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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