



AFN HANDBOOK

# INJURY PREVENTION FOR FIRST NATIONS COMMUNITIES

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## Purpose of this Handbook

The purpose of this handbook is for First Nations at the local, regional and national level to inform and provide training on the crisis in injury prevention in their communities. This handbook is intended to be used to provide information, for advocacy purposes, as a guide on implementation of a national strategy on injury prevention and to inform users to the need for prevention. The audience is First Nations communities, leaders and families, as well as, government to educate and advocate the issue of prevention especially from a cost-benefit perspective (e.g. the costs of injury can be reduced via prevention).

This handbook should be used as a guide to local injury prevention planning. It can be used during training, planning, community capacity building, and for advocacy purposes.

## 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.”<sup>i</sup> The choices one makes about which risks to take are driven by a variety of factors:<sup>ii</sup>

- **Knowledge:** 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.<sup>iii</sup>

## What kind of injuries are we talking about?

For the purposes of this handbook we address two categories of injury:

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



## What is injury surveillance?

Injury surveillance is simply a means of collecting and writing down information about injuries and accidents. Information that describes what the injuries are and gives a clue as to what can be done to prevent injuries from occurring is what injury surveillance is all about. When we refer to community surveillance, we are talking about information collected concerning people in your community and that information will be for your community's use.<sup>iv</sup>

## How can injury surveillance help my community?

To collect and use your injury data has many potential benefits. Some of these benefits include the following:<sup>v</sup>

- Injury surveillance can help to identify and **describe injury problems**. People in your community and those who provide service for your community can collect the information. Since the information is specific to your community, it can help you focus on your community's injury problems.
- The information collected by doing injury surveillance can help you **understand what your injury problems are**. The information can also help you consider what people and what resources are needed to address the problems you identify. It can also assist your community with funding proposals, general budgeting as well as putting together an injury prevention team.
- Injury surveillance can provide a starting point, by using injury data, to **identify your community's injury problems**. If you have a starting point, you also end up with a tool to measure how you are doing. By continuing with injury surveillance, you can compare where you started with where you are at different points in time. This can help you evaluate how you are doing with your injury prevention activities.
- Injury surveillance helps to look at injury problems in an objective way. When data is collected in a regular way with regular procedures, the information becomes more accurate and reliable. A routine way of gathering information helps create a standard way of collecting the information. This means that if the procedures are in place it won't matter who is collecting the information. How the information is collected will not depend on who is working on a particular day. The facts will be recorded the same way even if different people are collecting them. Most importantly, it won't depend on people's memories about events that may have happened some time ago. The consistent way information is collected also helps to confirm or disprove impressions about injury problems. Sometimes, impressions can over or under estimate a problem.

- **Good information helps with good decision-making.** Injury surveillance can help identify as well as prioritize injury problems, helping to focus on priority issues.
- Funding proposals that use data to prove specific community needs **tend to receive more attention from funders.** Proposals that use data are more likely to be successful. Funders like to see and feel confident that money is being given to help deal with clearly identified problems.
- Injury surveillance **helps to develop skills.** Doing injury surveillance requires a number of skills, such as working with information, training others in data collection procedures, holding team meetings, sharing information in a user-friendly way with your community, and program planning, implementation and evaluation. People involved in injury surveillance build a legacy of skills for their communities.
- Another major benefit of **injury surveillance is that it provides a FOCAL POINT for action that** helps to bring people together. Communities can be mobilized by bringing together community members and service providers with good information. Information gained and shared creates awareness and helps to mobilize action on injury.<sup>vi</sup>

### How does injury surveillance work?

Injury surveillance has four main parts that work together.

**PART ONE:** involves *collecting the injury information*. The most important information which is collected looks at who is being injured; when and where injuries are occurring; what injuries are occurring; as well as the reasons leading up to the injury event or accident.

