



FACT SHEETS

# INJURY PREVENTION FOR FIRST NATIONS COMMUNITIES

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ASSEMBLY OF FIRST NATIONS

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# INJURY PREVENTION FACT SHEETS

## ASSEMBLY OF FIRST NATIONS

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## Injury in First Nations Communities

### Injury – A Definition

Injury is physical damage to the body. Amongst other causes, injuries result from road traffic collisions, burns, falls, poisonings and deliberate acts of violence against oneself or others. Public health professionals divide injuries into two categories:

- *Unintentional injuries* that include most injuries resulting from traffic collisions, burns, falls, and poisonings.
- *Intentional injuries* that are injuries resulting from deliberate acts of violence against oneself or others (WHO 2002).

Canada is suffering an injury epidemic and in First Nation communities the epidemic is even more staggering. In First Nation communities injury is the leading cause of death for people under the age of 45. As well as being a major cause of death, injuries tend to kill at comparatively young ages in First Nation communities. The biggest cause of injury death are motor vehicle accidents, suicide and accidental drug poisoning .

Injuries are caused by a complex interaction of a variety of factors. From a societal perspective they include low socio-economic status, cultural norms that support violence to resolve conflict and rigid gender norms. From a community perspective, some factors could include poor safety standards in the workplace, unsafe roads, and easy access to firearms. At the family level, family relationships such as lack of care and supervision, physical abuse, and family dysfunction are factors that cause injuries. Finally, factors such as aggression, and alcohol and substance abuse by individuals contributes to injuries to oneself and others.

### Injury in the Canadian Context

In comparison to illnesses the rate of injury, both *intentional and unintentional* in Canada rank third, following behind cardiovascular and musculoskeletal disease and cancer. Injury rates translate into enormous health care costs. One conservative estimate of the direct costs of injury related health care to be around \$3.1 billion annually. Indirect costs, including loss of productivity and premature death have been estimated at \$11.2 billion annually. Data collected by Health Canada also points out that First Nations experience injury mortality rates 3 times that of the national average. Suicide rates for First Nations people under 20 years of age are 5 times higher than rates for all Canadians.<sup>1</sup>

The leading cause of injuries in Canada in descending order include:<sup>2</sup>

- motor vehicle crashes
- falls
- poisoning
- drowning and fires

Out of 11 developing countries, Canada ranked 7<sup>th</sup> highest for all injuries and 5<sup>th</sup> highest for suicide.<sup>3</sup> The breakdown of injury related deaths for 1997 was as follows:<sup>4</sup>

- 65% unintentional e.g. traffic collisions, burns, falls, poisonings
- 29% suicide
- 3% homicides
- 2% undetermined

### Injury in the context of First Nations

For First Nations the breakdown of injury related deaths is as follows:<sup>5</sup>

Age 1-9	Age 10-19	Age 20-44	Age 45-64	Age 65+
Fire	Suicide & Self Inflicted Injury	Suicide & Self Inflicted Injury	Motor Vehicle Accidents	Falls
Motor Vehicle	Motor Vehicle Accidents Drowning	Motor Vehicle Accidents Homicide Accidental poisoning Drowning		

Injury death rates in First Nations communities **are far higher for men than for women**. First Nations people die from the *same types of injuries* as other Canadians *but the rates are much higher*. The age pattern is also similar in that in both cases, **people age 15-24 are at highest risk**.

