions and violence.<sup>9</sup>

## What are injuries?

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According to the World Health Organization (2002), an injury is defined as “physical damage to the body. Injuries may result from “road traffic collisions, burns, falls, poisonings and deliberate acts of violence against oneself or others. More technically speaking, injuries result from acute exposure to various kinds of energy – mechanical, thermal, electrical, chemical or radiant – in amounts that exceed the threshold of physiologic tolerance”.<sup>10</sup>

Injuries are divided into two categories: “unintentional injuries,” that include most injuries resulting from traffic collisions, burns, falls, and poisonings; and “intentional injuries” that are injuries resulting from deliberate acts of violence against oneself or others.<sup>11</sup>

Unintentional injuries may include: poisoning; firearm related – hunting injuries; suffocation; motor vehicle accidents; skidoo vehicle accidents; bicycle accidents; water related deaths and injuries; fire deaths and injuries; traffic related deaths and injuries; dog /animal injuries; falls/ hip fractures; sports injuries; impaired driving; playground injuries; and, spinal cord injuries.

Intentional injuries may include: homicides; physical assault (by partner or stranger); physical fighting; rape or attempted rape; sexual assault and violence; child abuse / child maltreatment; shooting; and, suicide.

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<sup>8</sup> First Nations Regional Health Survey National Steering Committee. *First Nations Regional Longitudinal Health Survey 2002/2003 The Peoples Report*. National Aboriginal Health Organization. 2005. p.22.

<sup>9</sup> Health Canada. *A second diagnostic on the health of First Nations and Inuit people in Canada*. Ottawa: Health Canada, 1999. p.14

<sup>10</sup> World Health Organization. 2001. Facts about Injuries: Preventing Global Injuries. Department of Injuries and Violence Prevention & NMH Communications,

<sup>11</sup> World Health Organization. 2001. Facts about Injuries: Preventing Global Injuries. Department of Injuries and Violence Prevention & NMH Communications,



Injuries may result in real life consequences of injuries such as death or disability. The effects of disabilities resulting from injuries may also lead to depression, alcohol and substance abuse, eating and sleeping disorders and a range of unhealthy activities.

In recent years, injuries are no longer being seen as simply unavoidable accidents. They are being viewed as largely preventable.<sup>12</sup> Additional resources and research is needed on First Nations Injury and Injury Prevention. More information is needed on effective community-based injury prevention programs and surveillance systems to reduce the burden of injuries among First Nations.

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<sup>12</sup> World Health Organization. *Injury: A Leading Cause of the Global Burden of Disease 2000*. Geneva, Switzerland. 2002. p. 1.

# Literature Sources

## PROVINCIAL/TERRITORIAL

### ***Aboriginal People in Manitoba 2000. Manitoba. Canada.***

**Summary:** This document is a joint initiative of Canada and the Province of Manitoba. It provides a snapshot of Manitoba's Aboriginal population in the late 1990s and is intended to: serve as a resource for policy makers; provide general information for those who want to learn about Aboriginal Manitobans; provide factual information to aid in eliminating misinformation and stereotypes; and provide baseline information for measuring program results.

### ***Aboriginal Occupant Restraint Toolkit. Insurance Corporation of British Columbia, 2005. Website: [http://www.cha-bc.org/index\\_main.htm](http://www.cha-bc.org/index_main.htm)***

**Summary:** This Toolkit was produced to assist Aboriginal communities interested in organizing seat belt awareness programs. It offers practical guidance to communities on education, publicity, enforcement, and incentive campaigns. This Toolkit was produced by the Insurance Corporation of British Columbia, in partnership with Health Canada, Community Health Associates of B.C., the B.C. Ministry of Health Services, and the First Nations Chiefs' Health Community.

### ***Alberta Centre for Injury Control and Research. Fact Sheet: First Nations Injuries. March 2002. Website: <http://www.med.ualberta.ca/acicr/index.htm>***

**Summary:** This fact sheet provides information on First Nations injuries in Canada and Alberta. It was done by the Alberta Centre for Injury Control and Research, in partnership with Health Canada Medical Services Branch and Alberta Municipal Affairs.

### ***Alberta Centre for Injury Control and Research. Injury-Related Health Services Use by First Nations in Alberta: Hospital Admissions, 2000 and Emergency Department Visits, 2000. December 2005. Website: <http://www.med.ualberta.ca/acicr/index.htm>***

**Summary:** This report examines injury-related health services use (hospital admissions and emergency department visits) by First Nations residents compared to injury related health services use by matched non-First Nations residents. The objective is to support local stakeholders in the development of coordinated, evidence-based programs and strategies to reduce and prevent injuries through disseminating injury data.

**Barrs, Peter. *Research and Community FACT. Cree Board of Health and Social Services of James Bay, the Direction de la santé publique de Montréal-Centre, the ministPre de la Santé et des Services sociaux du Québec (public Health Grants Program), Quebec. 1998.***

**Summary:** Includes a series of fact sheets as useful resources, which provide injury prevention information on several topic areas. Each fact sheet describes the injury problem by using data specific to the Cree communities of Eeyou Istchee in Québec. They also provide practical information on how to prevent such injuries. These fact sheets were prepared and distributed as part of an Injury Prevention Series and are titled as follows: Suicide in Cree Communities of Eastern James Bay: A ten year study; Injuries from falls in Cree communities of Eeyou Istchee, Québec, Canada: A ten year study; Drowning deaths among the Cree of Eeyou Istchee, Québec, Canada: A ten year study; and, Injuries from guns in Cree communities of Eeyou Istchee, Québec, Canada: A ten year study.

***BC First Nations Health Handbook: A Companion document to the BC Health Guide. British Columbia. Website: <http://www.healthservices.gov.bc.ca/aboriginal>***

**Summary:** This handbook was created by the BC Ministry of Health Planning in partnership with the First Nations Chiefs' Health Committee to assist First Nations families and communities with their healthcare. This handbook is meant as a user-friendly health guide reference for First Nations communities. It addresses the unique health care challenges of First Nations and share resources to aid the process of self-determination with respect to health.

**BC Injury Research and Prevention Unit . *Injuries Among First Nations People within British Columbia. First Nations & Inuit Health Branch Pacific Region, Health Canada. March 2006. Website: <http://www.healingourspirit.org/pages/programs/08injuryprevention/08index.php>***

**Summary:** This report provides mortality and hospitalization data describing injuries among First Nations people in B.C. and compares their injury rates with those of the other residents of B.C. The injury trends and patterns among B.C.'s First Nations people are described, as well as the leading causes of injury mortality and hospitalization. Recommendations for the prevention of injury among First Nations people are provided, aimed at organizations and agencies that can support injury prevention through policy, infrastructure, resource and programming.

**BC Injury Research and Prevention Unit. *Injury Prevention Fact Sheets. Website: <http://www.healingourspirit.org/pages/programs/08injuryprevention/08index.php>***

**Summary:** This is a series of 13 Fact Sheets on the following topics: 1) Injury

Prevention for Children & Youth; 2) Injury Prevention for Seniors; 3) Motor Vehicle Crash & Injury Prevention; 4) Falls Injury Prevention; 5) Poisoning Prevention; 6) Drowning Prevention; 7) Fire & Burn Prevention; 8) Alcohol & Injury Prevention; 9) Violence Prevention; 10) Suicide Prevention; 11) Injury Prevention in Aboriginal Communities; 12) Community-Based Injury Surveillance; and 13) Injury Prevention.

**British Columbia, Provincial Health Officer. *Report on the Health of British Columbians Provincial Health Officer's Annual Report 2001: The Health and Well-being of Aboriginal People in British Columbia.* Victoria, B.C: Ministry of Health Planning, 2002. Website:**

<http://www.healthservices.gov.bc.ca/aboriginal/>

**Summary:** This report provides an update on the progress towards improving the health of Aboriginal peoples, as well as information to support development of specific objectives and targets for Aboriginal health. In addition, this report features examples of programs and strategies that are innovative and effective in improving the health of Aboriginal people, in British Columbia or elsewhere in the world. The report was developed with input and assistance from the Provincial Aboriginal Health Services Strategy Steering Committee, other Aboriginal groups and organizations, and others involved in the Aboriginal health field.

**Cree Board of Health. *Injury Series (Ten Year Studies on Injuries From Guns) (Injuries from Falls)* Regional De la Sante Des and Services. 1998.**

**Summary:** This fact sheet was created after a ten year study giving relevant information on injuries from guns in the Cree communities of Eeyou Istchee Quebec. The purpose is to distribute a tool with practical information on how to prevent these type of injuries.

**Daojun Mo. Injury mortality risk assessment and targeting the subpopulations for prevention in the Northwest Territories, Canada. *International Journal of Circumpolar Health.* 2001 Aug; 60(3):391-9. Website:**

[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list\\_uids=11590879&dopt=Abstract](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11590879&dopt=Abstract)

**Summary:** The intention of this case study is to provide information on the high numbers on injury mortality within the population in the Northwest Territories and to initiate injury programs in their communities. The high rate of injury mortality within these people, and even at greater risk for males over age 14, living in remote communities, living in the far north, and being aboriginal, justifies the need to improve prevention programs of injury mortality in isolated communities.

**Faelker, T., Pickett, W., and R. Brison. Socioeconomic differences in childhood injury: a population based epidemiologic study in Ontario, Canada. *Injury Prevention* 2000;6:203-208. Website:**  
<http://ip.bmjournals.com/cgi/content/short/6/3/203>

**Summary:** This article provides the findings of a study to determine whether risks for childhood injury vary according to socioeconomic gradients. Their findings indicated a consistent relation between poverty and injury. Socioeconomic differences in childhood injury parallel mortality and morbidity gradients identified in adult populations. The results suggest the need for targeted injury prevention efforts among children from economically disadvantaged populations, although the exact requirements of the optimal prevention approach remain elusive.

**Health Canada. *Injuries Among Saskatchewan First Nations: An Analysis of 1997/98 Hospital and 1998/99 Physician.***

**Summary:** This report is the first of its kind in Canada to use and report on First Nations injury morbidity data.

**IMPACT The Injury Prevention Centre of Children's Hospital. *IMPACT on Injuries: Manitoba's Injury Prevention Newsletters.* Website:**  
<http://www.hsc.mb.ca/impact/publications.htm>

**Summary:** Spring 2004 – Injuries & First Nations People; Winter 2004-2005 Injuries & First Nations People: Drowning; Winter 2004-2005 Injuries & First Nations People: Falls, Injuries and Deaths; Winter 2004-2005 Injuries & First Nations People: Motor Vehicle Collisions; and Winter 2004-2005 Injuries & First Nations People: Fire and Burn Injuries

**IMPACT The Injury Prevention Centre of Children's Hospital. *Manitoba Aboriginal Injury Prevention Strategy (Draft). 2002.* Website:**  
[http://www.hsc.mb.ca/impact/aboriginal\\_injury\\_preve.htm](http://www.hsc.mb.ca/impact/aboriginal_injury_preve.htm)

**Summary:** This draft was created by the Ad-hoc Injury Prevention Committee of the Manitoba Community Wellness Working Group (MCWWG) in 2002 to approach the matter of intentional and unintentional injuries in Manitoba and to provide information. Their goal is to; present draft of the *Aboriginal Injury Prevention Strategy* to the Manitoba Community Wellness Working Group for review and comment, to choose and recommend an infrastructure option to support the establishment of a First Nations-centered injury prevention body and to develop objectives, key activities and timelines associated with the selected infrastructure option which are all enumerated in this draft.

**The Injury Prevention Centre of Alberta, now known as the Alberta Centre for Injury Control and Research. *Aboriginal Injury Surveillance Tool*. 1998**

**Summary:** This document resulted from a pilot project that tested an injury surveillance tool for use by Aboriginal communities that was practical, appropriate and community-based. The project resulted from a need to address the limited availability of timely and relevant injury data to guide injury prevention programming efforts at the community level. The Aboriginal Injury Surveillance Tool was designed to enable communities to independently collect and analyze injury-related data specific to their community. Through monitoring injury problems, communities will increase their knowledge and understanding of injury circumstances by knowing when, where, why and to whom injuries are happening.

**Injury Prevention Centre of Alberta, now known as the Alberta Centre for Injury Control and Research. *Injury Prevention: A Guide for Aboriginal Communities*. 1995. Website:**

**Summary:** This document is a practical resource manual that examines the issues surrounding injuries. It was developed and distributed as a national resource addressing a national need for capacity building in injury prevention through education. It outlines ten steps to community-based injury prevention programming, as well as, provides descriptions of two community-based injury prevention initiatives addressing the problems of suicide and drowning.

**Injury Prevention Centre of Alberta, now known as the Alberta Centre for Injury Control and Research. *Injury Prevention Resources for Aboriginal Communities*. 1995.**

**Summary:** This document provides a directory of key resource documents and materials from provincial and national organizations involved and or supportive of injury prevention activities. The purpose of this document is to assist practitioners in communities in obtaining culturally relevant injury prevention and community development resources in Canada.

**Karmali, S., Lauplaud, K., Harrop, A.R., Findlay, C., Kirkpatrick, A., Winston, B., Kortbeek, J., Crowshoe, and M. Hameed. Epidemiology of severe trauma among status Aboriginal Canadians: a population-based study. *Canadian Medical Association Journal*. 12 April 2005, Vol 172 (8):1007-1011. Website: <http://www.cmaj.ca/cgi/content/abstract/172/8/1007>**

**Summary:** This research was completed by health professionals. They compiled significant statistics associated to trauma affecting Aboriginal Canadians and the population of Calgary's Health Region.

Leslie, W., Derksen, S., Metge, C., Lix, L., Salamon, E., Steiman, P., and L. Roos. **Fracture risk among First Nations people: a retrospective matched cohort study.** *Canadian Medical Association Journal*. 12 Oct 2004, Vol 171(8):869-73  
Website: <http://www.cmaj.ca/cgi/content/full/171/8/869>

**Summary:** This research provides information on the risk of fractures among First Nations in the province of Manitoba as compared to the non-First Nations population. Results revealed that First Nations people had significantly higher rates of any fracture.

**Many Guns Traditional Consulting.** *Urban Aboriginal Injury and Injury Prevention Study.* Aboriginal Health Council Aboriginal Injury Prevention Committee. July 2002. Website: <http://www.crha-health.ab.ca/aboriginal/Injury%20Study.htm>

**Summary:** This report provides an analysis of information about urban Aboriginal injuries in the Calgary, including the Tsuu T'ina Reserve. It examines trends, where possible, for injury rates, type and nature of injury for both intentional and unintentional injury. It includes a literature review and identifies all relevant major reports on Aboriginal and First Nations injuries. This report also presents and summarizes injury prevention strategies directed to Aboriginal communities provincially, nationally and internationally.

**Northwest Territories Health and Social Services.** *Injury in the Northwest Territories: A Descriptive Report.* November 2004.

**Summary:** This report is intended to provide insight into the incidence and patterns of injury in the Northwest Territories. It is not meant to be exhaustive in the analysis of the data, but rather aims to provide a look at the extent and nature of injuries in the Northwest Territories. It indicates the extent to which injuries are a public health problem in the territory, injuries are compared to other causes of death and hospitalization. Moreover, mortality and hospitalization rates for unintentional and intentional injuries are compared with Canadian rates.

**Trumper Consulting Services.** *Health Status and Health Needs of Aboriginal Children and Youth Literature Review.* Southern Alberta Child & Youth Health Network and the Calgary Health Region Aboriginal Health Program. August, 2004. Website: <http://www.calgaryhealthregion.ca/hecomm/aboriginal/aboriginal.htm>

**Summary:** This review synthesizes current literature on the health of Aboriginal children and youth in Canada with a focus on the southern Alberta area. It was commissioned by

the Southern Alberta Child & Youth Health Network (SACYHN) and the Calgary Health Region – Aboriginal Health Program (AHP). Contextual information was provided, current health status information was reviewed, and factors contributing to health status were discussed. Promising strategies, recommendations from the literature and areas for further study were identified.

## NATIONAL

**Auer, A.M., and R. Andersson. Canadian Aboriginal communities: a framework for injury surveillance. *Health Promotion International*, Vol. 16, No. 2; 2001:169-77. Oxford University Press. 2001. Website:**  
<http://heapro.oxfordjournals.org/cgi/content/full/16/2/169>

**Summary:** This study addresses the injury data deficiency facing Canadian Aboriginal communities. The study proposes an Aboriginal injury surveillance model to enable community action that is based on community ownership and management of its injury surveillance system, in partnership with data sources. The research explains numerous factors that account for why Aboriginal communities have minimal or no access to resources.

**Caron, N. Getting to the root of trauma in Canada's Aboriginal population. *Canadian Medical Association Journal*. 12 April, 2005 Vol 172 (8):1023-23. Website:** <http://www.cmaj.ca/cgi/content/full/172/8/1023>.

**Summary:** This article refers to Aboriginal Canadians and issues that influence injury and illness in their communities. The statistics in this study show that these individuals are at higher risk than most people. The goal of this study is to sensitize health care professionals and researchers to facilitate Aboriginal communities while giving accurate components regarding data sources to prevent traumatic injury and death in these specific communities.

**Department of Indian and Northern Affairs Development. *Gathering Strength: Canada's Aboriginal Action Plan*. Ottawa, Canada. 1998. Website:**  
[http://www.ainc-inac.gc.ca/gs/chg\\_e.html](http://www.ainc-inac.gc.ca/gs/chg_e.html)

**Summary:** This publication was intended to regenerate the relationship with the Aboriginal people of Canada by its principles: mutual respect, mutual recognition, mutual responsibility and sharing. The action plan acknowledges mistakes and injustices of the past; moves to a Statement of Renewal that expresses a vision of a shared future for Aboriginal and non-Aboriginal people; and synopsis four key objectives for action to begin immediately. It is viewed as an essential key to establish efficient working relationships between the Government of Canada and Aboriginal people: "Partnership".



**Durst, Douglas. *Urban Aboriginal Persons with Disabilities: Triple Jeopardy*. Regina. University of Regina. 2001. Website:**

<http://www.google.ca/search?hl=en&sa=X&oi=spell&resnum=0&ct=result&cd=1&q=douglas+durst+and+urban+aboriginal+persons+with+disabilities&spell=1>

**Summary:** This major project was created to resolve issues regarding Aboriginal/ First Nations urban disabled persons by giving four specific courses of action to gain accessibility to health and social services in their community. With these realistic steps, they have a high chance to gain independency and enhance their lifestyle.

**First Nations and Inuit Regional Health Survey National Steering Committee. *First Nations and Inuit Regional Longitudinal Health Survey National Report 1999*. National Aboriginal Health Organization. Ottawa 1999. Website:**

[http://www.naho.ca/firstnations/english/initial\\_data1997.php](http://www.naho.ca/firstnations/english/initial_data1997.php)

**Summary:** The objectives of this report are for a better understanding of the changes of lifestyles and social environments within First Nations and Inuit people in Canada and to improve the health status in their communities. To do so, longitudinal health studies (studies that are designed to follow a group of people over a long period of time) were done specifically to the First Nations living on reserves, and Inuit communities in the provinces. Fundamental topics correspond to the report such as 1) Children Health, 2) An Examination of Residential Schools and Elder Health, 3) Chronic Diseases, 4) Tobacco Report, 5) Activity Limitations and the need for Continuing, 6) The Search of Wellness, 7) Health and Dental Services for Aboriginal People.

**First Nations Regional Health Survey National Steering Committee. *First Nations Regional Longitudinal Health Survey 2002/2003 The Peoples Report*. National Aboriginal Health Organization. 2005. Website:**

[http://www.naho.ca/firstnations/english/regional\\_health.php](http://www.naho.ca/firstnations/english/regional_health.php)

**Summary:** This report is a summary of the information gathered from the First Nations Regional Health Survey (RHS) 2002/03. It provides health information on adults, youth and children. The information is presented in the context of a culturally appropriate First Nations interpretive framework. This report is intended to be user-friendly and useful for communities. The RHS is a First Nations designed and controlled survey that was completed in August 2002 and November 2003. Specific questions were asked in those regions of life that are associated to the health of First Nations Peoples. The survey intends to support First Nations health by providing scientifically and culturally valid information. Its primary goal is to improve First Nations health. A specific section on injuries among First Nations is included in their text. Over 22 000 First Nations were surveyed (adult, children, youth) about their health from 238 First Nations communities across Canada.