**PART TWO:** part two, involves putting together all the information collected and *analyzing the information*. Putting information pieces together is like working on a picture puzzle. The more puzzle pieces you put together, the easier it becomes to see the picture. By putting individual pieces of information together, you can begin to see an injury picture for your community. The injury picture comes from looking for patterns in the information. For example, by looking at 100 injury events you may find that 80 of the 100 injuries happened to young children under the age of 6. This is an injury pattern. By taking a closer look at the 80 injuries in children less than 6 years old, you may find that most of the injuries are burn injuries. This would be another injury pattern.

**PART THREE:** involves *interpreting and understanding the information* that has been collected and analyzed in PARTS ONE and TWO. Part three is

important to understanding why injuries are happening! This is done by looking at the causes of injuries and some of the reasons leading to the injuries. 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. Having good information helps to focus in on specific age groups and specific injury problems. Understanding who is most affected by injury and how, helps guide injury prevention and safety promotion activities.

**PART FOUR:** is focused on *getting information out* to people. This part is often missed! Getting information out helps raise awareness and concern about important injury problems. It also helps to motivate people to become involved in promoting safety. It also helps to bring people together to develop solutions to injury problems. Good information helps promote action.<sup>vii</sup>

### How do we get started as a community?

One way to get started is by examining information you may already be collecting. If you have a nursing station, for example you could check up on the information already being gathered. With the information you have, your goal should be to answer the questions of who, what, where, when, why and how. Specifically:<sup>viii</sup>

- **WHO** is being injured in your community?
- **WHEN** are the injuries happening?
- **WHERE** are the injuries occurring?
- **WHAT** kinds of injuries are experienced?
- **HOW** do the injuries happen?
- Does the information help you understand **WHY** injuries are happening?
- Do you think that the information identifies most of the injuries happening in your community?

Once you are able to answer these questions the next step is to put the information into a report. Sharing this information with key people in your community will help check the information and see how well it shows what is really happening in your community.

If you cannot collect this type of information, you could also begin to collect injury information by using a standard injury surveillance system. One possibility is the

First Nations and Inuit Health Information System (FNHIS), which is a system that helps communities to collect information about health. Confidentiality is protected by procedures like only allowing certain people, chosen by the community to handle information, confidentiality agreements and individual security codes. As a community you have complete ownership of your own data and can use the information any way you choose to do so.<sup>ix</sup>

### How bad is the situation really?

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.<sup>x</sup>

### Why are accidents and injury rates are so high in our communities?

Demographics and statistics explain the higher than average accident and injury rates experienced by many communities.

#### 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 perhaps 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.”<sup>xi</sup>
- **Homicide and violence:** The poor social conditions also are contributing factors to higher rates of murder in communities.<sup>xii</sup> 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).<sup>xiii</sup>
- **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.”<sup>xiv</sup>
- **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.”<sup>xv</sup>
- **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.”<sup>xvi</sup>
- **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.

## The Statistics

### *Did you know that:*

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



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.<sup>xx</sup>

*Did you also know that:*

- Suicide rates for First Nations people are 5 times higher than that of other Canadians?<sup>xxi</sup>
- Aboriginal people are **8 times more likely to die as homicide** victims as other Canadians?<sup>xxii</sup>
- Aboriginal peoples **being charged with murder was found to be 10 times higher** than the mainstream Canadian population?<sup>xxiii</sup>
- **Fire- and flame-related injuries are four to eight times higher** than in the Canadian population?<sup>xxiv</sup>
- Nearly **40% of all deaths in First Nations males were due to injury and poisoning?**<sup>xxv</sup>
- 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?<sup>xxvi</sup>
- Car/truck/ATV/snowmobile **accidents resulting in death is a leading cause** of death among all age groups of First Nations?<sup>xxvii</sup>
- **Only 50% of First Nations communities report seatbelt use**; sharply contrasting with 80% seatbelt use in mainstream Canada?<sup>xxviii</sup>
- **Death rates from falls among Status Indians was almost 3 times** that of the provincial average for B.C. in the period between 1991-1998?<sup>xxix</sup>

**How do we reduce the number of injuries in our community?**

Injury prevention can occur at many different levels.