For First Nations children under 10 years, the most common death due to injury is *unintentional/ accidental*.<sup>6</sup> Mortality rates for First Nations in 1999 was 354.2 deaths/100,000. First Nations males have 1.3 times higher mortality rates than females (1999).<sup>7</sup>

In the First Nations population mortality due to injury is the result of various factors that are unique to First Nation community living. The following are some of the most prevalent injury and living factors and how they correlate with one another:

### **Motor Vehicle Accidents:**

- First Nations communities are greater distances from places where regular activities, commodities or services can be undertaken
- Riskier types of vehicles like snowmobiles and all-terrain vehicles are utilized in unsafe conditions such as on ice, public or poor roads – they are hard to see and roll over easily causing injury
- There are significant influences of alcohol and substance abuse in First Nation communities
- Emergency facilities are greater distances from First Nation communities increasing risk of death

### **Drowning**

- Many First Nation communities are in close proximity to rivers and lakes, often with important services such as stores, health centres, air strips located across a body of water
- In northern areas cold water temperatures increase likelihood of hypothermia and consequent death. In northern areas there is also less access to swimming lessons and lifesaving training
- Safety and lifestyle habits do not emphasize safety practices such as use of flotation devices or limiting alcohol consumption when in or on the water.

### **Fire and Burns**

- Many homes in First Nation communities are wood frame construction
- There is limited presence of smoke detectors in many First Nation communities
- Smoking habits contribute to fires and injury

### **Violence and Suicide**

- Poor social conditions and community dysfunction result in greater risks of violence and suicide. High suicide rates correlate with community characteristics such as a higher number of occupants per household, more single parent families, fewer Elders, low average income and lower average education.
- Overcrowded and poor housing increases the risk of injuries and can aggravate stress levels and contribute to family violence
- Hunting and subsistence lifestyles contribute to the risk of injuries due to firearms as well as the risk of suicide by these weapons.

- According to a recent British Columbia study, the main characteristics distinguishing Aboriginal from non-Aboriginal suicides were:
  - more powerful effects of adverse community conditions
  - youth – the typical Aboriginal victim - is an unmarried male in his late teens or twenties – he is likely to have been separated from family members in childhood, often in foster care, or come from a family that is unstable.
  - more family alcohol abuse, with accompanying violence
  - more personal alcohol abuse, with accompanying violence
  - lower levels of diagnosed mental illness
  - more impulsive decisions to commit suicide
  - were unemployed or victims of physical or sexual abuse

Source: FN and Inuit Injury Prevention Working Group 2001 health Canada

A strategy for injury prevention is *essential* to reducing death and disability in First Nation communities. An effective injury control strategy must be *First Nation driven, demographically sensitive and culturally appropriate*. According to the World Health Organization (WHO) the most important measures for prevention of death, disability and impairment are:

- improvement of the educational, economic and social status of the least privileged groups,
- identification of types of injury and impairment and their causes within defined geographical areas
- introduction of intervention measures through better health and prevention practices
- legislation and regulations that are geared towards prevention
- modification of unsafe lifestyles
- education regarding environmental hazards and potential for injuries
- fostering better informed and strengthened families and communities
- training and regulations to reduce accidents in industry, agriculture, on the roads and in the home
- control of the use and abuse of drugs and alcohol

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<sup>1</sup> Health Canada. (2000). *Injury Prevention – National Statistics and Trends: Injury in Canada*. Canada: 1.

<sup>2</sup> *ibid* p. 3.

<sup>3</sup> *ibid*.

<sup>4</sup> *ibid*

<sup>5</sup> Health Canada. (2000). *A Statistical Profile on the Health of First Nations in Canada*. Canada: 32.

<sup>6</sup> *ibid* 6.

<sup>7</sup> *ibid*.

## Suicide

### Facts

Death by suicide among First Nations is highest among youth between 15 and 24 years of age. Suicide rates are much higher for First Nations males than for females and much higher than the Canadian average. Poor social conditions and community dysfunction result in greater risks of violence and suicide in First Nation communities. High suicide rates correlate with community characteristics such as a higher number of occupants per household, more single parent families, fewer Elders, low average income and lower average education.

Suicide is a self-destructive act. The reasons are complex and for a large part derive from experiences such as:

- prolonged or unresolved grief,
- loss of identity or cultural dislocation,
- economic disadvantage,
- high unemployment,
- separation from family or extended family,
- chronic family instability, or
- physical, emotional or sexual abuse.