**Health Canada. *Acting on what we know: preventing youth suicide in First Nations*. 2003. Website: [http://www.hc-sc.gc.ca/fnih-spni/pubs/suicide/prev\\_youth-jeunes/index\\_e.html](http://www.hc-sc.gc.ca/fnih-spni/pubs/suicide/prev_youth-jeunes/index_e.html)**

**Summary:** This voluminous report discloses explanations and prevention tools in relation with suicidal acts regarding First Nations youth. Statistics confirm the high rate of suicide among this age group in comparison with non-Aboriginal people. The Suicide Prevention Advisory Group developed four main themes of recommendations to help cease youth suicides occurring in First Nations communities across Canada. Numerous appendices are included in this report that demonstrate examples of proposed suicide prevention programs and much more.

**Health Canada. *A second diagnostic on the health of First Nations and Inuit people in Canada*. Ottawa: Health Canada, 1999. Website:**

**Summary:** This document aims primarily to describe the health status of First Nations and Inuit people across the country, thereby raising awareness of some of the key issues that have an impact on the health of that population. Analysis of key health indicators and determinants may also provide direction to Federal and Provincial governments, Aboriginal organizations and other organizations interested in Native health issues in identifying needs, setting goals and priorities, developing programs and services, and formulating policies.

**Health Canada. *A Statistical Profile on the Health of First Nations in Canada for the year 2000*. 2005. Website: [http://www.hc-sc.gc.ca/fnih-spni/pubs/gen/stats\\_profil\\_e.html](http://www.hc-sc.gc.ca/fnih-spni/pubs/gen/stats_profil_e.html)**

**Summary:** This report aims to improve First Nations health by maximizing available information to health professionals, researchers, community leaders and policy makers. The incorporation of detailed statistics and diagrams represent various health related topics. The study also examines some sensitive aspects such as, high rates of tobacco use and incidence of injury among First Nations as well as non-medical factors affecting their health: education, employment, housing conditions, water quality and sewage treatment.

**Health Canada. *First Nations and Inuit Injury Prevention Initiatives: Best Practices in the Making*. Ottawa, Canada. 2001. Website: [http://www.hc-sc.gc.ca/fnih-spni/pubs/injury-bless/2001\\_prevention/index\\_e.html](http://www.hc-sc.gc.ca/fnih-spni/pubs/injury-bless/2001_prevention/index_e.html)**

**Summary:** This report presents the National First Nations and Inuit Injury Prevention Framework as an essential guide for planning discussions and decision-making activities. Four keys areas of focus include: injury data; capacity building, communication and research. The framework focuses on community as the primary beneficiary and essential

stream of all efforts and accomplishments for injury prevention specifically towards the First Nations and Inuit population.

**Health Canada. *Keeping Track: Looking at Injuries and how they can be prevented.* Ministry of Public Works and Government Services Canada, 2002. Website: [http://www.hc-sc.gc.ca/fnih-spni/pubs/injury-bless/2002\\_prev/index\\_e.html](http://www.hc-sc.gc.ca/fnih-spni/pubs/injury-bless/2002_prev/index_e.html)**

**Summary:** This brief document includes relevant information on injury prevention. It focuses on how injury surveillance “information gathering system” can be helpful within communities. Injury surveillance works on four related parts: 1) Collecting Injury Information 2) Analyzing the Information 3) Interpreting and Understanding Information and 4) Getting Information to People in Your Community.

**Health Canada. *Unintentional and Intentional Injury Profile for Aboriginal People in Canada 1990-1999.* Minister of Public Works and Government Services Canada, 2001. Website: [http://www.hc-sc.gc.ca/fnih-spni/pubs/injury-bless/2001\\_trauma/index\\_e.html](http://www.hc-sc.gc.ca/fnih-spni/pubs/injury-bless/2001_trauma/index_e.html)**

**Summary:** The purpose of this document is to present information on injury-related mortality and morbidity within Aboriginal people, to show trends, and to compare injury rates and patterns with those of the non-Aboriginal population in Canada. It mainly includes information on Aboriginal people in general, but does include a section specifically on First Nations.

**McDonald, R.J. *Injury Prevention and First Nations: A Strategic Approach to Prevention.* Assembly of First Nations Health Secretariat. March 2004. Website: not posted**

**Summary:** This document provides a First Nations perspective and understanding of the meaning of injury. The document includes information on the different types of injuries, definitions, statistics, and a variety of sources. It serves as valuable resource and learning tool for First Nations on injury prevention. It supports that injury is the leading cause of death among First Nations people.

**National Association of Friendship Centres. *Urban Aboriginal Families of Children with Disabilities: Social Inclusion or Exclusion. Participatory Research: Working Together for the Inclusion of Aboriginal Families of Children with Disabilities.* Ottawa, Ontario. Feb 2006. Website: <http://www.nafc-aboriginal.com/>**

**Summary:** This document includes important information on urban Aboriginal families

of children with physical disabilities. The research focused on site visits and interviews in major Canadian cities including Regina, Montreal, Toronto, Vancouver and Halifax. It includes practical solutions for policy makers and service providers to help eliminate or overcome these obstacles

**National Indian and Inuit Community Health Representatives Organization (NIICHRO). First National Aboriginal Injury Prevention Conference 2004 held in Winnipeg. *In Touch- Injury Prevention*. Vol. 28, Fall Issue. Ottawa, Ontario. 2004. Website: <http://www.niichro.com/library.html#anchor327987>**

**Summary:** This newsletter is a brief documentation on intentional and unintentional injuries, showing statistics, stating strategies, presentations, graphics and much more that were introduced during the conference. It is an outcome of the First National Aboriginal Injury Prevention Conference held in Winnipeg from June 9<sup>th</sup> to June 12<sup>th</sup>, 2004.

**NIICHRO. New Approaches to Injury Prevention. *In Touch - Injury Prevention*. Vol. 7 No.3 Winter Issue. Ottawa, Ontario. 1997. Website: <http://www.niichro.com/Injury/Injury1.html>**

**Summary:** This newsletter on injury prevention contains a few explanations on injury prevention techniques, risk factors, strategies to injury prevention and a table demonstrating the rates of deaths of status Indians from injury.

**NIICHRO. Accidents Waiting to be Prevented. *In Touch - Injury Prevention*. Vol. 7 No.3 Winter Issue. Ottawa, Ontario. 1997. Website: <http://www.niichro.com/Injury/Injury2.html>**

**Summary:** This newsletter focuses on unintentional injuries among Aboriginal people and prevention programs that can minimize these type of injuries. It presents information on the leading causes of unintentional injury and includes a brief explanation of each cause.

**NIICHRO. Intentional Injuries: Suicide. *In Touch - Injury Prevention*. Vol. 7 No.3 Winter Issue. Ottawa, Ontario. 1997 Website: <http://www.niichro.com/Injury/Injury3.html>**

**Summary:** This newsletter focuses on intentional injuries such as suicide among Aboriginal people. It includes a short story on the suicide incidents that happened in Big Cove in 1992 and 1993, and the actions that their community performed to prevent these incidents in their environment. This newsletter also gives a profile of a typical suicidal victim, statistics, community problems and solutions, a list of prevention projects in

aboriginal communities that have shown most success and an identified list of warning signs of suicide.

**NIICHR0. Intentional Injuries: Family Violence. *In Touch - Injury Prevention*. Vol. 7 No.3 Winter Issue. Ottawa, Ontario. 1997 Website:**  
<http://www.niichro.com/Injury/Injury4.html>

**Summary:** This newsletter addresses family violence. Its main intention is to provide information on intentional injuries to spouses/partners, children (including several risk factors for fatal child abuse), and elder abuse. It also provides information on existing programs and projects.

**NIICHR0. Injury Prevention Needs Assessment. *In Touch - Injury Prevention*. Vol. 7 No.3 Winter Issue. Ottawa, Ontario. 1997. Website:**  
<http://www.niichro.com/Injury/Injury5.html#anchor38541>

**Summary:** This newsletter presents information from a report produced by NIICHR0 titled *Injury Prevention Needs Assessment*. The needs assessment was conducted from December 1<sup>st</sup>, 1996 to January 6<sup>th</sup>, 1997 with the goal of collecting information about injury prevention programs and training needs in their area.

**NIICHR0. Injury Prevention. *In Touch – What are we Doing about Injury Prevention*. Vol. 18 Winter Issue. Ottawa, Ontario. 2001. Website:**  
[http://www.niichro.com/injury\\_b/injury\\_b10.html](http://www.niichro.com/injury_b/injury_b10.html)

**Summary:** This newsletter is centered on intentional and unintentional injuries within Aboriginal communities worldwide. This issue is published with such importance due to the fact that Aboriginal people have a higher rate of injuries in comparison with the rest of the population, it is shown in this newsletter by phenomenal statistics.

**NIICHR0. Injury Prevention Projects. *In Touch – What are we Doing about Injury Prevention*. Vol. 18 Winter Issue. Ottawa, Ontario. 2001. Website:**  
[http://www.niichro.com/injury\\_b/injury\\_b11.html](http://www.niichro.com/injury_b/injury_b11.html)

**Summary:** This newsletter focuses on injury prevention projects. It makes note that many awareness projects are centered on Aboriginal people and not particularly concentrated on First Nations and Inuit people in Canada. It includes a list of national milestones that are centered on establishing impulse among First Nations and Inuit people. The national milestones incorporate workshops, reference documents and guides, projects and conferences. They also provide information on existing successful youth programs on injury prevention.

**NIICHRO. Injury-Related Deaths in Aboriginal Peoples in Canada. *In Touch - FAS/FAE -Fetal Alcohol Syndrome/Effects*. Vol. 21, Winter Issue. Ottawa, Ontario. 2001. Website: [http://www.niichro.com/fas/fas\\_14.html](http://www.niichro.com/fas/fas_14.html)**

**Summary:** This newsletter created by the National Indian and Inuit Community Health Representatives Organization (NIICHRO). Injuries are common causes to death among Aboriginal people. The purpose of this newsletter is to hand out information to the public on the primary factors of intentional and unintentional injuries that can lead to death and are described briefly while including interesting statistics specific to Aboriginal people.

**NIICHRO. Falls and the Elderly. *In Touch – Inspired by Elders*. Vol. 27, Summer Issue. Ottawa, Ontario. 2004. Website: [http://www.niichro.com/inspired/ibe\\_7.html](http://www.niichro.com/inspired/ibe_7.html)**

**Summary:** This newsletter includes an article specifically on falls. Falls are common injuries affecting elders. It explains why the elderly are more at risk for falls and provides pointers on what can be done to prevent such falls. Information is also included on the Falls Prevention Project in Ontario.

**NIICHRO. *Towards Community Action on Aboriginal Injuries: First Nations Aboriginal Injury Prevention Conference June 9-12, 2004, Winnipeg, Manitoba, Canada*. Kahnawake, Quebec. September 2005. Website: not posted.**

**Summary:** In 2005, a complete report was completed by NIICHRO which includes highlights from the First National Aboriginal Injury Prevention Conference that was held in Winnipeg Manitoba from June 9<sup>th</sup> to June 12<sup>th</sup>, 2004. The purpose of this report is to provide a reference and guiding tool available to the public on this significant issue.

**National First Nations and Inuit Injury Prevention Working Group. Meeting Briefs. June 7-8, 2000 Ottawa; February 6-7, 2001 Ottawa; June 21-22, 2001 Ottawa; and October 11-12, 2001 Ottawa. Website: [http://www.hc-sc.gc.ca/fnih-spni/pubs/promotion\\_e.html#injury-bless\\_meetings-reunion](http://www.hc-sc.gc.ca/fnih-spni/pubs/promotion_e.html#injury-bless_meetings-reunion)**

**Summary:** These include summaries of the meetings of the National First Nations and Inuit Injury Prevention Working Group including June 7-8, 2000; February 6-7, 2001; June 21-22, 2001; and October 11-12, 2001. The issue of injuries and injury prevention among First Nations and Inuit communities is addressed.

**Pless, B., and W. Millar. *Unintentional Injuries in Childhood: Results from Canadian Health Surveys*. Health Canada. 2000. Website: <http://www.phac-aspc.gc.ca/dca-dea/pdfa-zenglish.html>**

**Summary:** The principal goal of this report is to describe what has been learned about childhood injuries from recent Canadian health surveys. Four national population based surveys have been analyzed to this end – the General Social Survey (GSS), the National Population Health Survey (NPHS), the National Longitudinal Survey of Children and Youth (NLSCY), and the Health Promotion Survey (HPS). Information from these studies is analyzed to permit a description of the characteristics of the children who are injured and the circumstances of their injuries. A secondary goal is to obtain some further details about possible risk factors. The ultimate objective, of course, is for these data to help inform policies and programs aimed at prevention. Finally, we hope that these analyses will underscore some of the shortcomings in how these surveys deal with the problem of injuries so that these limitations can be overcome in the future.

**Public Health Agency website information on Injury Prevention. <http://www.phac-aspc.gc.ca/inj-bles/index.html>**

**Summary:** This website is completed with relevant information on injury prevention. It includes facts, information on childhood, adolescence and senior injuries and ways to cease such trauma. A few prevention centers are numerated as well.

**Royal Commission on Aboriginal Peoples. *Report of the Royal Commission of Aboriginal Peoples*. 1996. Website: [http://www.ainc-inac.gc.ca/ch/rcap/index\\_e.html](http://www.ainc-inac.gc.ca/ch/rcap/index_e.html)**

**Summary:** This book introduces you to some of the main themes and conclusions in the final report of the Royal Commission on Aboriginal Peoples. That report is a complete statement of the Commission's opinions on, and proposed solutions to, the many complex issues raised by the 16 point mandate set out by the government of Canada in August 2001. It was not possible to include in this book the great wealth of information, analysis, proposals for action and recommendations that appear in the report. Each of five volumes presents the Commission's thoughts and devoted the major topics such as treaties, economic development, health, housing, Métis perspectives, and the North. Volume 5 draws all the recommendations together in an integrated agenda of change. The five volumes are entitled: 1) Looking Forward, Looking back, 2) Restructuring the Relationship, 3) Gathering Strength, 4) Perspectives and Realities, 5) Renewal: A Twenty-year Commitment. The five chapters in this book correspond to the five volumes of the report.



**Saylor, K. Injuries in Aboriginal children. *Paediatrics and Child Health* Vol. 9, No. 5 May/June 2004:312-14. Website:**  
[http://www.pulsus.com/Paeds/09\\_05/Pdf/sayl\\_ed.pdf](http://www.pulsus.com/Paeds/09_05/Pdf/sayl_ed.pdf)

**Summary:** This article was formulated by an Aboriginal pediatrician. It includes information on the epidemiology of injuries among Aboriginal children, the causes of injuries and intentional injuries among this population with explanations of such high rates and the implications for practitioners. All this information is to sensitize the public and health professionals on the safety of Aboriginal children.

**Smart Risk. *Ending Canada's Invisible Epidemic: A Strategy for Injury Prevention.* 2005. Website:** <http://www.timeforaction.ca>

**Summary:** This paper sets out the rationale for a pan-Canadian injury prevention strategy, examines successful approaches in other jurisdictions to reducing the incidence of injury, and makes recommendations for the strategy's components in the areas of leadership structures, surveillance, research, policy development, public information and education, and prevention programming.

**Statistics Canada. *Aboriginal Peoples Survey 2001 - Initial findings: Well-being of the non-reserve Aboriginal population.* (Catalogue no. 89-589-XIE). Ottawa ON: Ministry of Industry. 2003. Website:** <http://www.statcan.ca/cgi-bin/downpub/listpub.cgi?catno=89-589-XIE2003001>

**Summary:** This report is a statistical portrait of the well-being of the Aboriginal population living in non-reserve areas across Canada. It applies various indicators such as physical, mental/intellectual, emotional and spiritual aspects of well-being.

**Statistics Canada. *The health of the off-reserve Aboriginal population.* Health Reports (supplement) Vol. 13, 2002. Website:**  
<http://www.statcan.ca/Daily/English/020827/d020827a.htm>

**Summary:** This report compares off-reserve Aboriginal population with the rest of the Canadian population in terms of health status, health behaviors, and health care utilization. Compiled statistics are used to have accurate outcomes on these health issues.

**Stout, M.D. and G.D. Kipling. *Emerging priorities for the health of First Nations and Inuit Children and Youth.* 1999. Website:** [http://www.hc-sc.gc.ca/fnih-spni/pubs/develop/1999\\_priorit-child-enfant/index\\_e.html](http://www.hc-sc.gc.ca/fnih-spni/pubs/develop/1999_priorit-child-enfant/index_e.html)

**Summary:** This document focuses on improving the health and well-being of First Nations and Inuit children and youth. This document inquires key health issues and concerns pertaining to this particular population. Reviewing, synthesizing and analyzing



relevant documents and recommendations that have been produced in recent years by federal, provincial and territorial governments, First Nations and Inuit organizations, and NGOs are present in this issue, and identifying current and emerging opportunities for action that will serve to enhance the health and well-being of First Nations and Inuit children and youth.

**National Clearinghouse on Family Violence. *Beginning a Long Journey: A Review of Projects Funded by the Family Violence Prevention Unit, Health Canada, Regarding Violence in Aboriginal Families.* Ministry of Public Works and Government. 1997. Website: [http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/famvio\\_e.html](http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/famvio_e.html)**

**Summary:** The National Clearinghouse on Family Violence is a Canadian national resource center for information on family violence. Their duties are to collect, develop and disseminate resources on prevention, protection and treatment. Their goal is to increase awareness in Canadian communities. This report demonstrates the outcome of 15 projects that were created and put together by Aboriginal people.

**National Clearinghouse on Family Violence. *Family Violence in Aboriginal Communities: An Aboriginal Perspective.* 1997. Website: [http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/famvio\\_e.html](http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/famvio_e.html)**

**Summary:** The National Clearinghouse on Family Violence is a Canadian national resource center for information on family violence. Their duties are to collect, develop and disseminate resources on prevention, protection and treatment. Their goal is to increase awareness in Canadian communities. This paper introduces family violence in Aboriginal communities. It outlines how several Aboriginal communities approach the issue and label factors that can give opportunities on improving this matter within their population.

**Young, T. Kue. Review of research on Aboriginal populations in Canada: relevance to their health needs. *BMJ.* 23 August 2003: Vol. 327:419-422. 2003. Website: <http://bmj.bmjournals.com/content/vol327/issue7412/#PAPERS>**

**Summary:** The main purpose of this paper is to determine whether or not health research adequately examines the health needs of the aboriginal population of Canada. With their study, the results conclude that researchers have not adequately examined several important health needs of Aboriginal population.

**Yacoub, W. *The Aboriginal Injury Problem: Are you part of the solution?* 2nd Annual Aboriginal Conference Presentation. Health Canada, Medical Services Branch, May 1999.**

**Summary:** This fact sheet relates to injuries and the leading causes of death within these injuries among First Nations population in Canada and in Alberta.

## **INTERNATIONAL & GLOBAL**

**American Academy of Pediatrics. *The Prevention of Unintentional Injury Among American Indian and Alaska Native Children: A Subject Review. Pediatrics. Vol. 104 No. 6; December 1999:1397-99. Website:***

**<http://pediatrics.aappublications.org/content/vol104/issue6/index.shtml#ARTICLE>**

**Summary:** This article concerns ethnic groups in the United States. American Indian (AI) and Alaska Native (AN) children experience the highest rates of injury mortality and morbidity. The Indian Health Service (IHS) recognized an international injury prevention program to suppress the risk of injury death while including explicit risk factors. Recommendations are also enumerated to help reduce the high rate of childhood injury morbidity and mortality within AI/AN people.

