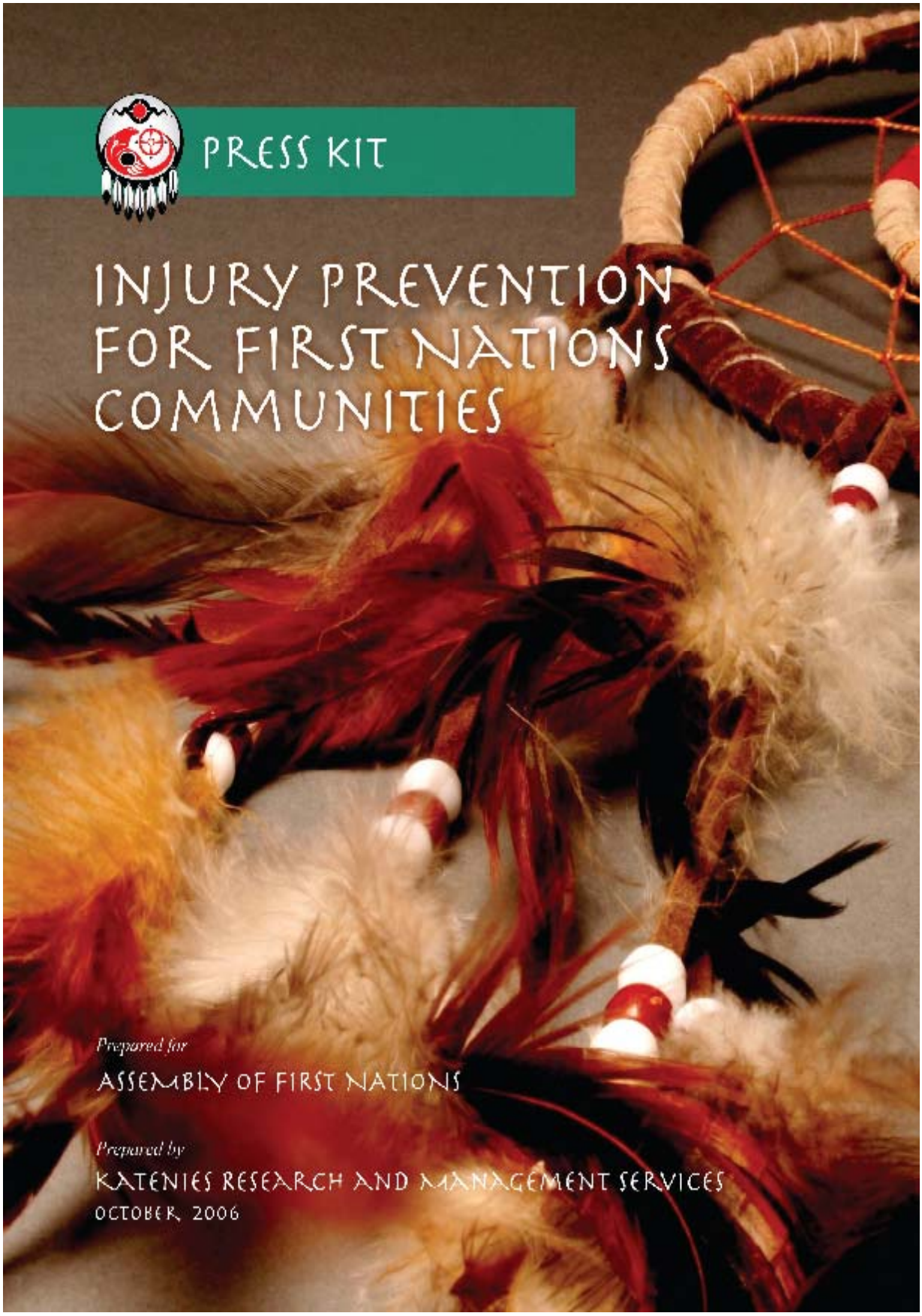

PRESS KIT

INJURY PREVENTION FOR FIRST NATIONS COMMUNITIES

Prepared for

ASSEMBLY OF FIRST NATIONS

Prepared by

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Prepared for the
Assembly of First Nations

By:
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Mission

To create safe environments for First Nations communities where preventable injuries are significantly reduced, and in some cases, eliminated.