These factors can lead to alcohol abuse and substance abuse, depression, social and psychological problems, ill health, anger and self-destructive behaviors.

Family members, friends, teachers, health and social service workers, and others in the community who have regular contact with individuals at risk of suicide are in an important position to recognize the early signs of suicide.

It is essential to take warning signs seriously. Studies show that 80% of people who attempt suicide have given prior warning of their intentions. Chronically depressed and acutely stressed people need attention, and talking about suicide is often a direct or indirect plea for protection from a suicidal impulse.

### Warning signs of a possible suicide include:

- changes in routine, such as withdrawing from regular activities,
- long periods of sadness,
- self-imposed isolation from family and friends,
- unexpectedly poor performance at work or school,
- greater reliance on alcohol or drugs,
- being self-critical or making negative comments about oneself,
- expressing hopelessness about one's life or future,

- increased hostility or negativity,
- changes in sleeping or eating patterns,
- being anxious or restless in what appear to be normal situations,
- increased apathy,
- giving away valued possessions.

**Things to do:**

- Listen and take the situation seriously.
- Talk freely and ask questions.
- Recognize that suicidal feelings are real.
- Offer interest and support.
- Give reassurances that there are other options.
- Express your concern.
- Offer encouragement and involve family, friends or neighbours.
- Stay with the person until you're sure they are safe.

Recent studies of suicide among Indigenous youth link low suicide rates with the resurgence of Aboriginal culture. Communities with low suicide rate rely on strong traditions and customs, religious ceremonies and traditional healing methods to provide a feeling of security and a sense of belonging.

It is important to remember that everyone has strengths. Most suicidal people do not really want to die. Crisis offers a unique opportunity to help.

**What a Community can do to Prevent Suicide:**

- Provide strong family and community support.
- Encourage a sense of belonging.
- Improve skills in problem solving and conflict resolution.
- Nurture cultural and religious beliefs that discourage suicide and focus on self-preservation.
- Encourage good school performance and a good attitude towards school.
- Encourage good physical and mental health.
- See to early identification and intervention of psychological problems.
- Ensure easy access to clinical intervention.
- Provide effective clinical care for disorders.
- Provide support from ongoing medical and mental health care relationships.



## Drowning

### Facts

According to Health Canada, drowning is the second most important cause of death in many Aboriginal communities. In some locations in Canada, the number of drownings is greater than the number of road traffic accidents when you include numbers involving snowmobile drownings.

At a national level, in 1996, Aboriginal people had a drowning rate 6 times higher than other Canadians.

Nationally, Aboriginal toddlers had a drowning rate 15 times higher than other Canadians.

The leading causes of drowning are boating, aquatic activities such as swimming and wading, and falls into open water.

Many First Nation communities are in close proximity to rivers and lakes, often with important services such as stores, health centres, air strips located across a body of water. The risk of drowning is higher in northern areas because of lower water temperatures which increase the likelihood of hypothermia and consequent death. In northern areas there is also less access to swimming lessons and lifesaving training.

The greatest risk to adults are boats, snowmobiles and ice and the greatest risk to toddlers are boats and falls into open water. Of all age groups, children ages 1-4 have the highest drowning death rate.

Safety and lifestyle habits in First Nation communities do not emphasize safety practices such as use of flotation devices or limiting alcohol consumption when in or on the water. The rate of drowning for Aboriginal males in the 0-4 age group is 30 per 100,000 and 10 per 100,000 is the rate for females. Mainstream statistics for the same age group show between 1 and 3 per 100,000 for males and females. Drowning for the 35-64 year old age category also illustrates the disparity between Aboriginal and non-Aboriginal Canadian rates. Aboriginal rates for males is around 25 per 100,000, while mainstream Canadian rates for males is around 3 per 100,000.<sup>1</sup>

Health care costs per near-drowning victim typically range from \$75,000 for initial emergency room treatment to \$180,000 a year for long-term care.