**Berger, L.R. *Injury prevention and indigenous peoples. Injury Prevention. 7 June 2006:175-176. Website:*** <http://ip.bmjournals.com/cgi/content/full/8/3/175>

**Summary:** This paper outlines two articles on injury prevention that applies specifically towards Indigenous people around the world. It is proven that this population has uncommonly higher injury rates compared with the non-Indigenous people. There are many downfalls on many life aspects among Indigenous people. These articles reveal a mission: to obtain international recognition and protection for their peoples and cultures.

**Clapham, K., Stevenson, Mark., and S. Kai Lo. *Injury profiles of Indigenous and non-Indigenous people in New South Wales. The Medical Journal of Australia. Vol. 184, No. 5; 6 March 2006:217-20. Website:***

**[http://www.mja.com.au/public/issues/184\\_05\\_060306/cla10672\\_fm.html](http://www.mja.com.au/public/issues/184_05_060306/cla10672_fm.html)**

**Summary:** This research was realized to compare injury profiles of the Indigenous people in New South Wales with the non-Indigenous population. Data was collected on a variety of aspects regarding this issue to compare injury-related rates among these populations.

**Lapidus, J. Smith, N., Ebel, B., and F. Romero. Restraint Use Among Northwest American Indian Children Traveling in Motor Vehicles. American Journal of Public Health. Nov 2005, Vol. 95, No. 11:1982-88. Website:**  
<http://www.ajph.org/cgi/content/abstract/95/11/1982>

**Summary:** The purpose of this study was to estimate motor vehicle passenger restraint use among Northwest American Indian children eight years old or younger and to identify factors associated with using proper (i.e., age and weight appropriate) passenger restraint systems.

**National Center for Injury Prevention and Control. *Injuries among Native Americans: Fact Sheet*. Atlanta, GA. Website:**  
<http://www.cdc.gov/ncipc/factsheets/nativeamericans.htm>

**Summary:** This fact sheet illustrates and provides relevant information on injuries among Native American population. Injuries are the leading cause of death in accordance to this population. This sheet includes common groups that are at risk and risk factors that lead to injuries

**Patel, R., Wallace, D., and L. Paulozzi. *Atlas of Injury Mortality Among American Indian and Alaska Native Children and Youth, 1989-1998*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, and the National Center for Injury Prevention and Control. March 2005. Website:** [http://www.cdc.gov/ncipc/publications/American\\_Indian\\_Injury\\_Atlas/default.htm](http://www.cdc.gov/ncipc/publications/American_Indian_Injury_Atlas/default.htm)

**Summary:** The *Atlas* focuses on the problem of injuries among Native American children and youth (ages 0–19 years) residing in Indian Health Service (IHS) Areas. The purpose of the *Atlas* is to provide background information and data to public health practitioners and policy makers to help identify critical injury problems and set intervention priorities for intervention among this vulnerable population. The *Atlas* contains composite maps of all IHS Area rates and individual Area maps for eight causes of injury death. It includes study results of Native American children and youth (0–19 years) who live in one of the twelve IHS Areas. The *Atlas* provides information on several causes of injury deaths: motor vehicle related, pedestrian-related, firearm-related, suicide, homicide, drowning, fire, and suffocation.

**Peden, M., McGee, K., and E. Krug, (Eds). *Injury: A Leading Cause of the Global Burden of Disease, 2000*. World Health Organization, Geneva, Switzerland, 2002. Website:**

[http://www.who.int/violence\\_injury\\_prevention/publications/other\\_injury/injury/en/index.html](http://www.who.int/violence_injury_prevention/publications/other_injury/injury/en/index.html)

**Summary:** This document is dedicated to policy makers, health officials, researchers and the general public to instruct about the significance of injuries to simplify the understanding of its meaning and the decision-making to this eloquent public health problem.

**Peden, M., McGee, K., and G. Sharma. *The injury chart book: a graphical overview of the global burden of injuries*. World Health Organization, Geneva, Switzerland, 2002. Website:**

[http://www.who.int/violence\\_injury\\_prevention/publications/other\\_injury/chartbook/en/index.html](http://www.who.int/violence_injury_prevention/publications/other_injury/chartbook/en/index.html)

**Summary:** *The injury chartbook* outlines the constitution and magnitude of injury mortality and morbidity by illustrating tables and charts. The importance of this chartbook is to create awareness against injuries associated with the public health issue to accomplish effective prevention programs.

**Traumatic Brain Injury Among American Indians/Alaska Natives – Unites States, 1992-1996. *Journal of the American Medical Association*, July 3, 2002, Vol. 288, No. 1:37-40. American Medical Association, Centers for Disease Control and Prevention. 2002. Website: <http://jama.ama-assn.org/content/vol288/issue1/index.dtl>**

**Summary:** The topic of this article is related to Traumatic Brain Injury (TBI). TBI is a major cause of morbidity and mortality in the Unites States. It is the second leading cause of death among American Indians/Alaska Natives. These are the main reasons why it's such a significant topic. This article suggests prevention strategies focusing mainly on the leading causes of TBI hospitalizations, including motor crashes, assaults, and falls. Relevant data is used to acknowledge and resolute the problem.

**World Health Organization. *Facts About Injuries, Burns*. 2004. Geneva, Switzerland. Website:**

[http://www.who.int/violence\\_injury\\_prevention/publications/factsheets/en/index.html](http://www.who.int/violence_injury_prevention/publications/factsheets/en/index.html)

**Summary:** This brief fact sheet explains well the problem of injury burns. It gives information to the public on how tragedies such as burns can be prevented, the care and cost of burns, the role of the public health, the mangitude of the problem, who it affects, where burns occur and risk factors that lead to burns.

**World Health Organization. *Facts About Injuries, Drowning*. 2003. Geneva, Switzerland. Website:**

[http://www.who.int/violence\\_injury\\_prevention/publications/factsheets/en/index.html](http://www.who.int/violence_injury_prevention/publications/factsheets/en/index.html)

**Summary:** This document hands out facts on drowning. Drowning is known as a second leading cause of death of unintentional injuries death globally after road traffic injuries. This is why the World Health Organization prepared this document to hand out information to the public about the magnitude of the problem, the risk factors that come into the lead of drowning, interentions that can help prevent drowning, the role of the public health and the limitations of the issue.

**World Health Organization. *Injury Facts*. 2001. Geneva, Switzerland. Website:**

[http://www.who.int/violence\\_injury\\_prevention/publications/factsheets/en/index.html](http://www.who.int/violence_injury_prevention/publications/factsheets/en/index.html)

**Summary:** The World Health Organization (WHO) department of Injuries and Violence Prevention (VIP) work as a team to collect data, information, etc., to develop policies and programs for injury prevention worldwide. Their mission is to create a world in which all people can live in a safe environment. This two page document includes significant facts on injuries.

**World Health Organization. *Child and Adolescent Injury Prevention: A Global Call to Action*. Geneva, Switzerland. 2005. Website:**

[http://www.who.int/violence\\_injury\\_prevention/media/news/29\\_11\\_2005/en/index.html](http://www.who.int/violence_injury_prevention/media/news/29_11_2005/en/index.html)

**Summary:** This document was put together by UNICEF and professionals. Their goal is to sensitize policy-makers and donors about injuries among children and adolescents and to find solutions to prevent the problem.

**World Health Organization. *Milestones of a Global Campaign for Violence Prevention 2005: Changing the Face of Violence Prevention*. Geneva, Switzerland, 2002. Website:**

[http://www.who.int/violence\\_injury\\_prevention/publications/violence/en/index.html](http://www.who.int/violence_injury_prevention/publications/violence/en/index.html)

**Summary:** This report describes the many activities that have been organized as part of the Global Campaign for Violence Prevention, since its launch in 2002. The document reviews global activities coordinated by WHO and its collaborators, provides regional reports on recent developments and promising new programs, and surveys the work of

the Violence Prevention Alliance and its progress in building global commitment to violence prevention.

**World Health Organization. *World Report on Violence and Health*. Geneva, Switzerland, 2002. Website:**  
[http://www.who.int/violence\\_injury\\_prevention/publications/violence/en/index.html](http://www.who.int/violence_injury_prevention/publications/violence/en/index.html)

***Summary:*** The document provides conceptual, policy and practical suggestions on how to implement each of the six country-level activities, and promotes a multi-sectoral, data-driven and evidence-based approach. Should the resources for achieving certain aspects of the recommendations be lacking, the information contained in the guide will still be useful for planning purposes.

**World Health Organization. *Fact Sheets from the World Report on Violence and Health*. Geneva, Switzerland, 2002. Website:**  
[http://www.who.int/violence\\_injury\\_prevention/violence/world\\_report/factsheets/en/index.html](http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/en/index.html)

***Summary:*** The World Health Organization launched the first *World report on violence and health* on October 3rd, 2002. The goals of the report are to raise awareness about the problem of violence globally, to make the case that violence is preventable, and to highlight the crucial role that public health has to play in addressing its causes and consequences. Facts sheet topics include: Child Abuse; Collective Violence; Elder Abuse; Intimate Partner Abuse; Self-Directed Violence; Sexual Violence; and, Youth Violence.

**World Health Organization. *World Report on Road Traffic Injury Prevention*. Geneva, Switzerland. 2004. Website:** [http://www.who.int/world-health-day/2004/infomaterials/world\\_report/en/](http://www.who.int/world-health-day/2004/infomaterials/world_report/en/)

***Summary:*** This report insists on prevention related to road traffic injuries seeing that road traffic systems are the most complex and the most dangerous facing this issue whom people have to deal with on daily basis. This report is primarily intended for people responsible for road safety policies and programmes at the national level and those most closely in touch with road safety problems and needs at the local level.

**World Health Organization. *Fact Sheets from the World Report on Road Traffic Injury Prevention*. Geneva, Switzerland. 2004. Website:**  
[http://www.who.int/world-health-day/2004/infomaterials/world\\_report/factsheets/en/](http://www.who.int/world-health-day/2004/infomaterials/world_report/factsheets/en/)

**Summary:** Fact sheets on the following topics: Alcohol, Helmets, Safety Restraints and Speed Visibility.

**World Health Organization. *Developing Policies to Prevent Violence and Injuries: Guidelines for Policy-makers and Planners.* Geneva, Switzerland. 2006.**

**Website:**

[http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html)

**Summary:** These guidelines cover all the steps that are necessary for developing injury and violence prevention policies up to and including approval by governmental and political authorities. It also explains the rationale behind the need for such tools, the importance of the health sector in their development and the link between policies and legislation.

**World Health Organization. *Fact Sheets on Interpersonal Violence and Alcohol.* Geneva, Switzerland. 2006. Website:**

[http://www.who.int/violence\\_injury\\_prevention/violence/world\\_report/factsheets/en/index.html](http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/en/index.html)

**Summary:** Fact sheets on the following topics: Child Maltreatment, Youth Violence, Intimate Partner Violence, and Elder Abuse

**World Health Organization. *Violence and Disasters.* Geneva, Switzerland. 2005.**

**Website:**[http://www.who.int/violence\\_injury\\_prevention/publications/factsheets/en/index.html](http://www.who.int/violence_injury_prevention/publications/factsheets/en/index.html)

**Summary:** The World Health Organization created a document in regards to a serious issue facing communities: violence affected by natural disasters. This document is a fact sheet containing recent available data on violence and disasters. It incorporates factors that may contribute to increase violence after disasters, what types of violence are likely to increase after a disaster and what can be done to prevent violence after these traumatic disasters.







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safety... our priority.

Votre santé et votre  
sécurité... notre priorité.

# A JOURNEY TO THE TEACHINGS NATIONAL EVALUATION

Dear Workshop Participant,

Thank you for your interest in *A Journey to the Teachings*, an injury prevention tool. We hope that you find the information you received today useful and valuable.

To ensure quality in the tools and resources offered to you, Health Canada is kindly requesting that you complete a short post-workshop evaluation. We would also like to check-in with you in about six months to see how you are using the information that you learned. Please note that your participation in the evaluation process is completely voluntary and the results from the evaluation will remain **completely anonymous**. The results from the evaluation will be submitted to your workshop facilitator who will then submit them to your Health Canada First Nations and Inuit Health Injury Prevention Regional Coordinator. Results will be combined from across the country and used to improve future editions of *A Journey to the Teachings*. It also helps Health Canada to understand how it is supporting activities in communities, and how it can improve that support.

Thank you for taking the time to complete the evaluation questions. Your feedback is very important and valuable to improving the quality and usefulness of *A Journey to the Teachings*.

If you have any questions or comments, please contact your Regional Coordinator.

Canada 

# A JOURNEY TO THE TEACHINGS NATIONAL EVALUATION

## *Post-Workshop Evaluation*

Thank you for taking the time to complete the following workshop evaluation. The information you provide will be used to help Health Canada improve the content and monitor the quality of the workshop. All information will be kept confidential.

Presenter's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Main reason for taking this workshop:

- Required
- Interested
- Required and interested
- Other

How did you hear about this workshop?

- Word of mouth
- Community radio/television
- Newspaper/newsletter
- Health Director
- Other: \_\_\_\_\_

What is your current job? \_\_\_\_\_

What overall rating would you give this workshop? (Please circle)

**Very Poor**    1       2       3       4       5       **Excellent**

How much knowledge did you have on this topic prior to the workshop? (Please circle)

**None**   1       2       3       4       5       **A Great Deal**

How much knowledge have you gained from this workshop? (Please circle)

**None**   1       2       3       4       5       **A Great Deal**

How useful did you find the workshop? (Please circle)

**Not Useful** 1      2      3      4      5      **Very Useful**

How helpful did you find the workshop discussion/group interaction? (Please circle)

**Not Helpful** 1      2      3      4      5      **Very Helpful**

How would you rate the presenter's organization and knowledge? (Please circle)

**Very Poor** 1      2      3      4      5      **Excellent**

Did this workshop meet your expectations?

**Not at All** 1      2      3      4      5      **Absolutely**

What did you like best about the workshop?

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What did you like least about the workshop? What could be improved?

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What was the most important or most interesting thing you learned today?

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How do you plan to use the information you learned today?

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Would you recommend this workshop to others?

Yes

No

Other comments:

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# A JOURNEY TO THE TEACHINGS NATIONAL EVALUATION

## *Optional Contact Information*

Can your facilitator contact you in 6 months time to follow-up on the workshop learnings?  
Please note: the follow-up will take approximately 5 minutes of your time.

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate your name and preferred method of contact:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Thank you for your participation! Your feedback is appreciated!





# A JOURNEY TO THE TEACHINGS NATIONAL EVALUATION

## 6 MONTH FOLLOW-UP QUESTIONNAIRE

About 6 months ago, you attended *A Journey to the Teachings* workshop and indicated that you would participate in a follow-up questionnaire. This questionnaire, which will take a couple of minutes of your time, asks you about how you may be using the information you learned.

Have you changed the way in which you view injuries since attending the workshop? For example, do you use your seatbelt more, or engage in other activities to help prevent injuries?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please explain.

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How have you used the knowledge gained from attending the workshop?

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What impact has the workshop had on you and/or others in your community (i.e. behaviour change, etc)?

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Do you have any other comments?

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Thank you very much for completing the questionnaire!









Health  
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Your health and  
safety... our priority.

Voire santé et votre  
sécurité... notre priorité.

# Certificate of Participation

Presented to

\_\_\_\_\_

In recognition of your participation in

***A Journey to the Teachings***

This \_\_\_\_\_ Day of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_



Canada





# A Journey to the Teachings

## Regional Injury Data

ALBERTA  
SASKATCHEWAN  
MANITOBA  
INUIT





**A Journey to the Teachings**

**ALBERTA**

**Regional Injury Data**



- With permission the following injury data and information has been pulled from a report titled **Injury-Related Mortality 1990-1999: Report to Alberta First Nations, 2007**.
- This regional report was prepared by *First Nations and Inuit Health, Alberta Region, Health Canada*.
- The report provides an overview of the leading causes of death among First Nations compared to Non-First Nations in the province of Alberta. The report also describes the burden of injury and trends associated with injury-related deaths. Specific analysis on motor vehicle and suicide-related injury deaths is provided for the region and by Treaty areas 6, 7, and 8 in Alberta.



## SLIDE: 1

### Burden of Injury – Mortality (1990-1999)

#### Burden of Injury – Mortality (1990-1999)

- Injury accounted for **36.5%** of First Nations deaths in Alberta (AB) compared to **8.6%** among Non-First Nations.
- Injury was the leading cause of death in potential years of life lost (PYLL). Injuries contributed **54%** of the total PYLL.



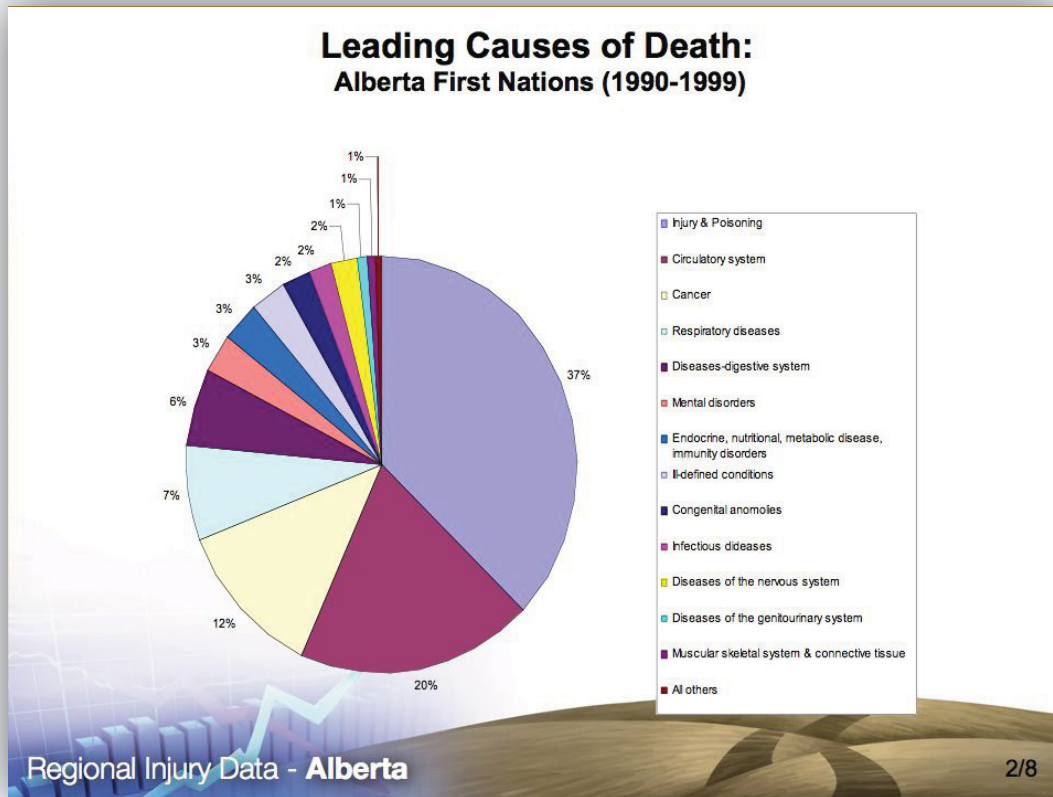
#### SPEAKER NOTES:

- The first bullet on this slide identifies that 36.5% of all First Nations deaths in the province of Alberta were injury-related compared to 8.6% among Non-First Nations.
- The second bullet speaks to Potential Years of Life Lost (PYLL) due to injury. PYLL is a way to discuss and examine health problems. PYLL is a measure that looks at how long a person is expected to live and how long they actually lived. For example, if someone dies at the age of 40 but was expected to live an average lifetime estimated at 75 years of age, then the PYLL would be 35 years.
- From 1990-1999 the leading cause of death in PYLL was due to injury. Injuries contributed to 54% of the total PYLL.



