REPORT:
The National Aboriginal Injury Prevention Conference 2004:
“Towards Community Action on Aboriginal Injuries”
Winnipeg, June 9-12, 2004

Conference Purpose:
This conference was organized by NIICHRO, Smart Risk, National First Nations and Inuit Injury Prevention Working Group and Health Canada, as a response to the fact that Aboriginal Peoples have one of the highest injury rates in the world, and that their injury mortality rate is 3 times that of the general Canadian population. The purpose of the conference was to raise awareness of the issues, and to share information about the 4 components of injury prevention: data and surveillance; research; capacity building; and communication.

Key Information Obtained:

- Estimate: 90% of injuries preventable
- Aboriginal populations: 3-6 times national rate, with motor vehicle accidents and suicide accounting for almost half
  - First Nations (2000 data):
    - injury and poisoning leading cause of death for men;
    - intentional injuries (e.g. suicide, assault, murder) 4 times higher than national average;
    - assault #1 cause of injury hospitalizations
    - for every death: 21 hospitalizations, 320 Emergency Room visits, countless untreated injuries
  - Inuit (1999):
    - unintentional injuries 4-5 times the national average in Nunavut, 6 times national average in Nunavik
    - falls leading cause of hospitalization in Nunavik
- Effective prevention requires
  - understanding of injury prevention concepts and of the importance of a holistic coordinated plan
  - community surveillance and data that is locally/culturally relevant and useful to the community for evaluation of existing programs and development of community action plans:
    - analysis, interpretation and understanding of
      - who is being injured
      - what kind of injuries
      - when do injuries occur (including conditions/circumstances)
      - where occurring
why occurring

communication of results
community as central focus: effective prevention grows out of community co-ordination, collaboration, education, and participation
  but families and individuals the essential element in prevention

Education is the foundation of prevention, but education alone is ineffective, does not change individual behaviour: MUST be supplemented/supported by regulations, equipment and environment, and concrete interventions: e.g., drunk driving laws, random breathalyser tests, seatbelts, designated-driver strategy, etc.

Building community capacity involves training community workers in
  basic concepts of injury prevention
  surveillance techniques and data analysis and interpretation
  interventions related to specific risks (e.g., water safety, suicide, vehicle/transportation, etc.)
  community education and involvement strategies

Suicide a leading cause of intentional death/injury in Aboriginal communities:
  Most difficult to reach: males age 10-20: need research on why they are so much more suicidal and self-destructive than girls (* My suggestion: also research on how girls/women cope...what are the protective factors...may give us information about what is needed for boys/men.)
  Prevention requires community and family involvement
  Example: Cowichan tribes, Vancouver Island:
    fulltime coordinator; access to 6 trained therapists, psychiatric emergency team, and other trained community mental health supports
    suicide prevention committee currently consisting of 55 community members - elders, youth, community members, organizations
    Elder advisor provides traditional spiritual and health guidance, immediate support in case of suicide or known suicidality
    regular family/community forums (up to a week long) including nature activities, therapeutic activities and other “joyful positive activities” + encouragement to speak openly
      forums get full media coverage
      focus on spring forums (end of ceremonial season, so people’s social network
decreases) and winter forums (help people get through winter depression)

- follow-up with those who seem to need support
- youth being trained in suicide prevention

- Very interesting presentation/discussion on possible links between suicide/suicidality/injury and gender nonconformity (not obviously ‘manly’), non-heterosexual orientation and homophobic abuse among young Aboriginal males:
  - Not enough research – gender/sexuality issues not generally dealt with in studies.
  - This study (multiracial and American Aboriginal youth in Oregon) suggested that one half the Aboriginal youth in the study who had made suicide attempts reported having been victims of anti-gay harassment at school based on assumed homosexuality; most also reported physical assault at home by an adult.
  - Limited research does indicate that Aboriginal gay-oriented males (as defined by having sexual daydreams only about other males) are at greater risk of sexual abuse, physical abuse, depression and attempted suicide.
  - Life experiences of gay Aboriginal boys in Canada often include leaving home, increased racism (being Aboriginal and gay) and experiencing many injuries (self-inflicted and other-inflicted) and possible early death from a variety of reasons.

**Conclusions:**

Injury prevention requires knowledge, structured environmental supports and community involvement. The crucial point stressed by keynote speakers was that families are the basis of injury prevention: supports must be provided that develop functional families who provide the emotional and environmental foundations that make intentional and unintentional injuries less likely.

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