**Some things we can do to Reduce the Incidence of Drowning:<sup>2</sup>**

- **Be very careful while boating.** It's best to not fall into the water at all. Cold water affects your muscles and makes it hard to hold onto anything. It also makes it hard to control your breathing and you could breathe in water.
- **Wear a life jacket or Personal Floatation Device** They keep your head above water if you fall in. Remember to wear them every time you go boating. It's not good enough to have them in the boat with you – you will not be able to reach them even if you think they're nearby. Everyone in the boat needs their own life jacket.
- **Never drink and drive.** The rules are the same on the water as on the road. Don't get in a boat with a person who has been drinking. Don't go swimming if you've been drinking, either.
- **Keep an eye on your kids.** An adult should always be watching kids while they play in or near the water. Children can easily slip and fall into the water, or break through thin ice.
- **Never swim alone** or in unsupervised places. Teach children to always swim with a buddy.
- **No ice is without risk** - Avoid ice on or near moving water. Clear hard ice on lakes is the only kind of ice recommended to travel on.

**Drowning Prevention and Open Waterfronts:**

- Dive only when **you know the area is clear of rocks** and other sharp objects and is at least 8.5 feet deep
- Before walking near water, **check the area for risks** such as slippery surfaces and loose rocks; remember that 2/3 of drowning deaths never intended to go into the water.
- Be aware of boats and **avoid swimming in common boating areas.**
- Choose a stationary landmark on shore and refer to it often when swimming to **avoid drifting too far from the swimming area.**
- Make sure there is **close access to a working phone** for emergencies and know your location
- **Have rescue equipment and a first aid kit handy** and know how to use them.

<sup>1</sup> [http://www.hc-sc.gc.ca/fnih-spni/promotion/injury-bless/stat/96\\_drownings-noyade\\_sex\\_e.html](http://www.hc-sc.gc.ca/fnih-spni/promotion/injury-bless/stat/96_drownings-noyade_sex_e.html). January 16, 2006.

<sup>2</sup> [http://www.hlthss.gov.nt.ca/content/Publications/Brochures/PDF/injury\\_report/injuryreportfact3dec2004.pdf](http://www.hlthss.gov.nt.ca/content/Publications/Brochures/PDF/injury_report/injuryreportfact3dec2004.pdf). January 17, 2006.

<http://www.healthunit.org/injury/swimming/supervision.htm>

## Fire

### Facts

First Nation people are at a greater risk because of their smoking habits, wood frame house construction and the low presence of smoke detectors. Almost one third (31%) of all fire deaths in the Aboriginal population are in children between the ages of 1 and 14, compared to an average of 16% in the total Canadian population.<sup>1</sup>

Many homes in First Nation communities are wood frame construction. The presence of smoke detectors in many First Nation communities is minimal. Fire and flame-related injuries are four to eight times higher than in the Canadian population. Nearly 7 out of every 10 homes that had fires in First Nations communities did not have smoke alarms installed.<sup>2</sup> Smoking habits also contribute to fires and injury.

### **The following risk factors are associated with more fires:<sup>3</sup>**

- Drinking alcohol or using drugs
- Leaving children alone in the home
- No smoke alarm or smoke alarm not working (e.g. battery removed)
- Lack of knowledge about the safest ways to evacuate a burning building
- Blocked entrances or hallways
- No family evacuation plan

### **First Nations people living in communities are at a higher risk for fire-related injuries.** The following list outlines some reasons:<sup>4</sup>

- Less access to and use of smoke alarms
- Use of woodstoves and electric heaters for heating
- Less access to professional electricians when changes are being made to the home's wiring
- Use of alcohol increases number of smoking related and cooking related fires
- Less access to fire prevention education
- Community may not have adequate fire fighting equipment
- Less supervision around matches and lighters and less education of children regarding fire safety

**Communities Can Reduce Fire Related Injuries by:<sup>5</sup>**

- Smoke alarm programs where the cost is subsidized and the alarm installed.
- Home safety checks with local firefighters
- Schools programs such as *Wisdom of Fire*, *Learn not to Burn* or other safety programs.
- Parent programs that include information on fire safety and household burn prevention.
- Fire prevention activities in schools, community fairs.
- Training local fire fighters to teach public education and youth fire setting programs.