## SLIDE: 2

### Leading Causes of Death: Alberta First Nations (1990-1999)



#### SPEAKER NOTES:

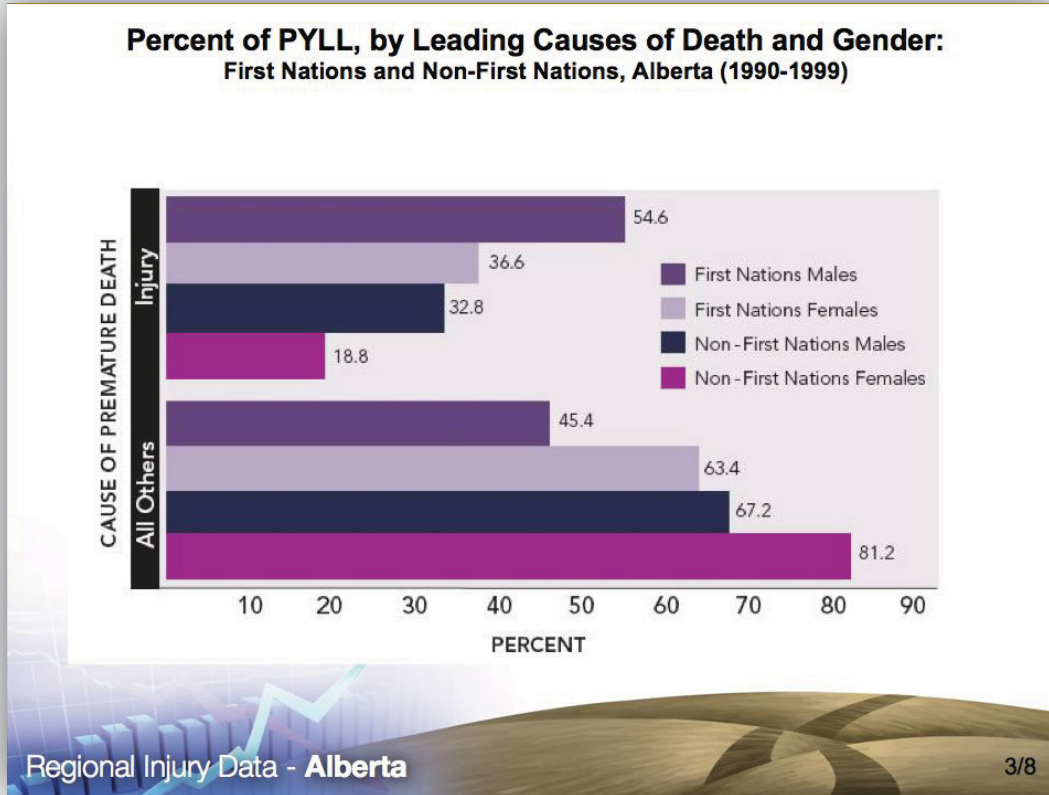
- This slide shows the percent distributions of all causes of death among Alberta First Nations for 1990-1999.
- The leading cause of death for First Nations was injury, representing approximately 36% of all causes of death. This can be seen by the largest slice of the pie chart being shown.
- Circulatory system diseases represented approximately 19% of all deaths while cancer represented 12% of all deaths.
- The percentage distributions for all other causes of death are very small when compared to injury.





## SLIDE: 3

Percent of PYLL, by Leading Causes of Death and Gender: First Nations and Non-First Nations, Alberta (1990-1999)



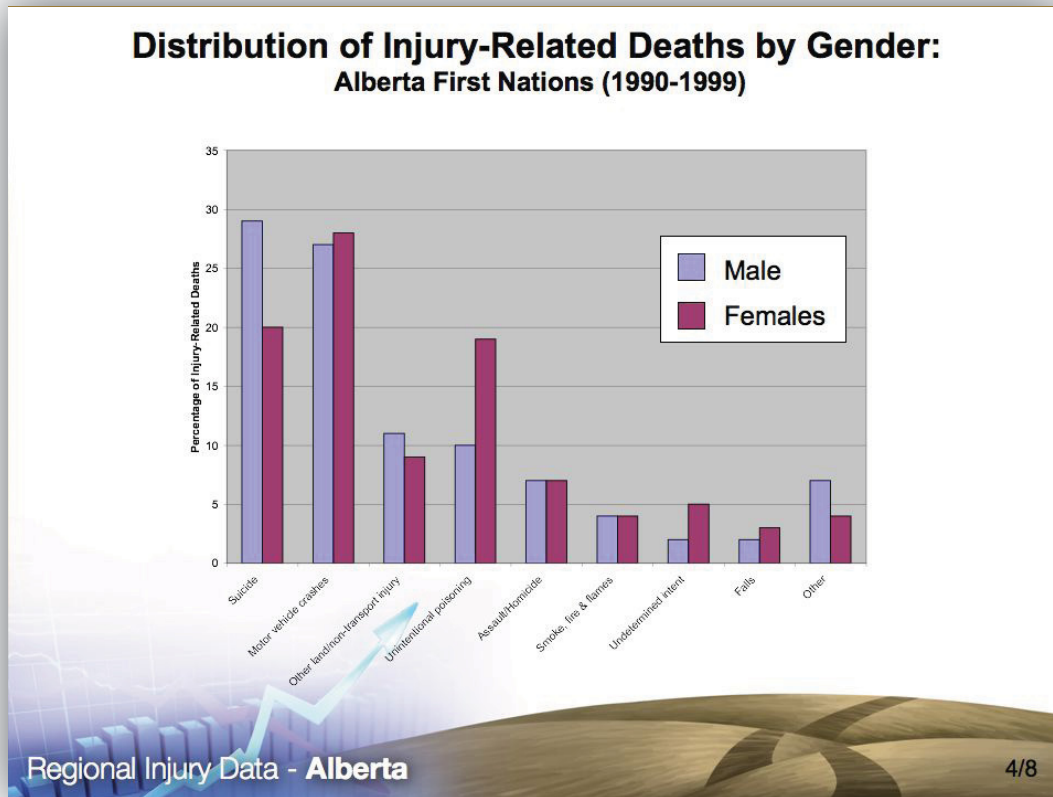
### SPEAKER NOTES:

- This particular slide looks at the leading causes of injury death by PYLL or premature death.
- The bar graph shows injury and all other causes of premature death broken down by gender looking at First Nations and Non-First Nations for 1990-1999.
- Among First Nations males, injury was the leading cause of premature death and was contributing to 54% of PYLL compared to 33% among Non-First Nations males.
- PYLL for injury among First Nations males was higher than the PYLL for all other causes of premature death combined.
- Among First Nations females, injuries contributed to 37% of the total PYLL compared to 19% among Non-First Nations females.



## SLIDE: 4

### Distribution of Injury-Related Deaths by Gender: Alberta First Nations (1990-1999)



#### SPEAKER NOTES:

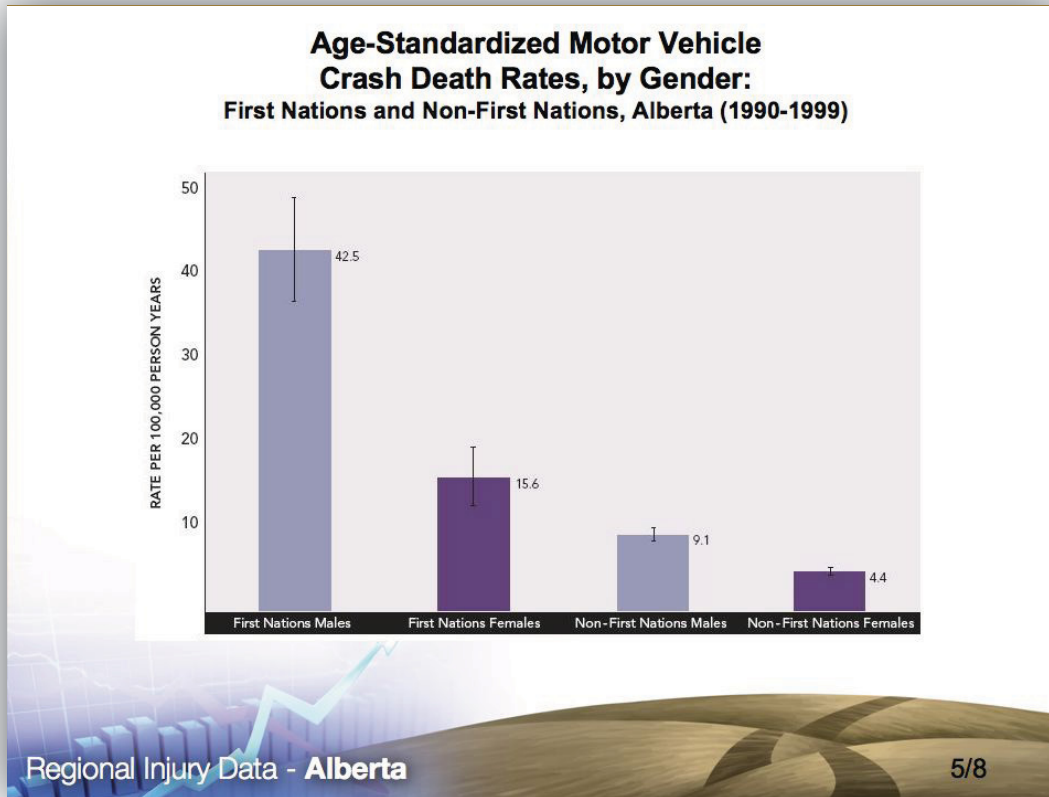
- This bar graph shows the percentage distribution of injury-related deaths by gender among First Nations in Alberta.
- The blue bars represent males while the purple bars represent females.
- Looking at the graph you can see that the top causes of injury death were common to both males and females and were suicide, motor vehicle crashes, other land/non-transport injuries and unintentional poisonings.
- Looking closer at each specific injury cause however, there are variations based on gender. For example, the percentage of suicides among males was higher at 29% than females at 20%, while unintentional poisonings by drugs and medical substances were lower among males at 10% than females at 19%.

\*Note: Other land/non-transport injuries includes incidents such as death resulting from being struck by an object, machinery operations, piercing, suffocation, explosions, overexertion, electricity, etc.



## SLIDE: 5

Age Standardized Motor Vehicle Crash Death Rates, by Gender: First Nations and Non-First Nations, Alberta (1990-1999)



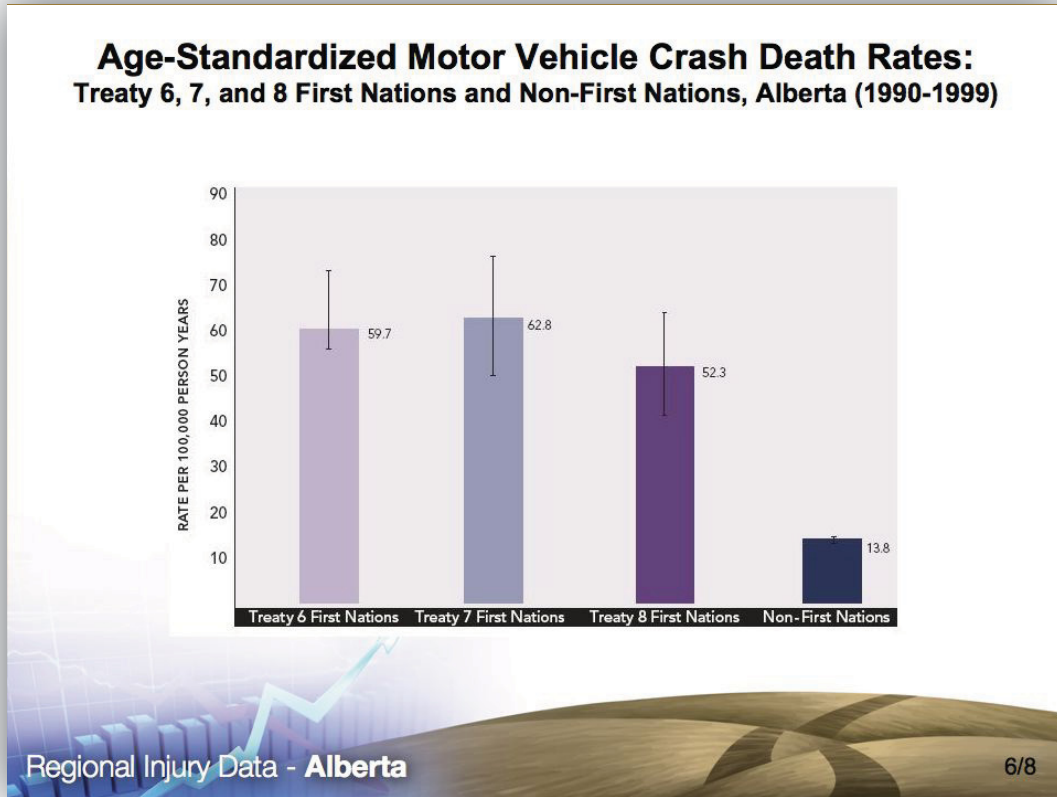
### SPEAKER NOTES:

- This slide looks at age-standardized death rates associated with motor vehicle crashes by gender. It also compares First Nations and Non-First Nations rates per 100,000 person years. Person years incidence rate is calculated by dividing the number of events (e.g. a disease or a death) during a specified time period by the number of at risk people observed during the specified time period (this denominator is known as the person-time unit or person years). For example, if 10,000 people are observed for 20 years, this would calculate to be 200,000 person years ( $10,000 \times 20 = 200,000$ ). In this example, during this 20 year time period, 10 new cases of injuries are observed. Using the above mentioned formula, the rate would be 10 divided by 200,000, which equals 0.00005. Rates are often multiplied by a factor of 10 to convert it to a whole number. So in this example, the rate could be multiplied by 100,000 to yield a rate of 5.0 new cases of injury per 100,000 person years (please note that multiplying the number of cases by 100,000 does not change the rate in any way).
- The motor vehicle crash death rate was almost 5 times greater for First Nations males than Non-First Nations males.
- The motor vehicle crash death rate was 3.5 times greater for First Nations females than Non-First Nations females.



## SLIDE: 6

Age-Standardized Motor Vehicle Crash Death Rates: Treaty 6, 7, and 8 First Nations and Non-First Nations, Alberta (1990-1999)



### SPEAKER NOTES:

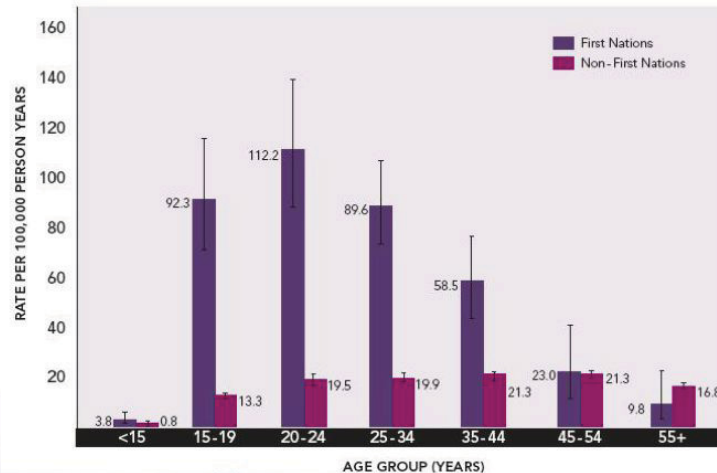
- This slide also looks at age-standardized death rates associated with motor vehicle crashes. This slide compares death rates by Treaty areas 6, 7, and 8 and Non-First Nations rates per 100,000 person years.
- As the height of the bars in the graph show, there are no significant differences among the three treaty areas.
- There are differences, however, when comparing treaty area rates to Non-First Nations rate for motor vehicle crashes:
  - Treaty 6 – was 4.3 times higher
  - Treaty 7 – was 4.6 times higher
  - Treaty 8 – was 3.8 times higher



## SLIDE: 7

Age-Specific Suicide Rates: First Nations and Non-First Nations, Alberta (1990-1999)

### Age-Specific Suicide Rates: First Nations and Non-First Nations, Alberta (1990-1999)



Regional Injury Data - Alberta

7/8

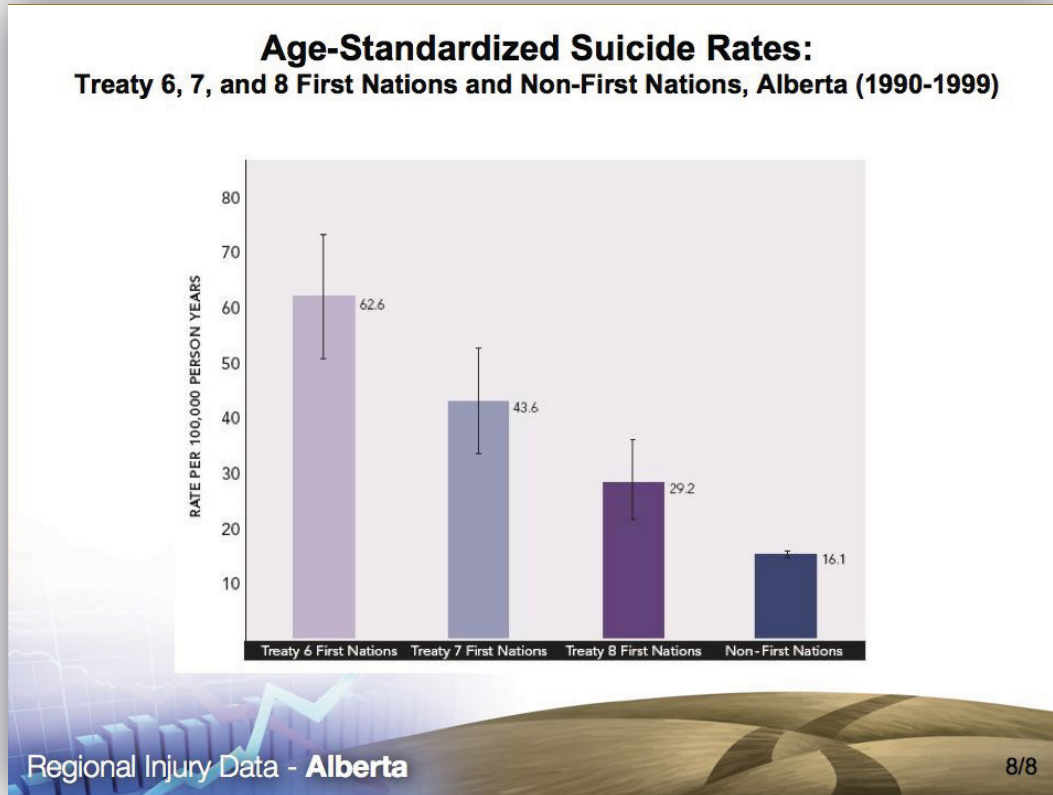
#### SPEAKER NOTES:

- This next slide shows injury data related to the problem of suicide. The bar chart shows age-standardized death rates by age groups and compares First Nations and Non-First Nations rates per 100,000 person years.
- At a glance it is easy to see that suicide rates among First Nations are significantly higher than among Non-First Nations.
- The rates are significantly higher for all age groups except for those aged 45 years and older:
  - Less than 15 years – almost 5 times higher
  - 15-19 years – almost 7 times higher
  - 20-24 years – almost 6 times higher
  - 25-34 years – 4.5 times higher
  - 35-44 years – almost 3 times higher
  - 45-54 years – 4.5 times higher



## SLIDE: 8

Age-Standardized Suicide Rates:  
Treaty 6, 7, and 8 First Nations and Non-First  
Nations, Alberta (1990-1999)



### SPEAKER NOTES:

- This slide also looks at age-standardized death rates associated with suicide. This slide compares death rates by Treaty areas 6, 7, and 8 and Non-First Nations rates per 100,000 person years.
- Over the 1990-1999 period 50% of all suicides occurred in Treaty 6.
- First Nations in all three treaty areas had higher suicide rates than Non-First Nations.