Purpose

The purpose of the following document is to inform First Nations leadership at the national, regional and local levels concerning the crisis of injuries in First Nations communities and to present some proactive preventative measures to avoid injury. This document includes the following information:

- Background on injury prevention
- A definition of injury
- A definition of injury prevention
- Benefits of injury prevention
- Facts
- Demographics
- History of First Nations in Canada
- Impacts of Assimilation Efforts on First Nations
- Principle indicators of an injury prevention program
- National experiences
- International experiences
- The Australian Model
- Who is responsible for safety
- A National Prevention Strategy
- Community Prevention Strategies
- Features of a National Strategy
- A First Nation Injury Prevention Model

Background

In First Nation communities injury is the leading cause of death for people under the age of 45 (Health Canada 2001). 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. 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.*

Suicide rates in First Nation communities tend to be highest among youth aged 15-24 and to diminish gradually at older ages. Rates of *completed* suicide are typically *3 times higher* in First Nation males than females. However, *it is generally the case that far more women than men attempt suicide*.

One major fallout of injuries are the resulting disabilities. Aboriginal persons with disabilities in Canada live in third world conditions subject to poverty and isolation. According to the 1991 *Aboriginal People's Survey* 31 per cent of Aboriginal adults have some form of disability - this is twice the average of the general Canadian population. According to the United Nations there are over 500 million persons with disabilities world wide – or 10 per cent of the global population. In some countries nearly 20 percent of the general population is in some way disabled; *if the impact on their families is taken into account, 50 per cent of the population is affected.* If we make that analogy to the Aboriginal population of Canada *over 71 percent of the Aboriginal population is affected in some way by a disability if the impact on the family is taken into account.*

According to the United Nations, the number of persons with disabilities continues to increase in tandem with the growth of the world population. Not surprisingly, many of the disabled *are poor*. The overwhelming majority – nearly 80 percent – *live in isolated rural areas*. Almost that many live in areas where *the services needed to help them are unavailable*. Too often their lives are handicapped *by physical and social barriers in society which hamper their full participation* (UN 2001). In addition to poverty, injury is the cause of much of this suffering.[1]

What is Injury?

"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; and *intentional injuries* that are injuries resulting from deliberate acts of violence against oneself or others."

Research indicates that in addition to death and disability, injuries contribute to a variety of other health consequences depending upon the type of injury incurred. These consequences include depression, alcohol and substance abuse, smoking, eating and sleeping disorders and HIV and other sexually transmitted diseases. The consequences of these deaths and disabilities affect not only the victim, but also their families, communities and societies at large.

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.

According to the World Health Organization (WHO) *injuries are not random events.* They are preventable. The use of seat belts, child car seats, helmets, flame resistant clothing, smoke detectors, locked storage of firearms and ammunition are a just few measures that can contribute to a decrease in injuries globally.

Injuries are costly. Emergency room, hospitalization and long term care often mean that scarce resources are diverted from other development priorities to treat injuries. Injuries are a public health concern because of the cost but also because of the human price of death and disability. Prevention strategies are required and in some cases need not be expensive.[2]

What is Injury Prevention?

Injury Prevention simply means trying to minimize the risk of injury.

Injury prevention assesses and manages risk that leads to injury preventing behaviors. Injury prevention leads to living in healthy ways that minimize the risk of injury. "In practical terms injury prevention means making positive choices about minimizing risk at all levels of society while maintaining healthy, active and safe communities and lifestyles. These choices are strongly influenced by the social, economic and physical environments where one lives, works, learns and plays."[3] The choices one makes about which risks to take are driven by a variety of factors:[4] They include:

> **Knowledge** of which behaviors will increase safety and well being and minimize risk for injury including knowledge to be gained from exposure to injury prevention programs;
>
> **Skills** to carry out injury preventing behaviors and manage risk
>
> **Motivation** to feel good about engaging in injury prevention behaviors and managing risk effectively; enhancing self esteem
>
> **Opportunity** and access to have reasonable opportunities to carry out injury prevention behaviors, given varied life circumstances;
>
> **Supportive environments** to make it easier to engage in injury preventing behaviors with the minimum of risk involves supportive policies (including legislative approaches) and environments (including physical environments designed to reduce the risk of injury).

The choices and behaviors that are influenced by these factors can have a significant influence on injury.[5]

What are the categories of injury?