**Specific personal things you can do to reduce fire related injuries include:<sup>6</sup>**

- Learning about fire prevention and what to do in case of a fire
- Installing smoke alarms and checking them monthly
- Making a home fire escape plan and having the entire family practice
- Making sure that all wiring is done according to provincial electrical code
- Always keeping space heaters well away from drapes, beds, or other materials that could catch fire
- Never leaving space heaters, wood stoves or candles unattended
- Supervising children closely and keeping all matches and lighters out of reach
- Turning down the temperature of the hot water tank to 49 degrees Celsius
- When cooking, taking care that pot handles do not extend over the top of the stove. If you are cooking on the stovetop, never leave it unattended. Have a 3 foot “no kids” zone around you when you are cooking
- Never drinking or carrying hot drinks such as coffee while holding a baby or child
- Never leaving kettle cords hanging for a curious child to pull
- Never using a microwave oven to heat a baby bottle or food for a child
- Joining your local volunteer fire department
- Learning CPR and first aid

<sup>1</sup> [http://www.hc-sc.gc.ca/fnih-spni/pubs/injury-bless/2001\\_trauma/4\\_injuries-lesions\\_e.html#fire](http://www.hc-sc.gc.ca/fnih-spni/pubs/injury-bless/2001_trauma/4_injuries-lesions_e.html#fire). January 17, 2006.

<sup>2</sup> <http://www.med.ualberta.ca/acicr/pages/facts/First%20Nations%20Facts.pdf>. January 16, 2006.

<sup>3</sup> [www.hsc.mb.ca/impact/print/pdf%20files/fire%20pages.pdf](http://www.hsc.mb.ca/impact/print/pdf%20files/fire%20pages.pdf). January 17, 2006.

<sup>4</sup> ibid

<sup>5</sup> ibid

<sup>6</sup> ibid

## Fire Arms

### Facts

In total, it is estimated that 7 million guns are owned by 3 million civilian gun owners in Canada. Approximately 24% of Canadian households (2.7 million) own one or more firearms (Department of Justice, Research Note, 1998).

From 1970 to 1995, gunshot wounds caused an average of 1,300 deaths per year. Approximately 80% of firearm-related deaths were suicides, for an average of 1,060 firearm suicides per year in Canada. Approximately 14% of all firearm-related deaths were homicides.

Data concerning firearm ownership levels among First Nations people in Canada are scarce. There are few comprehensive statistics dealing with harms caused by firearms in Aboriginal communities, making it difficult to compare any of the national data with the First Nations experience. However, between 1989 and 1993, the rate of firearm suicides among First Nations people was three times the national rate. During this period, firearms were used in 31% of suicides among First Nations people in Canada,

According to Statistics Canada, 11.3% of homicide victims and 16.5% of homicide suspects were of Aboriginal origin, even though Aboriginal people comprise about 3% of the Canadian population in 1992 (Statistics Canada, 1993). Although Aboriginal people are over represented in overall homicide cases, they are less likely to be involved in firearm homicides compared to the general population (those involving Aboriginal and non-Aboriginal people).

Between 1988 and 1993, shooting was the third leading method of homicide among Aboriginal people accounting for almost 20% of all homicides. A study completed by Doob et al (1994) found similar results in their examination of Aboriginal homicides in Ontario between 1980 and 1990.