**A Journey to the Teachings**

# **SASKATCHEWAN**

**Regional Injury Data**



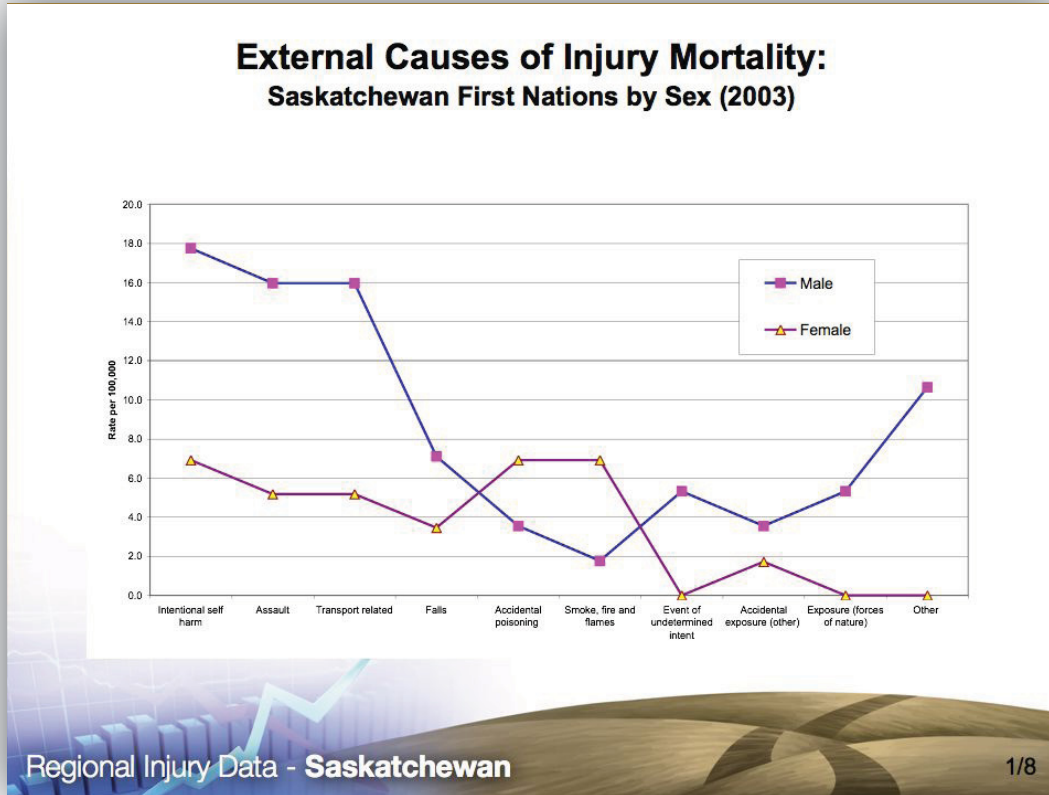
- With permission the following injury data and information has been pulled from a report titled **2003 Vital Statistics of the Saskatchewan Registered Indian Population, 2006**.
- The report provides Vital Statistics of the Registered Indian Population of Saskatchewan. The report includes death rates for the population, potential years of life lost, infant mortality rates, birth rates, chronic disease information, immunization, and communicable disease rates. Some of the information provided is community or Tribal Council specific, while other data provided considers rates for the overall population.
- Additional in-house injury data was provided by *First Nations Inuit Health, Saskatchewan Region, Health Canada and Saskatchewan Health*.





# SLIDE: 1

## External Causes of Injury Mortality: Saskatchewan First Nations by Sex (2003)



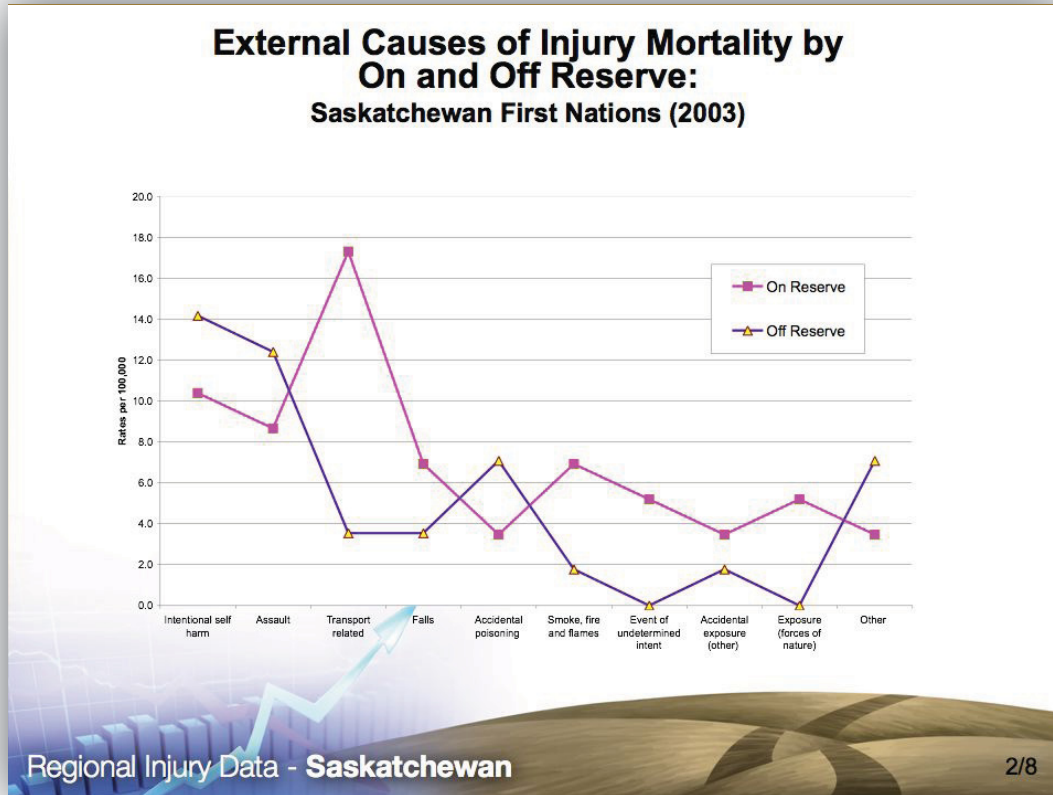
### SPEAKER NOTES:

- This slide looks at causes of injury mortality (i.e. injury deaths) by sex among First Nations in Saskatchewan.
- The blue line represents First Nations males while the pink line represents First Nations females.
- Looking at this graph you can see that there are different patterns of injury when you look at injury by gender.
- For example, this graph shows a higher rate of injuries occurring among males than females associated with intentional self-harm, assault, and transport-related incidents.
- Looking at fall injuries, the injury rate is somewhat similar; while injuries associated with accidental poisonings and exposure to smoke, fire and flames is significantly greater among females.



## SLIDE: 2

External Causes of Injury Mortality by On and Off Reserve: Saskatchewan First Nations (2003)



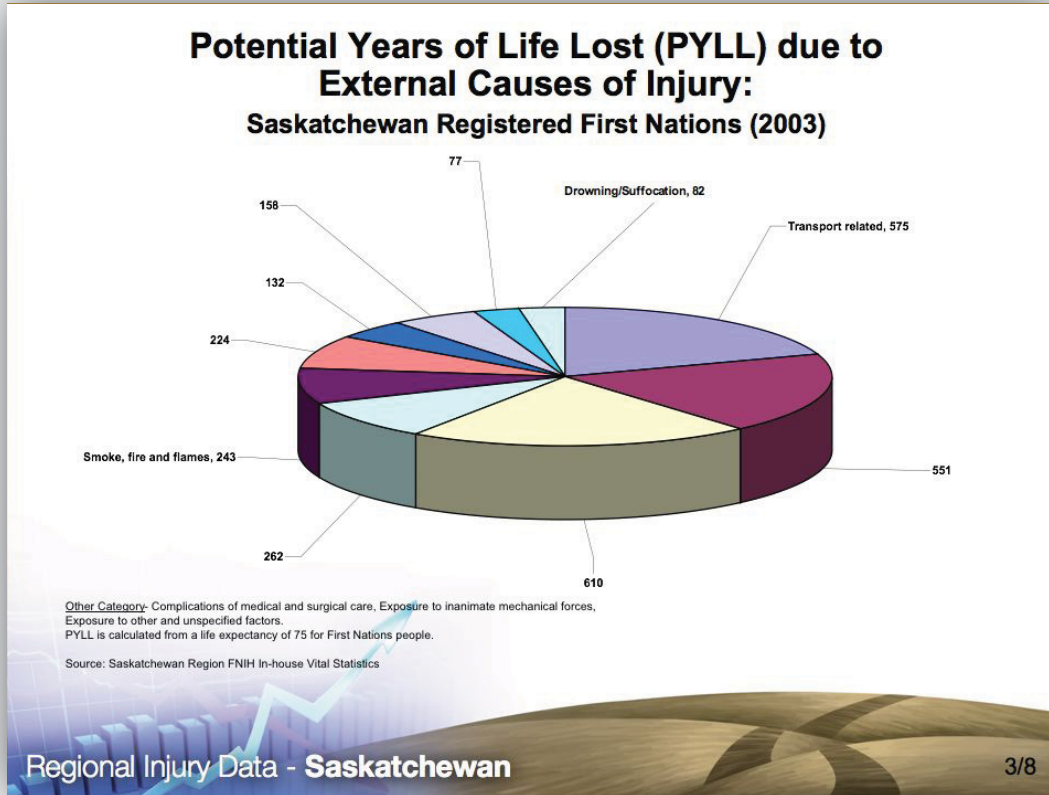
### SPEAKER NOTES:

- This slide looks at causes of injury mortality (i.e. injury deaths) by First Nations living On and Off Reserve in Saskatchewan.
- Just as patterns of injury varied by gender, we can see that patterns of injury also vary by where First Nations live. This slide shows differences between On-Reserve and Off-Reserve First Nations.
- Looking more closely, you can see several significant differences in injury rates, such as:
  - the rate of transport-related injuries being almost 5 times greater for On-Reserve (17/100,00) than Off-Reserve (3.5/100,000);
  - the rate of falls being 2 times greater On-Reserve (7/100,000) than Off-Reserve (3.5/100,000); and
  - the rate for exposure to smoke, fire and flames is about 3.5 times greater On-Reserve (7/100,000) than Off-Reserve (2/100,000).



## SLIDE: 3

### Potential Years of Life Lost (PYLL) due to External Causes of Injury: Saskatchewan Registered First Nations (2003)



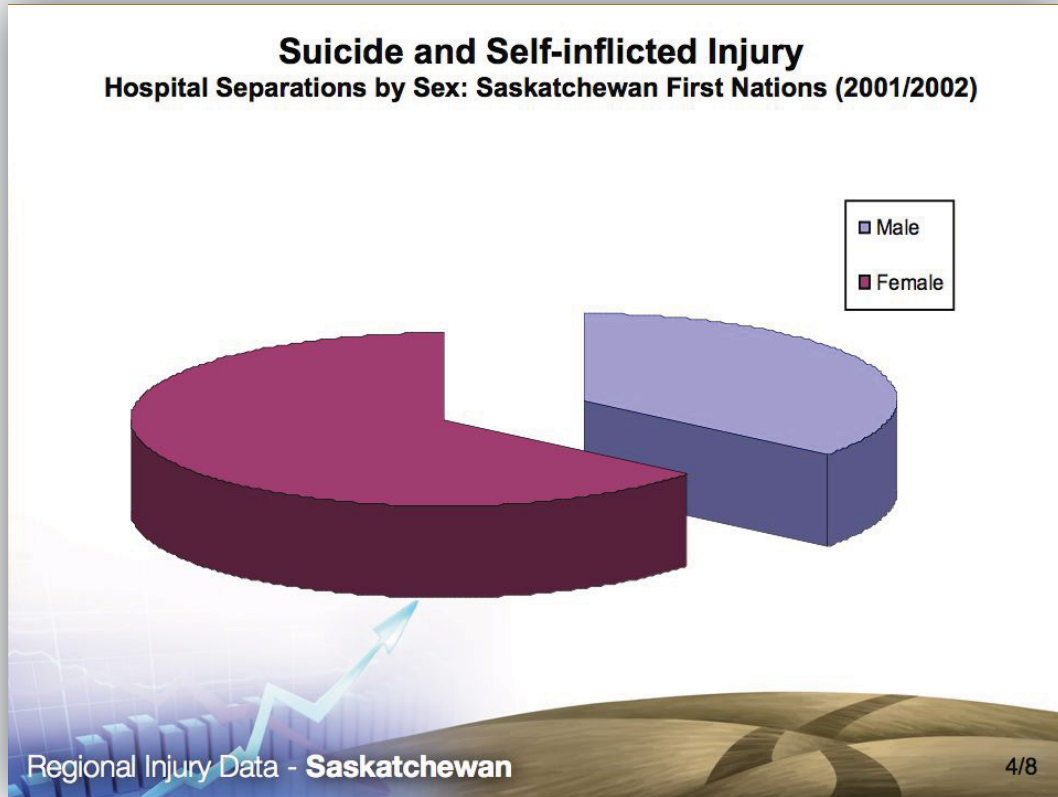
#### SPEAKER NOTES:

- A way to discuss and examine health problems is to consider Potential Years of Life Lost (PYLL). PYLL is a measure that looks at how long a person is expected to live and how long they actually lived. For example, if someone dies at the age of 40 but was expected to live an average lifetime estimated at 75 years of age then the PYLL would be 35 years.
- Using PYLL as a measure of the injury problem, this chart illustrates the PYLL due to injury for all Saskatchewan Registered First Nations in 2003.
- The highest level of PYLL is associated with suicide, followed by transport-related incidents, and assault.



## SLIDE: 4

Suicide and Self-inflicted Injury, Hospital Separations by Sex: Saskatchewan First Nations (2001/2002)



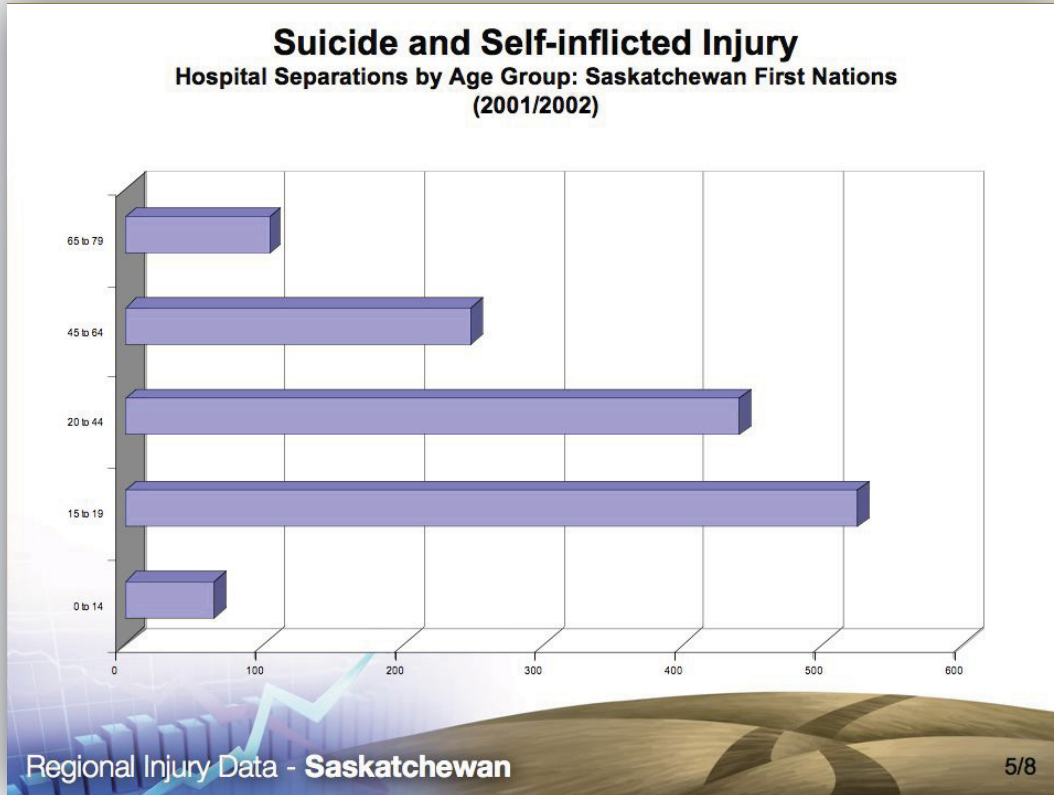
### SPEAKER NOTES:

- Looking more closely at the problem of suicide and self-inflicted injury, this pie chart shows the number of hospitalizations by gender.
- In total there were 305 hospitalizations in 2001/2002 related to suicide and self-inflicted injuries.
- Broken down by gender, 109 males and 196 females were hospitalized.



## SLIDE: 5

Suicide and Self-inflicted Injury, Hospital Separations by Age Group: Saskatchewan First Nations (2001/2002)



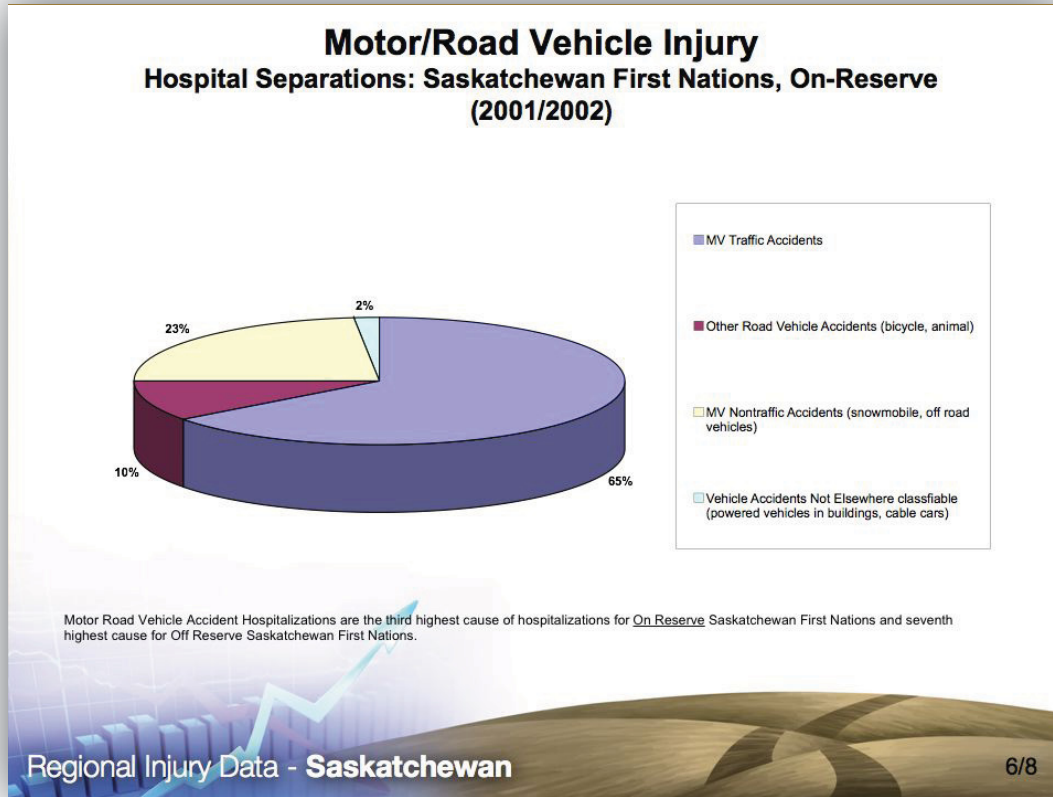
### SPEAKER NOTES:

- This particular graph looks at the hospital separations associated with suicide and self-inflicted injury by age group.
- Each bar on the graph represents an age group. The longer bars represent the higher rates associated with suicide and self-inflicted injuries, while the shorter bars represent lesser rates of hospital separation.
- The highest rate (524/100,000) is the 15-19 years age group, followed by the 20-24 years age group (440/100,000).