There are two principle categories of injury:

> **Intentional Injury**: injury with an intent to harm oneself or someone else. Examples include homicide and suicide.
>
> **Unintentional injury**: injuries that occur accidentally. Examples include drowning, poisoning, fire, falls, and motor vehicle accidents.

Facts

Injury affects First Nations people at a much higher rate than other Canadians. The following list shows the reality of the situation.

- Injury is **the leading cause of death for Aboriginal children**, youth, and young adults in Canada.
- The injury death rate among Aboriginal teens is **almost four times that** of Canadians overall. Over 56 percent of the First Nations population is under the age of 25.
- The **most common cause of death from injury** among Aboriginal seniors are motor vehicle crashes, suicide and unintentional drug overdose.
- Aboriginal **disability rates are reported at 31 percent**, double the national rate with a large proportion attributed to injuries.
- First Nations and Inuit **suicide rates are almost three times higher** than those of Canadians overall.
- First Nations male and female youth are, respectively, **five to seven times more likely to die of suicide** than their peers in the population overall.[6]

Demographics

Injuries sustained by First Nations people tend to be similar to other Canadians except their rates are much higher. Reasons common to many communities include living in remote areas, living in harsh climate conditions, crowded and impoverished housing conditions, hunting/trapping lifestyles, and poor social conditions. The following list states the injury type and then provides some even more specific reasons why the type of injury is higher in First Nations communities.

- **Suicide**: "Poor social conditions [low income, poverty] common in the Aboriginal population tend to be associated with a greater risk of violence and suicide."

- **Homicide and violence**: The poor social conditions also are contributing factors to higher rates of murder in communities. Family violence has also been reported as a serious problem in many communities (39% of respondents in the 1991 Aboriginal Peoples Survey reported this as a concern in their communities).

- **Fire and Flame related injuries**: "Wood frame house construction, the low presence of smoke detectors, and smoking habits can put Aboriginal people at increased risk of being victimized by fire and flames."

- **Poisoning**: Poor social conditions and even issues such as literacy can easily affect the level of accidental poisoning.

- **Drowning**: "Aboriginal people are also at a greater risk of drowning because of their proximity to water, especially in Northern climates where the water temperature is low and can produce death from hypothermia. Risks associated with drowning in Aboriginal victims also include the low use of flotation devices, and alcohol use."

- **Motor Vehicle Accidents**: "Aboriginal people are at a higher risk of being victims of motor vehicle accidents (MVA's) due to the greater distances they have to travel for regular activities, their isolation from emergency facilities and their frequent use of riskier vehicles such as all terrain vehicles such as all terrain vehicles and snowmobiles, especially in the North."[7]

- **Falls**: Poor housing conditions and poverty conditions can easily contribute to falls, especially in the elderly who are more prone hurting themselves if they fall down. Also, in the case of children, poor playground equipment can contribute to falls and injuries.

In General did you know that?

- Every day about **6,000 Canadians are injured** and around 40 die because of their injuries?
- Injuries **cost Canadians around $14.7 billion** each year in health care expenses and lost productivity?
- Injuries are the **fourth highest burden** on the health care system?

Spending $15 billion a year on injuries that **are mostly predictable and preventable** is a waste of money that could be put to much better use.[8]

Did you also know that:

- Suicide rates for First Nations people are **5 times higher** than that of other Canadians?
- Aboriginal people are **8 times more likely to die as homicide** victims as other Canadians?[9]
- Aboriginal peoples **being charged with murder was found to be 10 times higher** than the mainstream Canadian population?[10]
- **Fire and flame-related injuries are four to eight times higher** than in the Canadian population?[11]
- Nearly **40% of all deaths in First Nations males were due to injury** and poisoning?[12]
- The **rate of drowning in Aboriginal men is 25 for every 100,000 people**, while the mainstream Canadian rate for men is about 3 for every 100,000 people?[13]
- Car/truck/ATV/snowmobile **accidents resulting in death is a leading cause** of death among all age groups of First Nations?[14]
- **Only 50% of First Nations communities report seatbelt use**; sharply contrasting with 80% seatbelt use in mainstream Canada?[15]

The History of First Nations in Canada

The history of First Nations people in Canada illustrates the need for a First Nations controlled National Strategy for injury prevention.