There are a variety of risk factors that have been associated with firearm-related deaths and injuries. Research by Kellermann et al (1986, 1992, 1993) reported that firearm ownership increased the likelihood of a firearm-related death among family members or acquaintances in a gun-owning household. A research study on suicide among Aboriginal people in Manitoba suggested that access to firearms is a pivotal factor (Malchy et al., 1997).<sup>1</sup>

Hunting and subsistence lifestyles contribute to the risk of injuries due to firearms, as well as, the risk of suicide by these weapons.<sup>2</sup> For First Nations

people hunting is a universal reason for owning a gun. The average owner of a firearm is an adult male who usually is the individual owner. Few firearms are family or jointly owned. In First Nation communities the most common type of firearm owned is a rifle/.22 and shotgun. The prevalence of handgun ownership is extremely low in First Nation communities.

## General Facts about Firearms

Most deaths from gunshot wounds occur in the home, with more occurring in rural areas than in cities, and are inflicted with legally acquired hunting guns.

The cost of the consequences of the improper use of firearms in Canada has been estimated at \$6.6 billion per year. There is a correlation between access to guns and risk of death.

The mere presence of a firearm in a home increases the risk of suicide, homicide and "accidental" death. It is estimated that, in one third of all households in Quebec that have a firearm, it is not safely, or even legally, stored.

## Firearms and children

Reducing access to firearms is particularly relevant to preventing injuries to children and adolescents. Developmental characteristics of children and adolescents make them particularly vulnerable to the risks of an improperly stored firearm.

Young children may have a poor understanding of the severity and permanence of injuries caused by firearms, or they forget any previous instruction about the dangers of firearms.

Adolescents may be impulsive and have feelings of invulnerability. They are subject to peer pressure and may experiment with drugs and alcohol.<sup>3</sup>

## The misuse of firearms results in:

- Injury
- Homicides
- Suicides
- Unintentional shootings

The best prevention from firearm related injuries is not to store guns in your home, especially if children and youth live with you.

**If you have firearms you should store them:**

- Unloaded, and
- In a storage container under lock and key that cannot be broken into,
- Where ammunition is not readily accessible, unless it is stored in a separate locked container, that cannot be broken into.
- It is best to store ammunition and guns in different locations.

**To Ensure Firearm Safety in your community**

- Successfully complete a Firearms safety course.
- Keep any firearms unloaded until they are ready to use.
- When handling or cleaning a gun, never leave it unattended.
- Children are most at risk for firearm injuries when they are left at home unsupervised and have access to a gun – do not leave keys to firearms storage easily accessible to children or others.
- Instruct your children on the risks associated with guns – your child is at risk even if you do not own a firearm as they can encounter one at a friend's, neighbor's or relative's home.
- Make sure children know to never pick up a gun if they find one and to tell an adult immediately.

**To Facilitate Firearms safety promotion:**

- Develop and implement programs to promote firearms safety;
- Develop and produce a variety of firearms-related promotional materials and information literature that are designed to enhance community safety through the responsible ownership, handling, use, storage and transport of firearms;
- Provide interactive display booths to provide firearms safety information and related promotional materials for interested community resource groups.<sup>4</sup>

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<sup>1</sup> <http://canada.justice.gc.ca/en/ps/rs/rep/1998/tr98-7a.html>. January 20, 2006.

<sup>2</sup> McDonald, R. (2004). *Injury Prevention and First Nations: A Strategic Approach to Prevention*. Ottawa: 7.

<sup>3</sup> [http://epe.lac-bac.gc.ca/100/201/300/cdn\\_medical\\_association/cmaj/vol-156/issue-11/1534b.htm](http://epe.lac-bac.gc.ca/100/201/300/cdn_medical_association/cmaj/vol-156/issue-11/1534b.htm). January 20, 2006.

<sup>4</sup> [http://www.cfc-ccaf.gc.ca/compliance-conformite/safety-surete/about/default\\_e.asp](http://www.cfc-ccaf.gc.ca/compliance-conformite/safety-surete/about/default_e.asp). January 20, 2006.

## Motor Vehicle Crashes

*In Canada, the highest rate of injury is found in motor vehicle crashes.<sup>1</sup>*

### Facts

Motor vehicle accidents are generally the most common type of injury death. This tends to hold true for males in particular, ages 25-44.