## SLIDE: 6

### Motor/Road Vehicle Injury, Hospital Separations: Saskatchewan First Nations, On-Reserve (2001/2002)



#### SPEAKER NOTES:

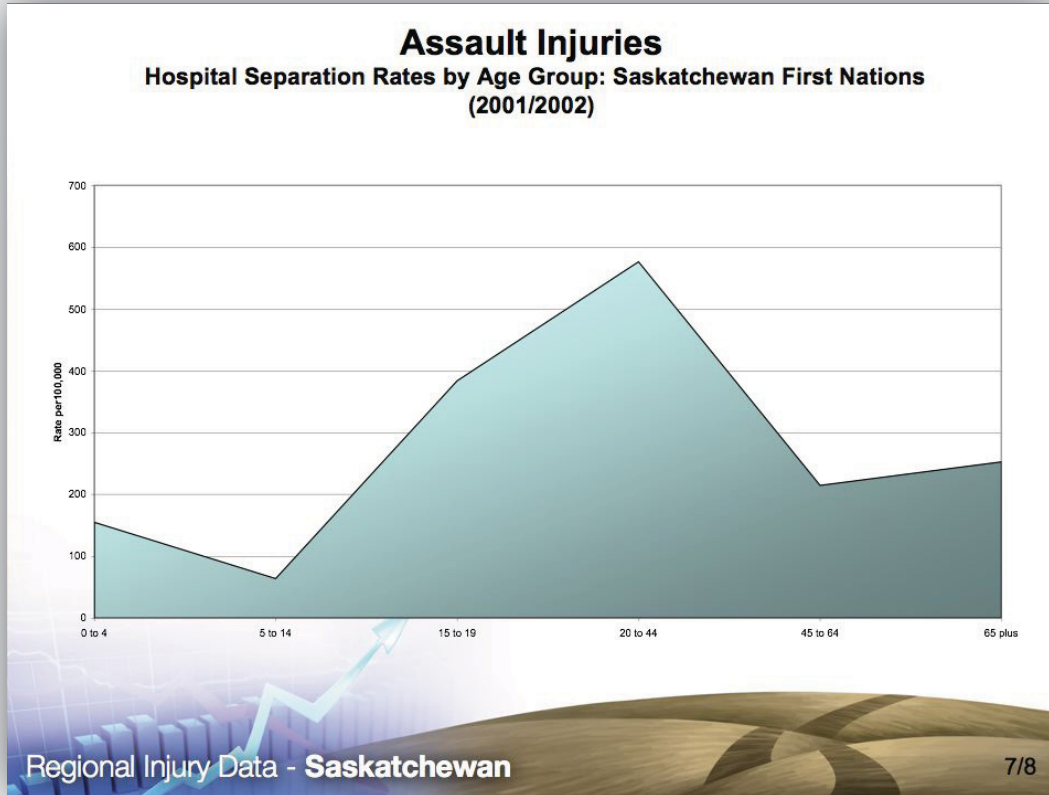
- In Saskatchewan we know that motor/road vehicle-related hospitalizations are the 3rd highest cause of hospitalizations for On-Reserve First Nations and the 7th highest cause for Off-Reserve First Nations.
- This pie chart shows hospital separations (hospitalizations) broken down by different categories.
- The highest percentage of injuries is motor vehicle traffic-related crashes at 65%.
- The next highest percentage is non-traffic related crashes involving snowmobiles and off-road vehicles (23%) followed by other road vehicle crashes involving bicycles and animals (10%).





## SLIDE: 7

Assault Injuries, Hospital Separation Rates by Age Group: Saskatchewan First Nations (2001/2002)



### SPEAKER NOTES:

- Looking at the problem of assault, this slide, as in the previous slide, looks at hospital separation rates by age group.
- The highest points on this graph represent the highest rates of hospitalizations.
- A look at this graph shows that assault rates are the highest (577/100,000) for those 15-44 years of age.



## SLIDE: 8

Accidental Falls, Hospital Separations by Age Group: Saskatchewan First Nations (2001/2002)



### SPEAKER NOTES:

- Looking at hospitalizations associated with accidental falls, we can once again see patterns of injury do vary by age group.
- The highest points on the graph represent the highest rates of hospitalizations.
- In terms of accidental falls, we can see from this graph that fall rates increase with age, with rates beginning to increase after 50 years of age.
- Rates increase dramatically (2720/100,000) for those aged 70-74 years and older with the highest rate of hospitalization (7166/100,000) associated with those 80 + years of age.
- Accidental falls were the leading cause of injury hospitalization for both On and Off Reserve First Nations.



**A Journey to the Teachings**

# **MANITOBA**

**Regional Injury Data**



- With permission the following injury data and information has been pulled from a report titled **Injuries in Manitoba A 10-Year Review, January 2004**. This report was prepared by Manitoba Health.
- The report examines injuries in Manitoba from 1992-2001. The data reported includes all Manitobans.
- The injury data in the report is diverse and looks at injury at provincial and regional health authority levels. Injury data is also reported by age groups and by types of injury (intentional and unintentional injuries). In addition, the report contains a specific chapter on *The Injury Experience of First Nations Manitobans*.



## SLIDE: 1

### Burden of Injury: Manitoba First Nations Injury Deaths and Hospitalizations (10-Year Review: 1992-2001)

#### **Burden of Injury: Manitoba First Nations Injury Deaths & Hospitalizations (10-Year Review: 1992-2001)**

- First Nations Manitobans were at **increased risk** of death and hospitalization due to injuries
- First Nations Manitobans had an injury death rate which was **almost 2 times** that of other Manitobans
- First Nations Manitobans had an injury hospitalization rate which was **over 3 times** that of other Manitobans



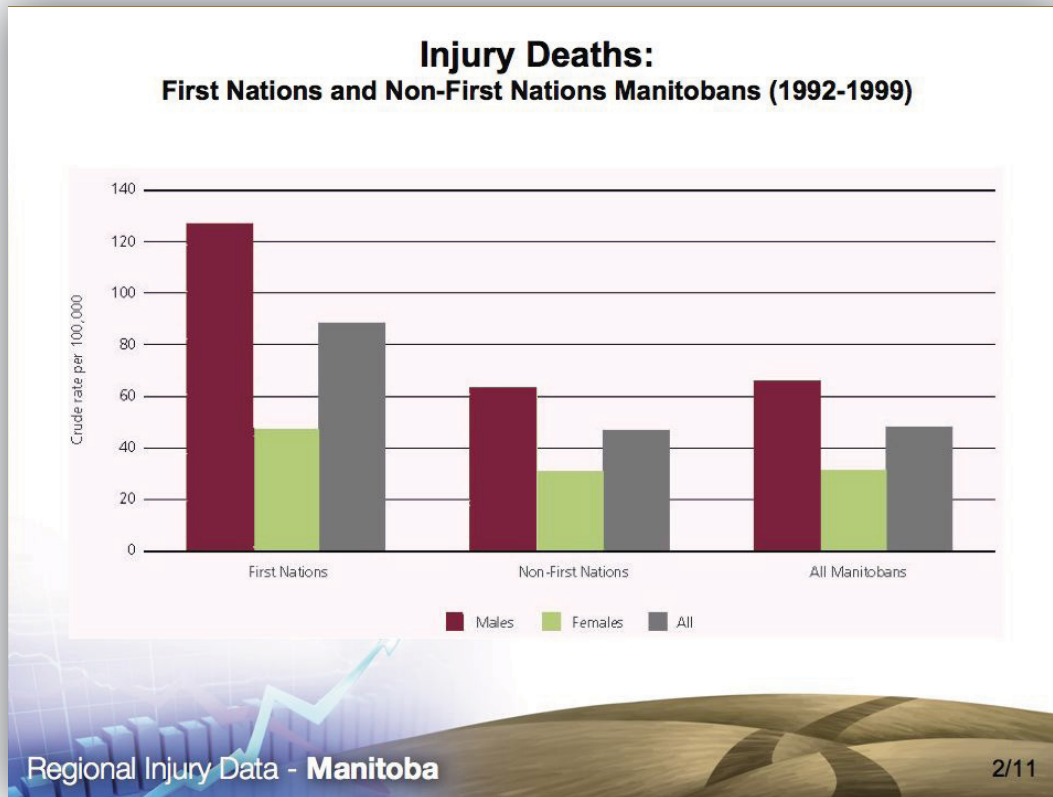
#### **SPEAKER NOTES:**

- The first bullet highlights that in a 10 year review of injury data (1992-2001), First Nations Manitobans were at an increased risk for injury. First Nations were at increased risk for both injury deaths and injury-related hospitalizations.
- The second and third bullets speak to the magnitude of the burden of injury:
  - The injury death rate for First Nations was almost 2 times that of other Manitobans.
  - The injury hospitalization rate was over 3 times that of other Manitobans.



## SLIDE: 2

### Injury Deaths: First Nations and Non-First Nations Manitobans (1992-1999)



#### SPEAKER NOTES:

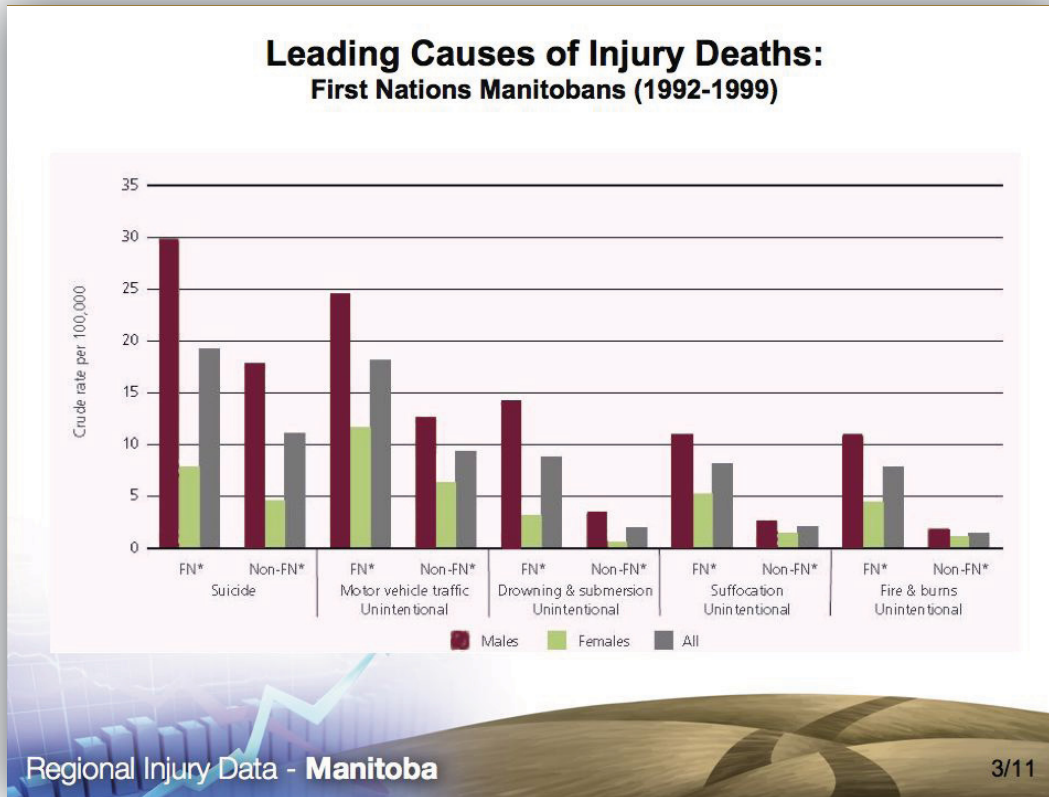
- This slide looks at actual crude rates of injury deaths per 100,000 for First Nations and Non-First Nations.
- Looking at the first bar of each grouping of bars and going from left to right: the first bar represents males; the second bar represents females; and the third bar represents the combined crude rate for both males and females.
- Clearly crude death rates are highest for First Nations.

\*Note: Crude rates consider the actual number of events (such as births, deaths, diseases) that occur in relation to an overall population. The calculation of a crude rate involves taking the number of events divided by the number of individuals for a given population over a specified time period.



## SLIDE: 3

### Leading Causes of Injury Deaths: First Nations Manitobans (1992-1999)



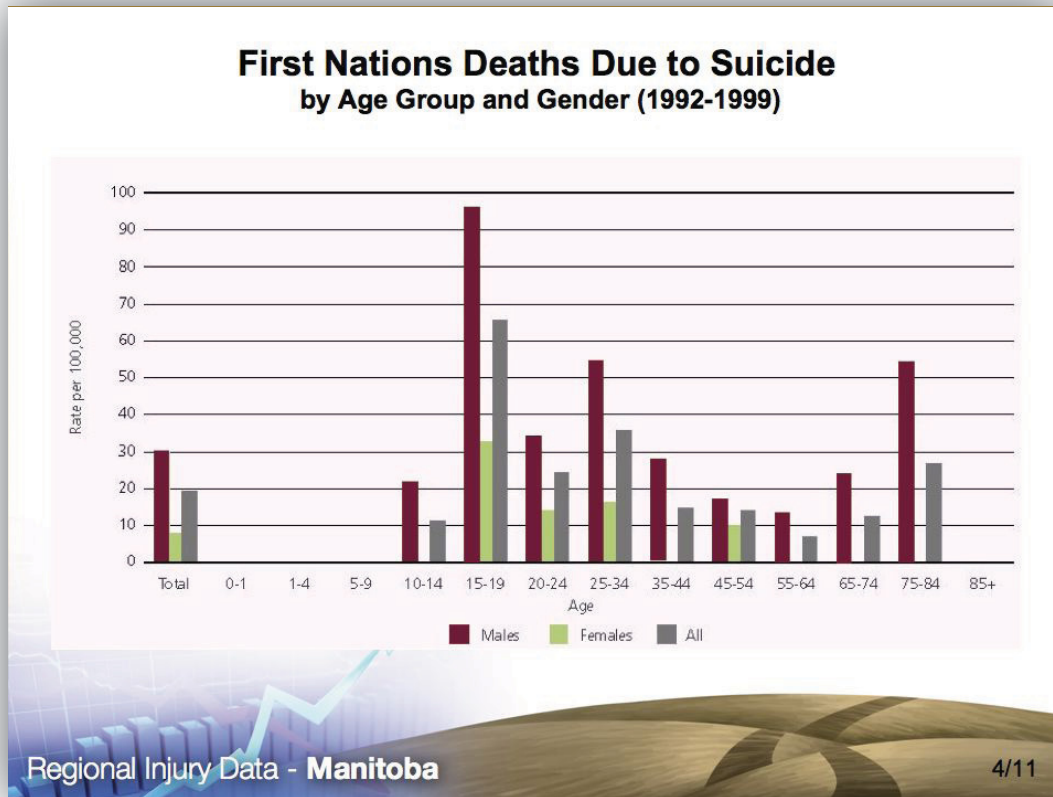
#### SPEAKER NOTES:

- This slide takes a closer look at the leading causes of injury death impacting First Nations and compares crude death rates between First Nations and Non-First Nations populations by gender.
- The top three leading causes of injury deaths for First Nations males and females were suicide, unintentional motor vehicle traffic injuries, and unintentional drownings and submersions.
- Although the leading causes of death are common to both First Nations males and females, it should be noted that there are differences related to gender. For example, this graph shows that suicide rates were almost 4 times greater among First Nations males than females.
- There are also differences associated between First Nations and Non-First Nations populations and gender. For example, First Nations females were more likely to die as the result of motor vehicle traffic injuries while Non-First Nations females were more likely to die of falls.



## SLIDE: 4

### First Nations Deaths Due to Suicide by Age Group and Gender (1992-1999)



#### SPEAKER NOTES:

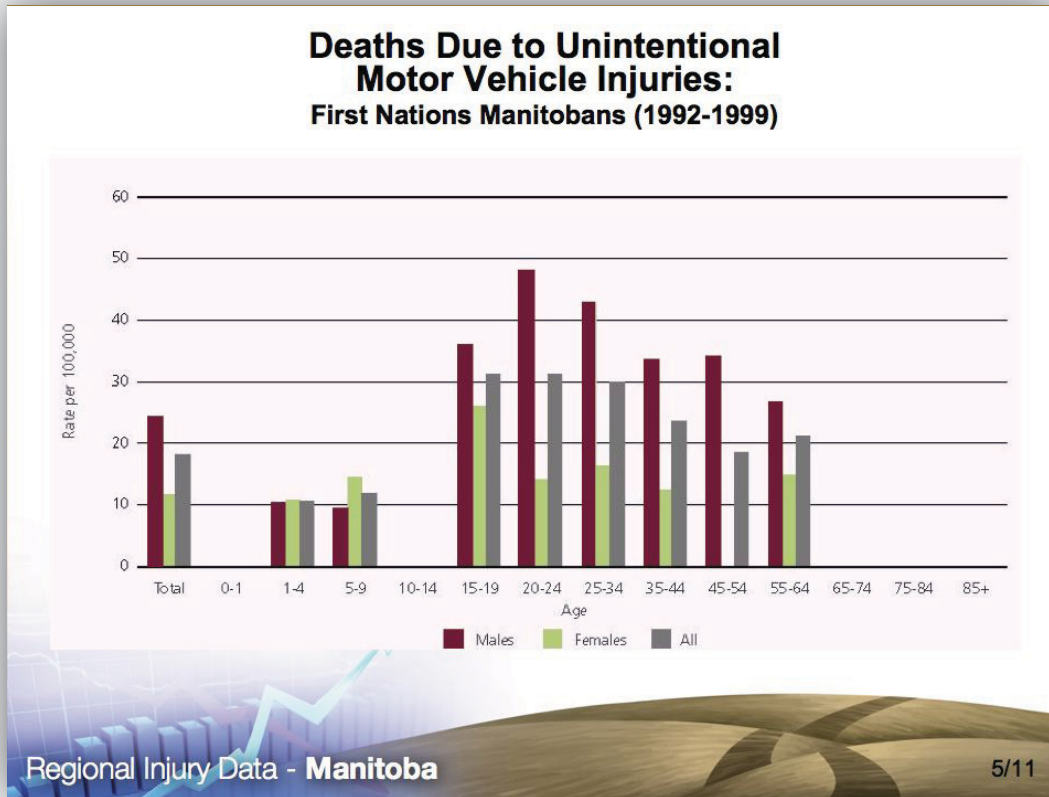
- This slide looks at suicide by age group and gender. In the previous slide, suicide was the leading cause of injury death among First Nations during 1992-1999.
- Looking at the different age groups, the highest rate (96/100,000) of suicide occurred among young males aged 15-19 years.
- The death rate for this age group was approximately 5 times greater than all First Nations in Manitoba.