**Injury prevention overall**

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.**<sup>xxx</sup>

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.<sup>xxxi</sup>

### Community prevention efforts

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, law enforcement, etc. 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 eg. suicide prevention programs, drug and alcohol awareness, violence prevention, etc.<sup>xxxii</sup>

### **A National strategy for injury prevention**

The following six factors are key to establishing a national strategy for injury prevention at the First Nations level: National Leadership and coordination; an effective surveillance system; Research; Community Supports and Resources; Policy Analysis and Development; and, 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.<sup>xxxiii</sup>

#### ***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.<sup>xxxiv</sup>

#### ***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.<sup>xxxv</sup>

#### ***Community Supports and Resources***

[A]ny 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.<sup>xxxvi</sup>

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 owned 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 Ottawa Charter for Health Promotion, WHO, Ottawa, 1986).<sup>xxxvii</sup>

### ***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.<sup>xxxviii</sup>

### ***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.<sup>xxxix</sup>



## WHERE TO GO FOR MORE INFORMATION

The following resources can help get you started:

Consultation Workbook: <http://www.injurypreventionstrategy.ca/workbook.html>

Child Safety:

[http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child\\_safe-enfant\\_securite\\_e.html](http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child_safe-enfant_securite_e.html)

Injury Prevention and Control:

[http://www.hc-sc.gc.ca/fnih-spni/promotion/injury-bles/index\\_e.html](http://www.hc-sc.gc.ca/fnih-spni/promotion/injury-bles/index_e.html)

Injury Prevention Initiatives:

[http://www.hc-sc.gc.ca/fnih-spni/pubs/injury-bles/2001\\_prevention/index\\_e.html](http://www.hc-sc.gc.ca/fnih-spni/pubs/injury-bles/2001_prevention/index_e.html)

Injury Prevention Topics e.g. boating safety, fire safety, etc.

<http://icah.ca/content/en/resources/browse/index.php?type=3>

Mainstream Injury Statistics

[http://www.phac-aspc.gc.ca/injury-bles/facts\\_e.html](http://www.phac-aspc.gc.ca/injury-bles/facts_e.html)

## Footnotes

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- <sup>ii</sup> The Canadian Collaborating Centres for Injury Prevention and Control. (n.d.). *Canadian Injury Prevention Strategy: Developing an Integrated Canadian Injury Prevention Strategy*. Canada: 7
- <sup>iii</sup> The Canadian Collaborating Centres for Injury Prevention and Control. (n.d.). *Canadian Injury Prevention Strategy: Developing an Integrated Canadian Injury Prevention Strategy*. Canada: 7
- <sup>iv</sup> [http://www.hc-sc.gc.ca/fnih-spni/promotion/injury-bless/injury-bless\\_surveillance\\_e.html](http://www.hc-sc.gc.ca/fnih-spni/promotion/injury-bless/injury-bless_surveillance_e.html). January 18, 2006.
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- <sup>xii</sup> Health Canada. (2001). *Unintentional and Intentional Injury Profile for Aboriginal People in Canada: 1990-1999*. Minister of Public Works and Government Services Canada, Ottawa: 1
- <sup>xiii</sup> Health Canada. (2001). *Unintentional and Intentional Injury Profile for Aboriginal People in Canada: 1990-1999*. Minister of Public Works and Government Services Canada, Ottawa: 7
- <sup>xiv</sup> Health Canada. (2001). *Unintentional and Intentional Injury Profile for Aboriginal People in Canada: 1990-1999*. Minister of Public Works and Government Services Canada, Ottawa: iii, iv
- <sup>xv</sup> Health Canada. (2001). *Unintentional and Intentional Injury Profile for Aboriginal People in Canada: 1990-1999*. Minister of Public Works and Government Services Canada, Ottawa: iii, iv
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- <sup>xxix</sup> [http://www.hc-sc.gc.ca/fnih-spni/pubs/injury-bless/2001\\_trauma/5b\\_motor-moteur\\_e.html#falls](http://www.hc-sc.gc.ca/fnih-spni/pubs/injury-bless/2001_trauma/5b_motor-moteur_e.html#falls). January 17, 2006.
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