There are different types of Motor Vehicle Accidents. While traffic accidents may be most problematic in some areas, in other regions, many accidents involve snowmobiles. Riskier types of vehicles like snowmobiles and all-terrain vehicles are utilized in unsafe conditions in First Nation communities such as on ice, public or poor roads. These types of vehicles are particularly dangerous because they are hard to see and roll over easily causing injury.

A recent study in northern Ontario found that snowmobile accidents were the most common type of unintentional injury for males during the winter months.<sup>2</sup> This is because First Nations communities are greater distances from places where regular activities, commodities or services can be undertaken. Also, there are significant influences of alcohol and substance abuse in First Nation communities. Emergency facilities are greater distances from First Nation communities increasing risk of death.<sup>3</sup>

Accidents involving motor vehicles and pedestrians are more common among children, and some accidents may involve school buses. A report prepared by IM-PACT suggested that risk is attributable to traveling over water, icy conditions in winter, flooded roadways in spring, dusty and pot-holed roads in summer, bush areas and animals. Other risk factors include inconsistent safety procedures, overcrowding on school buses, problematic inspection and maintenance of vehicles, improper driver training and poor snow clearing on waiting areas

Other problem areas that put First Nations children at risk is inconsistent education in safe bus ridership and ignorance of road rules related to school buses (especially by drivers of ATV's and snowmobiles).

In 1991 the Aboriginal People Survey reported that in First Nations communities 50% of individuals ages 15 and older use seatbelts. This statistic diverges sharply from the general Canadian population where seatbelt use is at about 80%.<sup>4</sup>

Motor vehicle injury resulting in death is a leading cause of death among all groups of First Nations.<sup>5</sup>



## How To Stay Safe While Operating A Motor Vehicle:<sup>6</sup>

- **Wear a seat belt** every time you go for a drive. Seat belts keep you safer if you're in a crash. You are less likely to die or be badly hurt.
- **Put your kids in a car seat.** Make sure it's the right size for your kids and that it's put in the car the right way.
- **Be extra careful if you're a new driver.** If you're not used to driving,. It can be hard to deal with tough situations. Follow all speed limits and be careful when you pass other drivers.
- **Be extra careful on ...all highways.** In remote areas between communities, there aren't many emergency services, and it could take hours before a nurse or doctor can treat people in an accident.
- **Never drink and drive.** Over 3.6 million Canadian drivers admit to driving after drinking at some time during the past 30 days. 1.6 million Canadians drove when they thought they were impaired in the last year. Drivers age 19-24 are most likely to report driving after drinking .

From a community perspective vehicle safety issues can be addressed by:

- Mandatory **booster seats** for children under 8 years of age
- **School bus safety** improvements
- Mandatory **helmets for ATV's** and bicycles
- Tougher drinking and driving enforcement
- **Safety training** for the safe use of All Terrain Vehicles and snowmobiles
- Strict enforcement of **seat belt usage**
- **Controlling 0.0 speed** - excessive speed reduces a driver's ability to respond to unexpected road hazards, increases the distance needed for breaking, and increases the severity of a crash once it occurs

<sup>1</sup> Health Canada. (date?). *Injury Prevention – National Statistics and Trends: Injury in Canada*. Canada: 2.

<sup>2</sup> [http://www.hc-sc.gc.ca/fnih-spni/pubs/injury-blees/2001\\_trauma/5b\\_motor-moteur\\_e.html](http://www.hc-sc.gc.ca/fnih-spni/pubs/injury-blees/2001_trauma/5b_motor-moteur_e.html). January 16, 2006.

<sup>3</sup> McDonald, R. (2004). *Injury Prevention and First Nations: A Strategic Approach to Prevention*. Ottawa: 7.

<sup>4</sup> Health Canada. (2000). *A Statistical Profile on the Health of First Nations in Canada*. Canada: 25.