Canada was founded on a series of "bargains" with Aboriginal People, bargains this country never fully honored. Treaties between Aboriginal and non-Aboriginal governments were agreements to share the land (RCAP). Instead they were replaced by policies intended to:

- **remove** Aboriginal people from their homelands
- **suppress** Aboriginal Nations and their governments
- **undermine** Aboriginal cultures
- **stifle** Aboriginal identity

The chronology of First Nations is as follows:

- Colonial and Canadian governments established "reserves" of land for Aboriginal people. The system began in 1637.

- **In 1857** the Province of Canada passed an act to ***Encourage the Gradual Civilization of Indian Tribes*** providing the means for Indians "of good character," declared by a board of non-Aboriginal examiners, to be non-Indian

- Confederation, **declared in 1867**, announced the government's goal to "do away with the tribal system and assimilate the Indian people in all respects with the inhabitants of the Dominion."

- The *British North America Act* made "Indians and lands reserved for Indians" a subject for government regulation. Parliament passed laws to replace traditional Aboriginal governments with *Band Councils* with insignificant powers, taking control of valuable resources located on-reserve, finances and imposing unfamiliar systems of land tenure and applying non-Aboriginal concepts to marriage and parenting through the ***Indian Act 1876. 1880. 1884*** and later.

- **In 1849** the first of what would become a network of 130 residential schools for Aboriginal children was opened. Aboriginal children were taken from their families at an early age and taught the ways of dominant society. Thousands of First Nation children died in residential schools.

- The last residential school closed **in the 1990's** in Yellowknife, NT. The residential school system was a conscious and brutal attempt to force Aboriginal people to assimilate. There are 93,000 Residential school survivors alive today.

- **In 1885** DIAND instituted a *pass system*. No insider could come onto a reserve to do business with an Aboriginal resident without permission from an *Indian agent*. In many places no Aboriginal person could leave the reserve without a pass from *the Indian Agent*.

- "During the world wars 3,000 *registered Indians* and unrecorded numbers of Iniut, Metis and non-status Indian people volunteered for the Canadian Armed forces. When they returned from service land was taken from their reserves and used for "military purposes." Many were denied benefits that were awarded to other veterans.

- **The 1969** *White Paper* proposed to abolish the *Indian Act* and all that remained of the special relationship between Aboriginal people and Canada . First Nations were unanimous in their rejection.

- *Existing Aboriginal and Treaty rights* were recognized in the ***Constitution Act of 1982*** - acknowledging that Aboriginal rights are older than Canada itself and that their continuity are part of the "bargain" between Aboriginal and non-Aboriginal people that made Canada possible (RCAP).

- **During 1991 - 1996** a *Royal Commission on Aboriginal Peoples* (RCAP) in response to Oka was conducted.

- **In 1997** a *Reconciliation Statement* and launch of *Gathering Strength* INAC's response to the *Royal Commission on Aboriginal Peoples* (RCAP) was released.

- **In 2002** *Bill C7 First Nations Governance Act (*provincial like governance imposed on First Nations) and C19 *First Nations Fiscal and Statistical Management Act* were launched and rejected by First Nations

What have attempts at assimilation done for First Nations people?

- First Nation Diabetes rates are **double and triple the total rates** in most provinces.
- Morbidity rates for intentional injuries are almost **5 times higher** in First Nation on-reserve populations than the total population in most provinces.
- **Fewer First Nation children graduate** from school 34% versus 70% for Canada.
- Suicide rates for First Nation youth age 15-24 **is 8 times higher** than the national rate for females and 5 times higher for males.
- First Nation houses are **10 times more likely to be crowded** . Only 54% have adequate water and 47% sewage disposal.
- Four times as many Aboriginal people are **below the poverty line** than other citizens.
- Incarceration rates **are 5-6 times higher** for Aboriginal people than the national average. [16]

Government Programs Don't Work for First Nations Because:

- The values and culture are western/Euro-Canadian rather than First Nations culture.

- Policy makers assume First Nation people live in communities connected to healthy labor markets with ample access to employment and training and they don't.

- Services are not holistic. They are fragmented with limited integration of resources or standards which results in fragmented service delivery.

- The approach looks at the disadvantaged individual within society and not the society as being disadvantaged.[17]

What are the principal indicators of an injury prevention program?