## SLIDE: 5

Deaths Due to Unintentional Motor Vehicle Injuries: First Nations Manitobans (1992-1999)



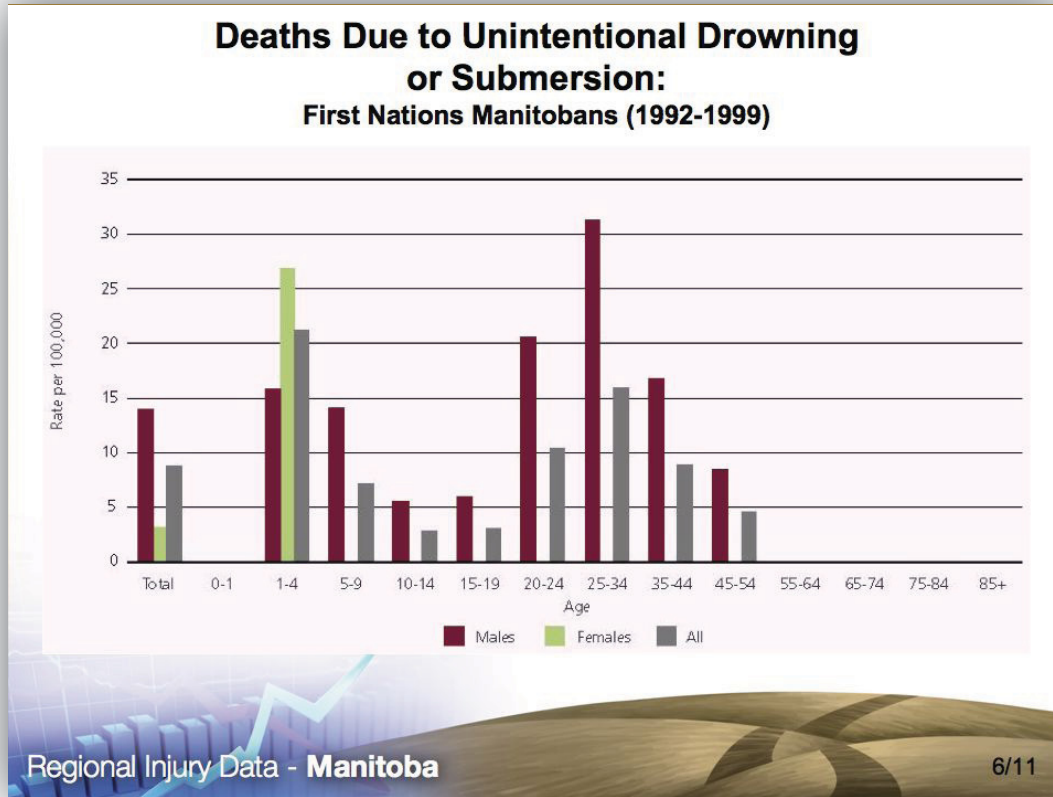
### SPEAKER NOTES:

- The second highest cause of injury deaths among First Nations Manitobans was unintentional motor vehicle injuries.
- First Nations Manitobans were approximately 2 times more likely to die of this injury cause than other Manitobans.
- As this bar graph shows, the highest bars represent the highest rates of death. The highest rates of death for this injury cause are First Nations males 20-24 years of age.



## SLIDE: 6

Deaths Due to Unintentional Drowning or Submersion: First Nations Manitobans (1992-1999)



### SPEAKER NOTES:

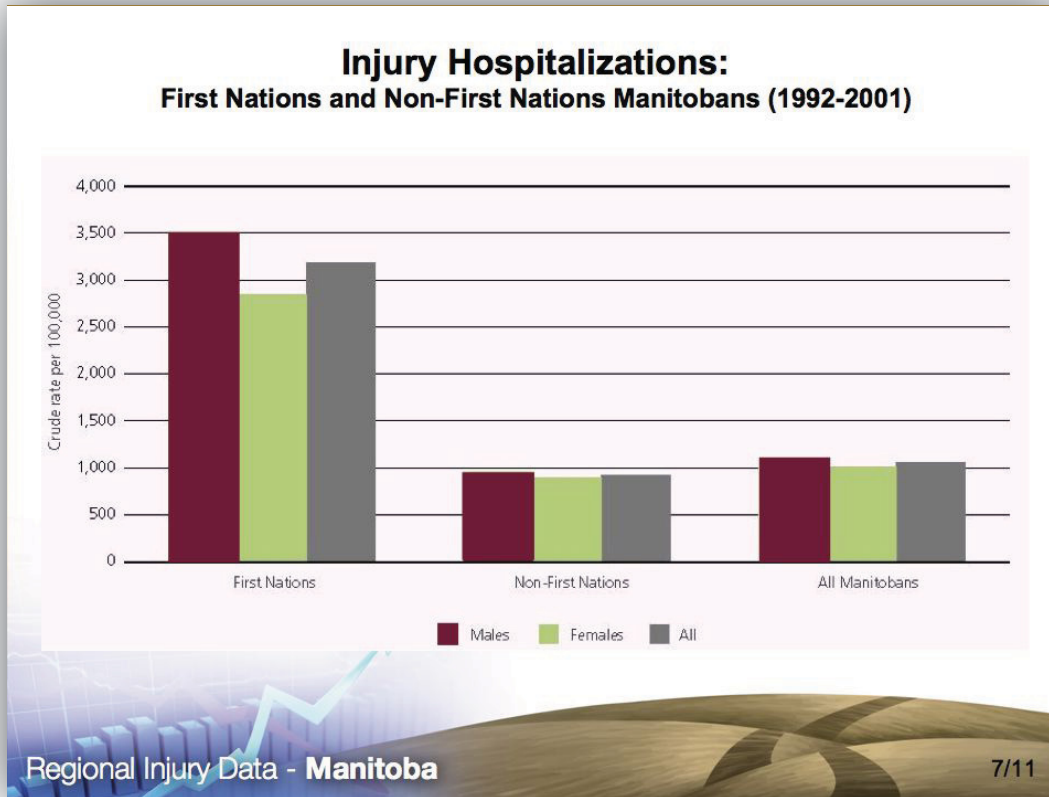
- The third highest cause of injury deaths among First Nations Manitobans was unintentional drowning or submersion.
- First Nations Manitobans were approximately 4 times more likely to die of this injury cause than other Manitobans.
- The highest rates of death for unintentional drowning or submersion (31/100,000) were First Nations males aged 25-44 years.
- Once again looking at the highest bars which indicate the highest rates, we can see that First Nations children aged 1-4 years had a death rate of 21/100,000, which was over 4 times higher than all Manitoba children in this age group (5/100,000).





## SLIDE: 7

### Injury Hospitalizations: First Nations and Non-First Nations Manitobans (1992-2001)



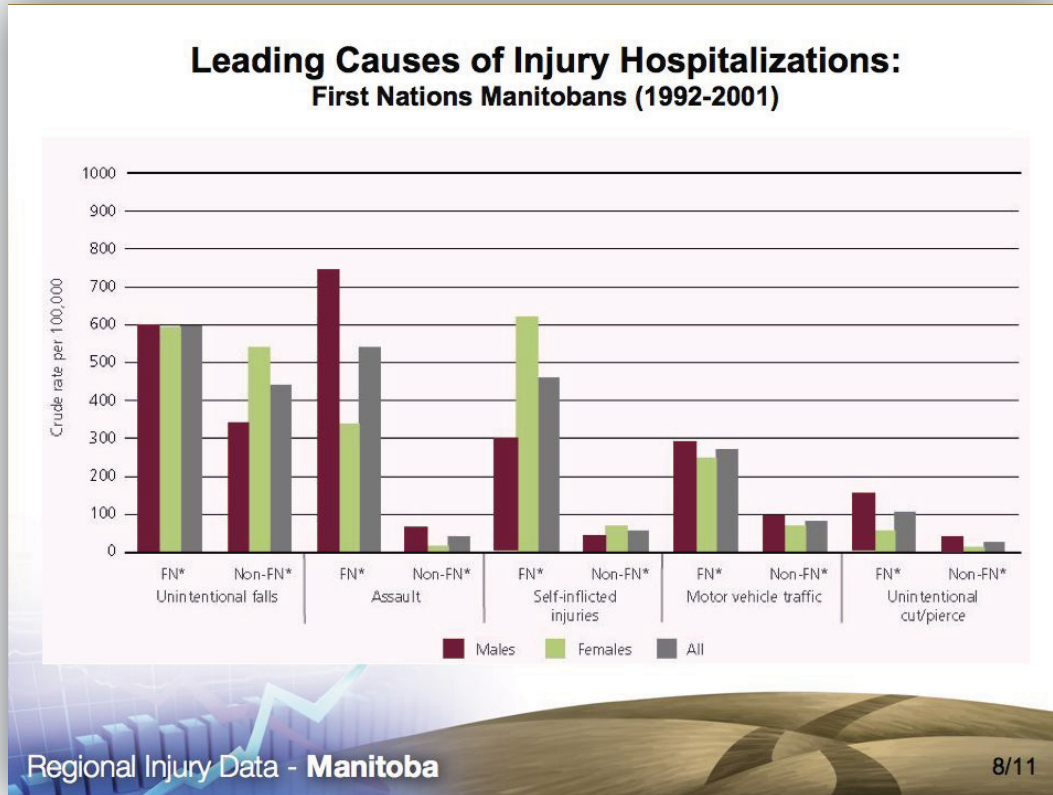
#### SPEAKER NOTES:

- Turning from injury deaths to injury hospitalizations, this slide shows injury hospitalization rates for First Nations and Non-First Nations from 1992-2001. Hospitalization rates are shown by population and gender.
- At a glance, we can see that First Nations Manitobans were more likely to be hospitalized due to injury than other Manitobans.
- The rate of injury hospitalizations among First Nations was over 3 times higher than other Manitobans.



## SLIDE: 8

Leading Causes of Injury Hospitalizations: First Nations Manitobans (1992-2001)



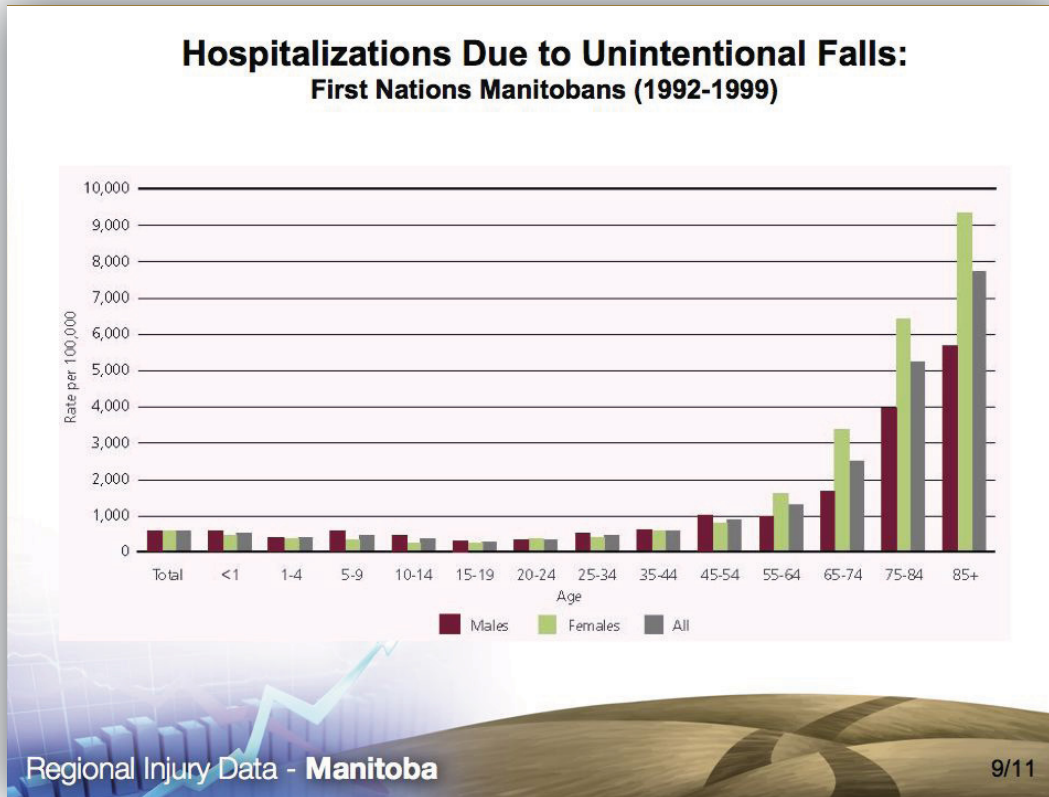
### SPEAKER NOTES:

- Among First Nations during 1992-2001, the 3 leading causes of injury hospitalization were: unintentional falls; assault; and unintentional motor vehicle traffic-related injuries.
- As the bar chart shows, there were differences in the rates of injury hospitalization by population as well as by injury cause.
- First Nations males were more likely to be hospitalized due to assault (742/100,000), while First Nations females were most likely to be hospitalized due to self-inflicted injuries (622/100,000).



## SLIDE: 9

### Hospitalizations Due to Unintentional Falls: First Nations Manitobans (1992-1999)



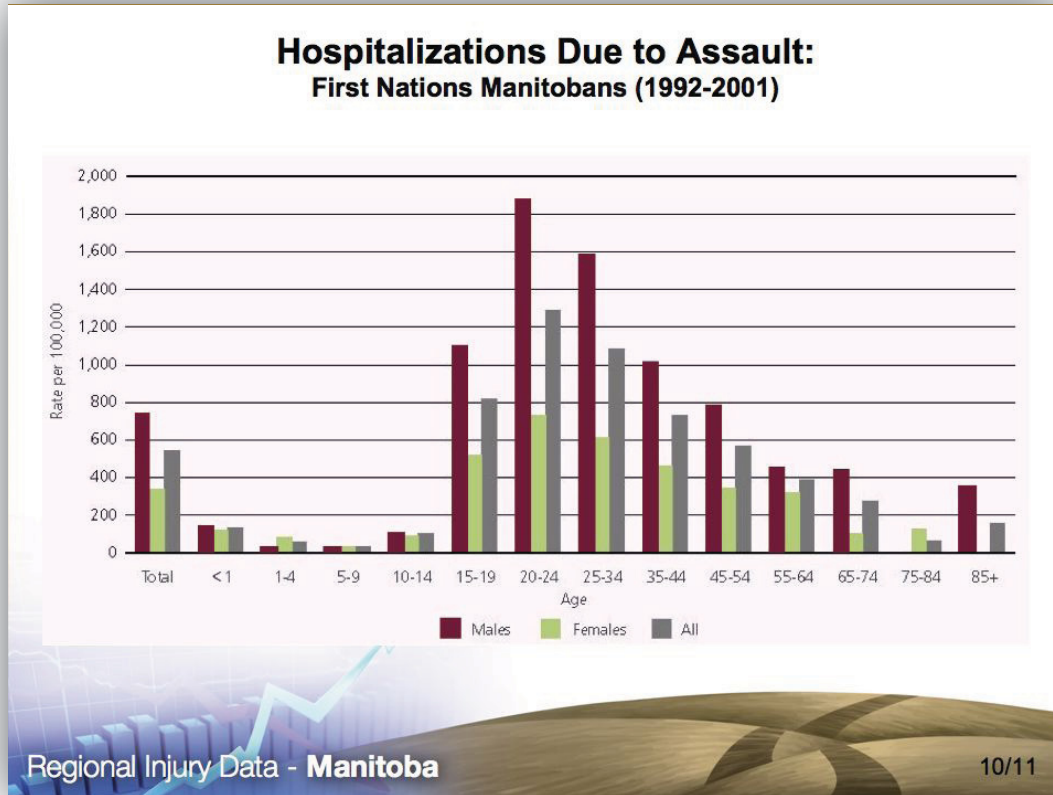
#### SPEAKER NOTES:

- Looking at injury hospitalizations due to unintentional falls, the bar graph illustrates rates by age group.
- Once again the higher bars represent the higher rates of injury hospitalizations.
- It is clear in this graph that older age groups are more likely to be hospitalized due to unintentional falls.
- The highest rate of hospitalization occurred among First Nations females aged 85 years and older (9,343/100,000). The rate of hospitalization for falls in this age group was approximately 16 times higher than all First Nations Manitobans combined.



## SLIDE: 10

### Hospitalizations Due to Assault: First Nations Manitobans (1992-2001)



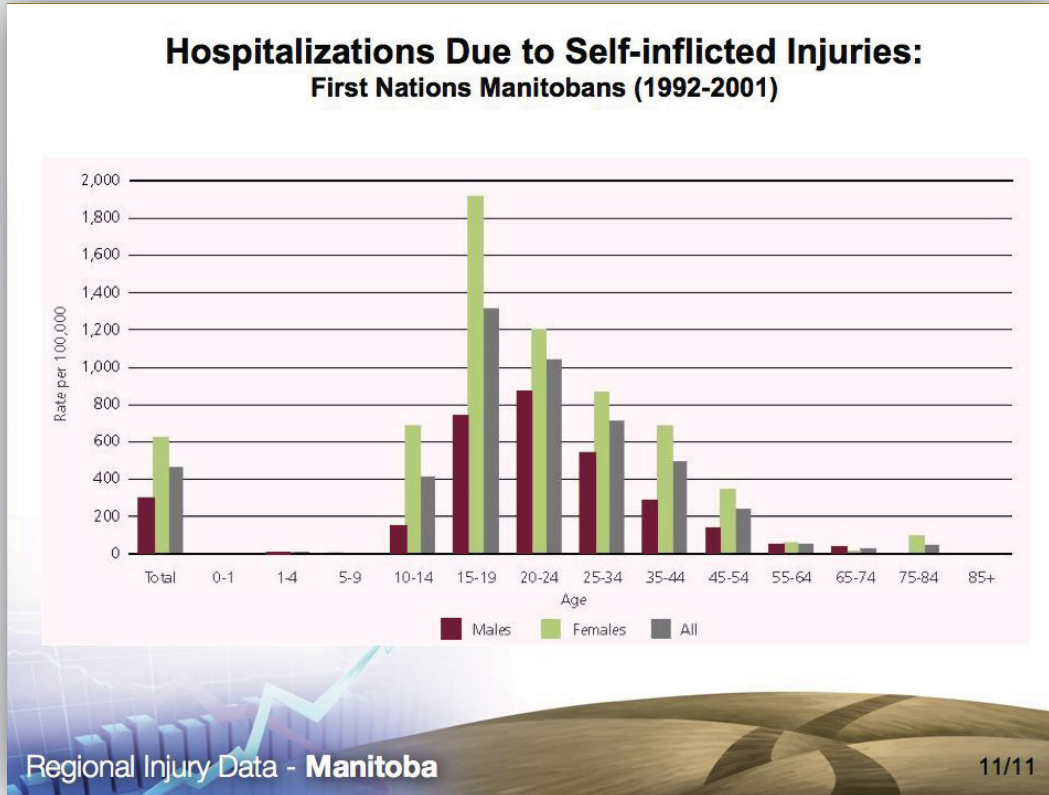
#### SPEAKER NOTES:

- The injury data for the 1992-2001 period identified that First Nations Manitobans were over 13 times more likely than other Manitobans to be hospitalized as a result of assault.
- Looking at injury hospitalizations by age group, the highest rate of hospitalization (1877/100,000) due to assault occurred among those aged 20-24 years.
- This is about 3 times higher than all First Nations in Manitoba (541/100,000).
- This is almost 11 times higher than other Manitoba males in the same age group (175/100,000).



## SLIDE: 11

### Hospitalizations Due to Self-inflicted Injuries: First Nations Manitobans (1992-2001)



#### SPEAKER NOTES:

- Injury hospitalizations due to self-inflicted injuries are also a significant problem.
- Injury data for the 1992-2001 period shows that First Nations Manitobans were almost 8 times more likely than other Manitobans to be hospitalized as a result of self-inflicted injuries.
- Looking at injury hospitalizations by age group, the highest rate of hospitalization for self-inflicted injuries (1914/100,000) occurred among females aged 15-19 years.
- This is almost 4 times higher than all First Nations in Manitoba (461/100,000).
- This is about 8 times higher than other Manitoba females in the same age group (230/100,000).





# A Journey to the Teachings

## INUIT

### Regional Injury Data



- The following injury-related information and data has been compiled from a variety of data sources.
- Data sources are referenced on individual slides.
- It should be noted that references to specific regions in Canada do vary among slides and data presented.
- The regions quoted correspond with the geographic boundaries in place during which the injury data was reported.