<sup>5</sup> Health Canada. (2000). *A Statistical Profile on the Health of First Nations in Canada*. Canada: 32.

<sup>6</sup> [http://www.hlthss.gov.nt.ca/content/Publications/Brochures/PDF/injury\\_report/injuryreportfact2dec2004.pdf](http://www.hlthss.gov.nt.ca/content/Publications/Brochures/PDF/injury_report/injuryreportfact2dec2004.pdf). January 17, 2006.

## Falls

### Facts

Falls have enormous social, health and economic costs. Mortality from falls is strongly related to aging. However, there is still reason to believe that death rates from falls are higher than average in First Nations groups: in British Columbia, the age-standardized mortality rate from falls for Status Indians was almost 3 times the provincial average over the 1991-1998 period (2.3 per 10,000 standard population versus 0.8). Among Status Indians, about six in ten (59%) victims were male; the comparable proportion for British Columbia as a whole was five in ten (47%).<sup>1</sup>

Elders are most likely to die or to go to the hospital after falling.<sup>2</sup> Adults are most likely to go to the hospital after tripping or slipping. Children are most likely to go to the hospital after falling from playground equipment or off chairs or other furniture.<sup>3</sup>

The following is a checklist of how to make your home more risk free from falls:

- Remove all loose rugs or ensure they are firmly secured and have **non-slip underlay**
- Always **wipe spills** as soon as they occur. Some floor surfaces are particularly slippery when wet.
- Have 75 watt globes in all rooms, passageways and stairwells to ensure they are well lit.
- Have **extra lights installed** or place lamps in dark areas.
- Stairs may need extra lighting.
- Make sure there **are handrails** on at least one side of all stairways
- Have **non-slip flooring** particularly in bathrooms
- Use **non-slip strips in showers** and baths
- Arrange kitchens so that most frequently used items are easy to reach
- Keep telephone and electrical **cords clear of walkways**
- Fans and heaters should not be placed in walkways or in the middle of the room
- **Keep floors clear in bedrooms**
- Shoes should have **non-slip soles**
- Clothing should be short enough to avoid tripping
- Outside **paths should be even and unbroken**
- Walk carefully near pets or small animals – their movements are unpredictable
- Many falls result from the use of ladders – be extremely careful

## A short list of How to Protect or Minimize Risk of Injury From Falls:<sup>4</sup>

- **Be careful when you're walking on ice.** Tripping and slipping are more common during the winter. If you fall on ice, you can hurt yourself.
- **Put handrails and lights near your stairs.** You're safer on your stairs if you can see where you're going and have something to hold onto.
- **Get rid of clutter in your house.** Keep electrical cords out of the way, and make sure your rugs don't slide around. Replace light bulbs when they burn out.
- **Look at the playground equipment your child plays on.** If your child plays sports, make sure she uses the right equipment and that the playing surface (like ice) is safe.
- **Take care of elders.** They are more likely to fall and can have worse health problems after a fall. An exercise program can help them keep their balance. You can install handrails in places they might slip, like the tub, and you can round off pointed edges on tables and stairs.

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<sup>1</sup> [http://www.hc-sc.gc.ca/fnih-spni/pubs/injury-blees/2001\\_trauma/5b\\_motor-moteur\\_e.html#falls](http://www.hc-sc.gc.ca/fnih-spni/pubs/injury-blees/2001_trauma/5b_motor-moteur_e.html#falls). January 17, 2006.

<sup>2</sup> [http://www.hltss.gov.nt.ca/content/Publications/Brochures/PDF/injury\\_report/injuryreportfact4dec2004.pdf](http://www.hltss.gov.nt.ca/content/Publications/Brochures/PDF/injury_report/injuryreportfact4dec2004.pdf). January 17, 2006.

<sup>3</sup> Ibid

<sup>4</sup> Ibid <http://www.mhcs.health.nsw.gov.au/health-public-affairs/mhcs/publications/5415.html>