The rate of injury and death among First Nations peoples is disproportionate to the Canadian national levels. It is imperative that any strategy for injury prevention be First Nations driven, culturally relevant, and account for demographic factors.[18] 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**.[19]

What is necessary to implement an Injury Prevention Plan?

The following six factors are key to establishing a national strategy for injury prevention at the First Nations level: (1) national leadership and coordination; (2) an effective surveillance system; (3) research; (4) community supports and resources; (5) policy analysis and development; (5) public information and education.

National Leadership and Coordination

Promotion of a coordinated and integrated First Nations approach to injury control and prevention in the form of a national strategy must be developed immediately and endorsed by First Nations leaders.[20]

An Effective Surveillance System

A surveillance system that is national in scope must be developed to support the efforts of injury prevention. In many cases, more is known about the injury itself than what caused the injury in the first place. A surveillance system could track injuries, the long-term impact of these injuries, risks, and lead to effective measures in injury prevention.[21]

Research

National data gathering is required to be able to track injuries and at risk populations. First Nations leadership must make a clear position statement to government based on the problems identified through this activity so that the crisis in First Nations communities and the injury and deaths caused by poverty and social conditions are documented.[22]

Community Supports and Resources

Any interventions must be *culturally sensitive and appropriate* to the population targeted. For example, in 1997 the *Manitoba Red Cross Society* did a video on boating safety specifically designed for First Nations people. The script was written by a First Nations individual with input from First Nation community representatives. It was translated into four major Aboriginal languages represented in the region and filming was done in a First Nation community using local residents as actors. This video was positively received by First Nations in the targeted area because it responded to their cultural values, traditions and unique dialect/language requirements.[23]

A sustained effort is required to have a significant impact on injury prevention. For initiatives to have the best chance of being successful and sustainable over the long-term, they should:

- Be locally driven and managed (including setting priorities, making decisions, and planning, implementing, and evaluating activities),
- Make effective use of local resources, and
- Address issues that are relevant to the local population.

These initiatives must, however, be supported by infrastructure, resources and policies from all levels of government since communities often do not have the capacity to deal with these issues entirely on their own.

Community development builds on existing human and material resources in the community. This includes the development of networks and sustainable infrastructures that build social capital (the formal and informal networks that exist between individuals and groups in a community) and enhance public participation. This requires full and continuous access to information about issues and evidence-based practices, support for voluntarism and learning, and funding support.

Community development builds stronger communities that have an increased capacity to deal with a range of injury issues (Adapted from the Ottawa Charter for Health Promotion, World Health Organization, 1986).[24]

Policy Analysis and Development

Policies around injury prevention must be developed by and for First Nations that define priorities and commitments for action. Healthy policies should encourage people to make healthy choices and to lead safe lives. Policies in injury prevention may include changes or policy development in areas such as bylaws, licensing requirements, regulatory changes and even labeling changes in the case of drugs and other substances.[25]

Public Information and Education

Heightened awareness to enable First Nation communities to better understand that injuries are *preventable* is required through an information campaign to bring attention to this dire situation. *Community education* is also required as a preventative measure for the control of future injuries, death and disability through improved health and safety standards in First Nations communities.[26]

National Experience

Factors involved in injuries:

- From a societal perspective primary factors include low socio-economic status, cultural norms that support violence to resolve conflict and rigid gender norms.
- From a community perspective, relevant factors include poor safety standards in the workplace, unsafe roads, and easy access to firearms.
- At the family level, injuries result from the lack of care and supervision for children, physical abuse, and family dysfunction.
- At the individual level aggression, alcohol and substance abuse all contribute to injury both to self and others[27]

Implications for Injury Prevention and Social Policy in Canada:

- Education must be provided regarding environmental hazards and potential for injuries.
- Policy must be developed that fosters better informed and strengthened families and communities.
- Training and regulations must be created to reduce accidents in industry, agriculture, on the roads and in the home.
- Policy must focus on the control of the use and abuse of drugs and alcohol.
- There needs to be radical improvement of the education, economic and social status of the least privileged groups.
- Types of injury and impairments and their causes must be defined within specified geographical areas.
- There needs to be an introduction of intervention measures through better health and prevention practices.
- Legislation and regulations must be geared towards prevention
- Modification of unsafe lifestyles is required. [28]

The International Experience

The following points illustrate the importance of common factors in the injury prevention strategy used by the Australian Injury Prevention Network. Indigenous peoples of Australia and the South Pacific face similar issues as First Nations people in Canada. These have determined the following is required to ensure any injury prevention strategy will be successful.