# SLIDE: 1

## Burden of Injury

### Burden of Injury

**Available injury data likely *under represents* the magnitude of the INJURY PROBLEM.**

- The availability of Inuit specific injury data is *limited*
- Injury data must be drawn from many different sources of information
- The burden of injury must be considered from Inuit life knowledge of the problem and available data

Regional Injury Data - Inuit

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### SPEAKER NOTES:

- When considering the problem of injury, it is important to recognize that available data most likely under represents the magnitude of the injury problem.
- There are a number of reasons why the size of the injury problem is under represented. For example, if injuries are managed by an individual or their family, the injury is likely to go unreported. Another explanation as to why injuries may go unreported is that they often deal with sensitive issues. Reporting an injury also requires a level of trust among individuals reporting the injury and those who gather the information.
- Another challenge is that in many regions, injuries to Inuit are grouped in with others from the province or territory.
- When it comes to Inuit specific injury data, the data are limited. Inuit live in 4 regions and in the south of Canada. We have data for only 2 of the 4 regions in the north and even then, data are limited.
- In order to gain a picture of the injury problem, we need to rely on Inuit knowledge and experiences as well as a variety of data sources.



## SLIDE: 2

Reflecting on Inuit Populations (2001)

### Reflecting on Inuit Populations (2001)

- Total Population in Canada: approximately **45,075**
- Inuit in Inuit Regions **36,640 (80%)**
- Inuit outside Inuit Regions **8,440 (20%)**

- Where we live: 4 Inuit regions  
INUVIALUIT-NUNAVUT-NUNAVIK-NUNATSIAVUT

<b>INUVIALUIT Settlement Region (Northwest Territories)</b>	<b>2,970</b>
<b>NUNAVUT (Northwest Territories)</b>	<b>22,560</b>
<b>NUNAVIK (Northern Quebec)</b>	<b>8,755</b>
<b>NUNATSIAVUT (Labrador)</b>	<b>2,345</b>

- 19% of Canadians are under 15 years of age
- 39% of Inuit are under 15 years of age

Source:  
*Inuit Statistical Profile, ITK, August 2007.*

Regional Injury Data - Inuit

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### SPEAKER NOTES:

- One way to understand and consider the injury problem is to first reflect on the Inuit population and what we know about Inuit size, where Inuit live and the breakdown of the Inuit population.
- This slide shows that the overall Inuit population was approximately 45,000 in 2001. Of the entire population we can see that approximately 80% of Inuit live in Inuit regions in the Arctic, while 20% live outside of Inuit regions.
- If you look at where Inuit live based on the 4 Inuit regions, we can see that the largest proportion of our Inuit population resides in Nunavut.
- Another important characteristic of the Inuit population is Inuit youth. Inuit youth (those under 15 years of age) represent 39% of the entire Inuit population compared to 19% for Canada's overall population.



## SLIDE: 3

**Burden of Injuries:  
Injury Hospitalization and Injury Deaths:  
Northwest Territories (NWT) Residents  
(1990-1999)**

### **Burden of Injuries**

#### **Injury Hospitalizations and Injury Deaths: Northwest Territories (NWT) Residents (1990-1999)**

- Injury related deaths and injury related hospitalizations are **over 2 times higher** for Inuit/Inuvialuit and Dene residents than rates for other NWT residents (1990-1999)
- NWT injury hospitalization rates are **over 2 times higher** than the Canadian rate (1990-1999)

*Note: In 1996 (the mid-point of the 1990-1999 period reflected by the data), the Inuit/Inuvialuit population in NWT was 24,505*

**Sources:**

*Inuit Statistical Profile, ITK, August 2007*

*NWT Injury Prevention Strategy 2007-2012 Implementation Plan, June 2007.*

Regional Injury Data - Inuit

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### **SPEAKER NOTES:**

- Knowing the Inuit population helps us to consider the importance of information that may not be completely Inuit specific yet is likely to be relevant to the Inuit population. Knowing the Inuit population helps us to make reasonable and logical assumptions.
- In this slide we can reflect on the Inuit population in the Northwest Territories (NWT) during the 1990's. This was before Nunavut was carved out of the NWT to create a new territory. *As Nunavut was not its own territory until April 1999, data are for the NWT, which at that time included Nunavut.*
- The death and hospitalization rates are for Inuit and Dene combined. However, we can use these numbers to give us a good picture of the rates for Inuit and Inuvialuit in the NWT in the 1990's.
- We can see that injury death and hospitalization rates are significantly higher for Inuvialuit, Inuit and Dene at over 2 times higher than other NWT residents. We can also see that in general, injury hospitalization rates are higher in NWT than in Canada overall.



## SLIDE: 4

Leading Causes Of Injury Death: Among Inuit and Inuvialuit – NWT (1990-1999)

### Leading Causes of Injury Death:

Among Inuit and Inuvialuit – NWT (1990-1999)

#1 cause – SUICIDE (33%)

#2 cause – MOTOR VEHICLE TRAFFIC CRASHES (12%)

#3 cause – DROWNING (10%)

\* *Number 1 – risk factor for injuries - INTOXICATION*

*Sources:*

*NWT Injury Prevention Strategy 2007-2012 Implementation Plan, June 2007.  
Injury in the Northwest Territories: A Summary Report, Sept 2004, Gov't of NWT*

Regional Injury Data - Inuit

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### SPEAKER NOTES:

- This slide looks at the major causes of injury death among Inuit and Inuvialuit during the 1990-1999 period.
- During this time period in the NWT, suicide was the leading cause of injury death among Inuit and Inuvialuit (33%).
- The second and third leading causes of injury death were motor vehicle traffic crashes (12%) and drowning (10%).
- In looking at risk factors associated with all injuries, intoxication was identified as the number one risk factor.





## SLIDE: 5

Leading Causes of Injury Hospitalization:  
Among Inuit and Inuvialuit – NWT (1990-1999)

### Leading Causes of Injury Hospitalization:

Among Inuit and Inuvialuit – NWT (1990-1999)

#1 cause – SELF-INFLICTED INJURIES and FALLS – (21% each)

#2 cause – INTERPERSONAL VIOLENCE (assault) – (14%)

#3 cause – MOTOR VEHICLE TRAFFIC / OTHER TRANSPORT – (6% each)

Source:

*Injury in the Northwest Territories: A Summary Report, Sept 2004, Gov't of NWT.*



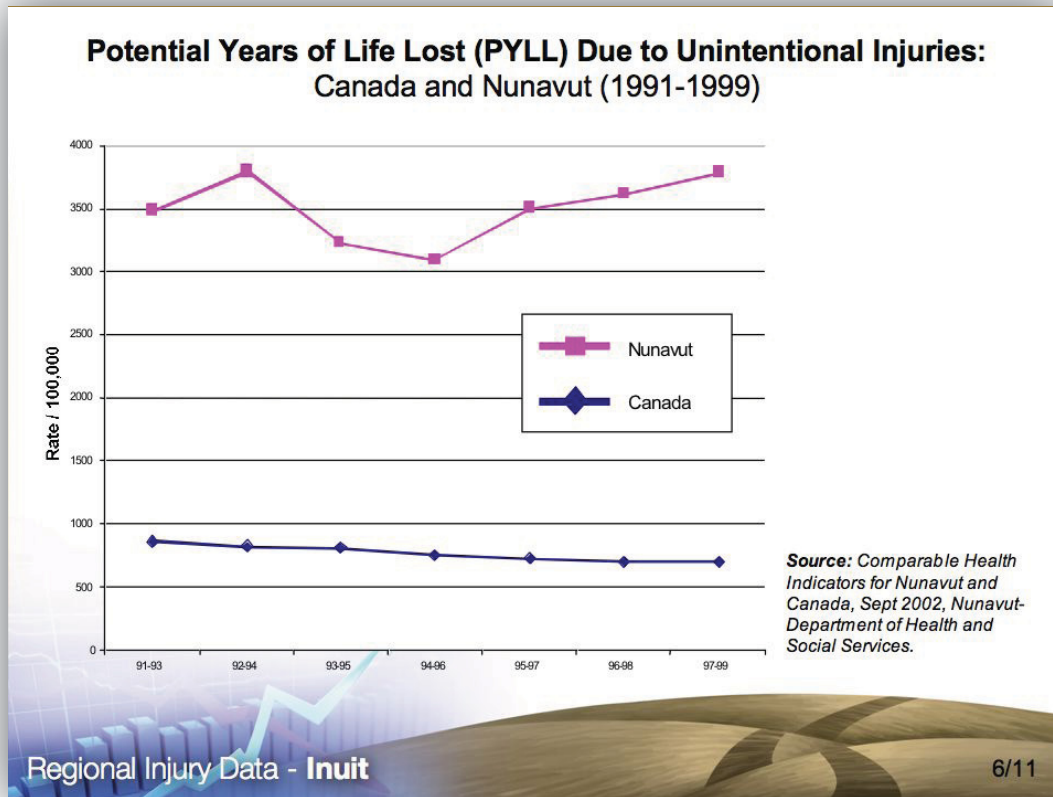
#### SPEAKER NOTES:

- This slide looks at the major causes of injury hospitalization among Inuit during the 1990-1999 period.
- During this time period in the NWT, self-inflicted injuries and falls were the leading causes of injury hospitalization among Inuit (21% each).
- The second leading cause of injury among Inuit and Inuvialuit resulting in hospitalization was interpersonal violence, that is assault (14%).
- The third leading causes resulting in hospitalization were motor vehicle traffic and other transport-related injuries (6% each).



## SLIDE: 6

### Potential Years of Life Lost (PYLL) due to Unintentional Injuries: Canada and Nunavut (1991-1999)



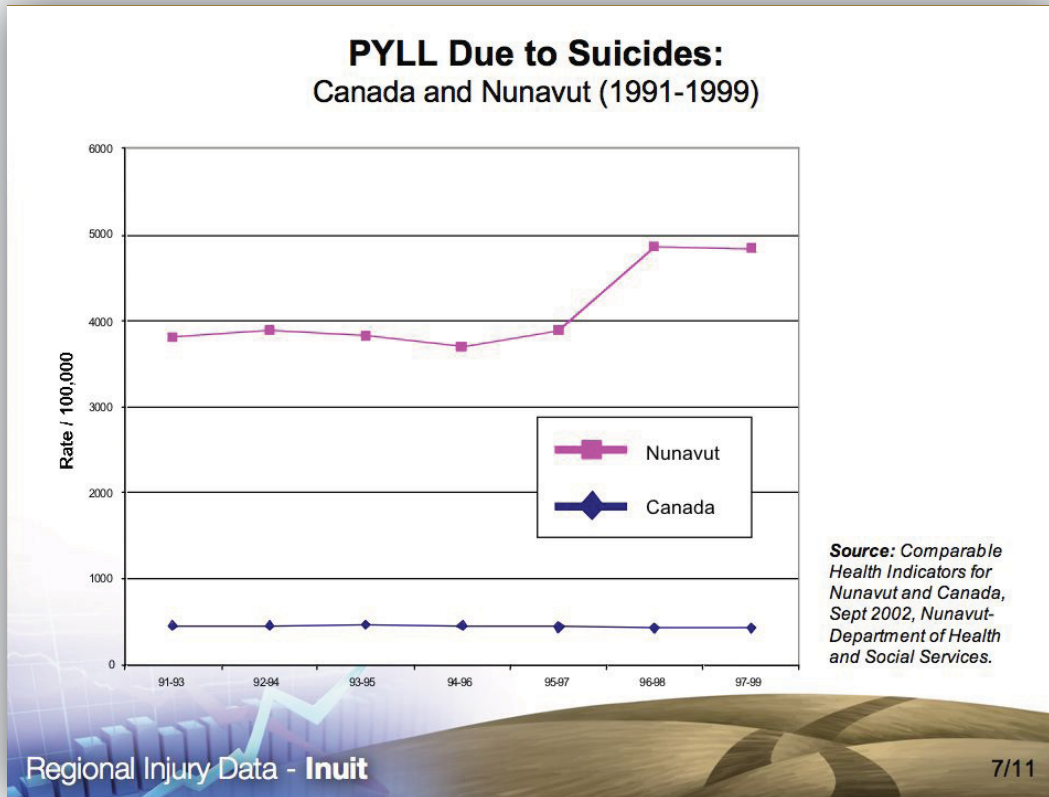
#### SPEAKER NOTES:

- This slide gives us some information for all residents of Nunavut, both Inuit and Non-Inuit.
- A way to discuss and examine health problems is to consider Potential Years of Life Lost (PYLL). PYLL is a measure that looks at how long a person is expected to live and how long they actually lived. For example, if someone dies at the age of 40 but was expected to live an average lifetime estimated at 75 years of age then the PYLL would be 35 years.
- Using PYLL as a measure of the injury problem, this chart illustrates the PYLL due to unintentional injuries comparing the Nunavut rate to all of Canada.
- The top line represents Nunavut rates while the bottom line represents rates for all of Canada for the 1991-1999 time period.
- We can see that Nunavut rates are much higher than the rates for all of Canada over the entire time period.
- We can also see that rates for all of Canada appear to have been decreasing over this period of time, while Nunavut rates were increasing.



## SLIDE: 7

### PYLL Due to Suicides: Canada and Nunavut (1991-1999)



#### SPEAKER NOTES:

- Once again using PYLL as a measure of the injury problem, this chart illustrates the PYLL due to suicide comparing the Nunavut rate to all of Canada.
- As in the previous slide, the top line represents Nunavut rates while the bottom line represents rates for all of Canada for the 1991-1999 time period.
- One can see that Nunavut rates are much higher than the rates for all of Canada over the entire time period.
- One can also see that rates for all of Canada appear almost unchanged over this period of time while Nunavut rates were increasing during the second half of the same period of time.



## SLIDE: 8

### Burden of Injuries: 1999 – ITK Survey on Injuries – Among Inuit Communities

#### **Burden of Injuries:**

1999 – ITK Survey on Injuries - Among Inuit Communities

- **INJURY** is the number one cause of premature death among Inuit
- The number one cause of injury death – is **SUICIDE**
- **Alcohol/drug consumption** and **abuse** were associated with the number one cause of injury in all four Inuit regions



#### **SPEAKER NOTES:**

- In 1999, ITK conducted a survey on injuries among Inuit communities.
- Given the information provided in the previous slides, we can begin to see similar observations.
- Having similar observations from different sources of information helps to confirm the reliability of what we know and see.
- The survey determined that injury is the number one cause of premature death among Inuit. The survey also helped to confirm that suicide was the number one cause of injury death.
- Alcohol/drug consumption and abuse were all associated with the problem of suicide.





## SLIDE: 9

Burden of Injuries (Intentional and Unintentional): 1999 – ITK Survey on Injuries – Among Inuit Communities

### **Burden of Injuries (Intentional and Unintentional):** 1999 – ITK Survey on Injuries - Among Inuit Communities

#### **COMMON INJURIES**

- **Violence to others** (domestic abuse)
- **Violence to self** (suicide attempts and completions)
- **Firearm injuries** (lack of safety precautions)
- **Motor vehicle crashes** (includes snow machines, all terrain vehicles, boats, cars and trucks)
- **Drowning** (lack of water safety precautions, life jackets, swimming instruction)

Regional Injury Data - Inuit

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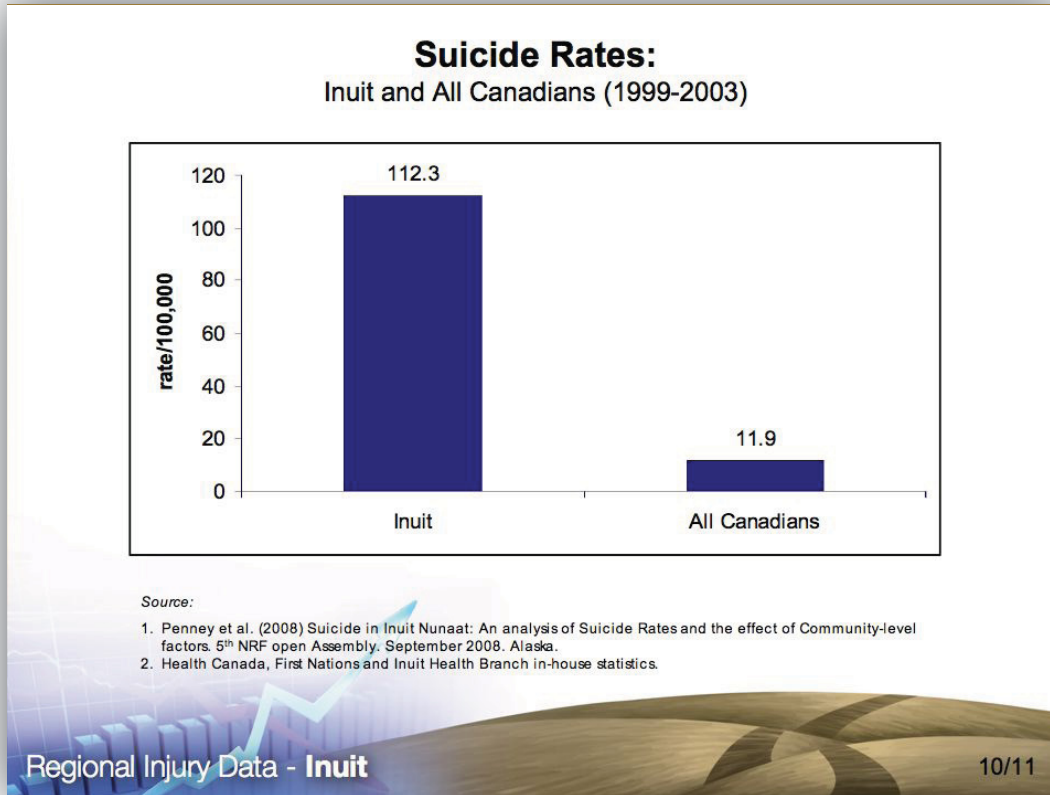
#### **SPEAKER NOTES:**

- The survey identified the most common intentional and unintentional injuries among Inuit communities.
- If you think back to the data seen for all NWT residents, there are consistent observations being made and reported.



## SLIDE: 10

Suicide Rates: Inuit and All Canadians  
(1999-2003)



### SPEAKER NOTES:

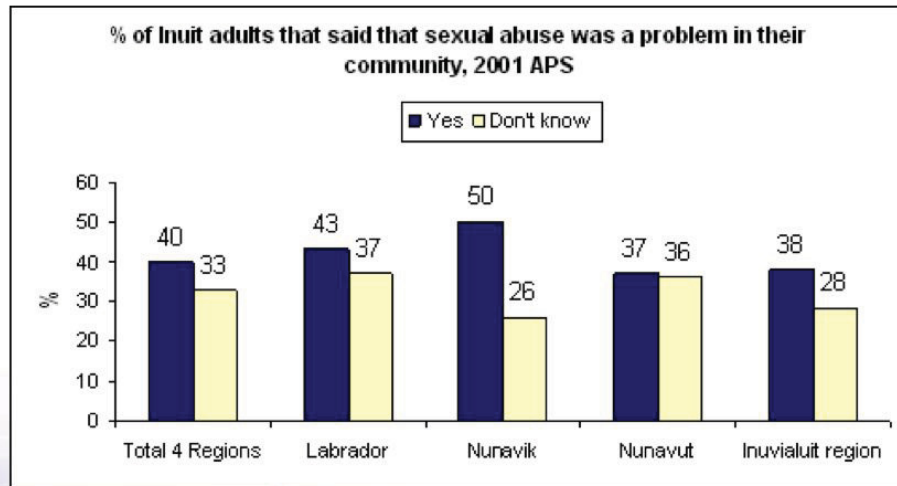
- This particular slide looks at suicide, the number one cause of injury death impacting Inuit, and compares Inuit suicide rates to the rates of all Canadians.
- This slide also shows how significant the problem is when compared to other populations.
- The Inuit suicide rate of 112/100,000 compared to the overall Canadian rate of 12/100,000 is 9 times higher.



# SLIDE: 11

2001 – Aboriginal Peoples Survey

## 2001 – Aboriginal Peoples Survey



Regional Injury Data - Inuit

11/11

### SPEAKER NOTES:

- Another source of information related to injury comes from the Aboriginal Peoples Survey conducted in 2001.
- A specific question that was asked of Inuit adults was whether they thought sexual abuse was a problem in their community.
- In the graph the blue bars represent a “Yes” answer to the question. The yellow bars represent a “Don’t know” response.
- Given that most injury numbers are under represented, we can see that there is much work to do in this area.