1. An infrastructure **based on partnership and collaborations**, governed by a cross –sectional group that is responsible for safety promotion in their community.

2. **Long-term, sustainable programs** covering both genders and all ages, environments, and situations.

3. Programs that **target high-risk groups and environments**, and programs that promote safety for vulnerable groups;

4. Programs that **document the frequency** and causes of injuries;

5. **Evaluation measures to assess** programs, processes and the effects of change;

6. Ongoing participation in national and international Safe Communities networks.[29]

The Historical Experiences of First Nations in Canada are similar to the Indigenous peoples of Australia and New Zealand. Some of the commonalities include the following:

- Strong history, culture, language and traditions
- Colonization
- Devastation, loss of land, life, language and culture
- Cultural resurgence and healing
- Self-determination, capacity development, sovereignty, Nation Building

Next Steps included in a shared Indigenous effort towards injury prevention requires:

- Sharing of common experience and knowledge
- Networking and empowerment
- Better understanding of what is required to ensure the survival of the Indigenous peoples of the world
- Action by **Indigenous people FOR Indigenous people**[30]

The Australian Model – What we Can Learn:

The elements of the *Australian Injury Prevention Plan* are as follows:

Vision: Government and community working together to ensure that Australians have the greatest chance of a life free from the impact of preventable injuries.

Goals:

- To achieve a positive safety culture, and
- To create safe environments

Strategic Pillars:

- Informed and capable workforce,
- Access to quality data and its analysis,
- Coordination and integration of effort,
- Commitment to equity of access,
- Evidence based planning,
- Supportive legislation and policy framework,
- Appropriate resource levels for injury prevention,
- Monitoring and evaluation of initiatives, and
- Leadership in injury prevention.

Objectives/Priorities

To reduce the leading causes of death and disability due to injury among:

- Children (0-14 years)
- Emerging Adults (15-24 years)
- Older people (65-75+ years)
- Aboriginal and Torres Strait Islander communities
- Rural and remote communities

Reduce the number and severity of injuries associated with alcohol[31]

Who is responsible for safety?

There are many stakeholders who all must take responsibility for safety to an appropriate degree. They include:

Government and Community Agencies and Organizations

- Health Canada and Health Agencies
- Indian and Northern Affairs Canada
- Human Resources Development Canada
- Transport Canada
- Environment Canada
- Heritage Canada
- Industry Canada
- National Defense
- Department of Fisheries and Oceans
- The Privy Council Office
- Revenue Canada
- Department of Finance
- Department of Agriculture
- CMHC
- Justice
- RCMP
- Social Service Agencies
- Mental Health Agencies
- Police Departments
- Fire Departments
- Housing Authorities
- Education Authorities and Schools
- First Nation Councils and Tribal Councils[32]

Who is responsible for safety?

There are many stakeholders who all must take responsibility for safety to an appropriate degree. They include:

Professional Groups and Service Organizations

- Aboriginal Veterans
- Aboriginal Medical Associations
- Aboriginal Nursing Associations
- Schools of Public Health
- Legal Associations (Indigenous Bar Association)
- Regional Economic Development Organizations
- Provincial/Territorial Organizations
- Churches
- Colleges and Universities
- Aboriginal and Non-Aboriginal Media – newspaper, radio and television (APTN)
- Entertainers
- Professional sports organizations
- Domestic Violence Prevention groups
- Child and Family Service Agencies
- Local businesses
- Hospitals, clinics, mental health institutions and rehabilitation organizations
- Youth clubs[33]

A National Prevention Strategy

The First Nation Prevention Strategy by Target Group Consists of: [34]

Target Population	Prevention Strategies Recommended
Children	♦ Child safety car seats ♦ Parent training to prevent SIDS ♦ Safety at home to prevent falls, poisoning, fire, etc. ♦ Baby-sitting courses for caretakers ♦ Swimming and water safety
Youth	♦ Suicide prevention programs ♦ Crisis/help lines ♦ Drug and alcohol awareness ♦ Self-esteem development ♦ How to deal with peer pressure ♦ Bicycle, ATV, motor vehicle safety ♦ Violence Prevention ♦ Fire Prevention
Women	♦ Drug and alcohol awareness ♦ Crisis shelters for women and children ♦ Parenting Programs ♦ Suicide prevention programs ♦ Fire prevention
Men	♦ Drug and alcohol awareness ♦ Safe Driving and vehicle safety ♦ Gun Safety ♦ Violence Prevention ♦ Fire Prevention ♦ On the land safety programs ♦ Water and basic safety for boating, skidoo's, ATV's ♦ Falls prevention and home safety
Elders	♦ Fire and home safety ♦ Drug and alcohol awareness ♦ Help lines
First Nations Persons with Disabilities	♦ Fire safety ♦ Drug and alcohol awareness ♦ Self-esteem ♦ Help lines

Community prevention strategies

The first step in designing an injury prevention program is determining exactly what the community's needs are. Collaboration between injury prevention workers, mental health workers, home care workers, nurses, school representatives and law enforcement is required to survey and identify a map of the injury "hot spots" in our communities. Once the data is collected and analyzed priorities can be established and prevention programs put in place. For example, if the problem is motor vehicle accidents on a certain curve in the road, road work and warning signs can be implemented to address the problem. Whatever program is put in place needs to be continuously evaluated to ensure effectiveness and to ensure changes are made as required. Proactive injury prevention programming empowers First Nations to move beyond *crisis management* to well maintained healthy and safe communities. This can be done through:

1. *Identification of risk and protective factors*

2. *Intervention development*

3. *Evaluations to document progress, success and/or failure*

4. Implementation of interventions e.g. suicide prevention programs, drug and alcohol awareness, violence prevention, etc.

Injuries are caused in First Nation communities because of complex interactions of a variety of factors related to socio-economic status, cultural norms and poverty. Injury control programs *must be* designed from a nation, community, family and individual perspective to be successful.[35]

Features of a National Injury Prevention Strategy

A *National Injury Prevention Strategy* must encompass the following initiatives:

- Provide communities with the **opportunity to participate**.
- Help communities to develop local injury profiles.
- **Assist communities choose priorities** for action, by identifying safety promotion and injury prevention strategies, creating imperatives for action and facilitating the monitoring, documentation, reflection and analysis of experience.
- **Facilitate local safety promotion** and injury prevention groups to set priorities, provide access to skilled injury prevention workers, provide advocacy support for local groups in approaching and negotiating action among communities, and facilitate communication and documentation.
- **Provide education and training** for First Nations injury prevention workers.
- Facilitate **communication and visiting** between communities involved in safety promotion, and facilitate skill development in recording events in multi-media format.
- Assist on an as needed basis in **formative evaluation, outcome evaluation** of community driven projects and research and evaluation activities in partnership with university and government to build evidence of effectiveness and efficiency of interventions and countermeasures.[36]

A First Nation Injury Prevention Model

The following are features of a First Nation Injury Prevention Model as extrapolated from the AFN *Injury Control and Indigenous Populations in Canada: Implications for a First Nations Injury Control Framework* (2003):

At the Nation Level:

- Strengthened policy regarding injury prevention
- Improved public awareness and education regarding injury prevention
- Decreased incidence of injuries related to alcohol and substance abuse/use
- Creation of safe and healthy environments

At the Community Level:

- Improved safety standards
- Safer roads
- Greater control over firearms
- Alcohol and substance abuse programs

At the Family Level:

- Improved care and supervision of children
- Improved prevention of physical abuse and domestic violence
- Improved family functioning/less family dysfunction through family counseling

At the Individual Level:

- Less violence and aggression
- Less alcohol and substance abuse
- Stronger cultural, individual values and improved self esteem

A Successful Strategy is characterized by:

- Coordination
- Collaboration
- Education
- Participation
- Being socially and physically supportive
- Adequately resourced, and
- Addressing the self-government goals of the First Nation populations of Canada[37]

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[35] ibid p. 23-24
[36] Adapted from: Aboriginal and Torres Strait Islander Injury Prevention Action Committee (ATSIIPAC). (2004). *The Draft National Aboriginal and Torres Strait Islander Safety Promotion Strategy*. Canberra: 13-14
[37] McDonald, R. (2003). *Injury Control and Indigenous Populations in Canada: Implications for a First Nations Injury Control Framework.* Ottawa; slides 27-31