

CONFIDENTIALITY

All data collection is kept CONFIDENTIAL!!!! This means that client names identities are NEVER used. The program is ANONYMOUS!

The more injuries that are reported, the more information we will have to stop future injuries from occurring.

OCAP Principles

The program follows the OCAP principles with respect to data collection. OCAP emerged in 1998 as OCA-by the National Steering Committee of the First Nations and Inuit Regional Longitudinal Health Survey

Ownership—a community owns information collectively in the same way as an individual owns his/her personal information (cultural knowledge/information/data)

Control—First Nations are within their right in seeking control over all aspects of research & information management processes that impact them

Access—First Nations must have access to information /data about themselves & their communities regardless of where it is currently held

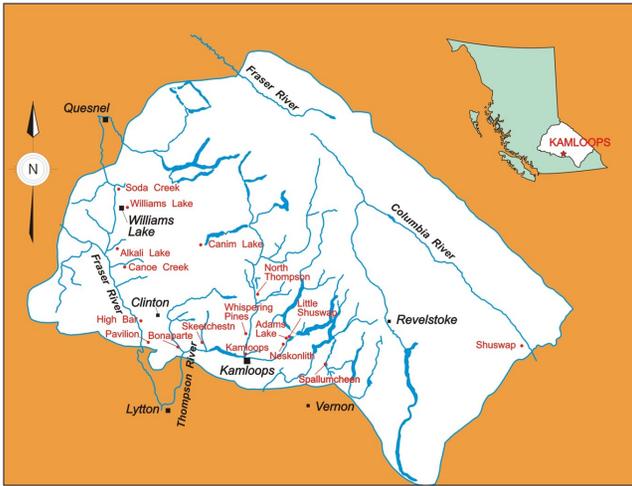
Possession—identifies the relationship between a people & their information (possession or stewardship)

For more information, please contact the health centre in your community

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| Three Corners Health Services Society | 250-398-9814 |
| (Canoe/Dog Creek, Soda/Deep Creek, Sugar Cane) | |
| Qwemtsin Health Society | 250-314-6732 |
| (Kamloops, Skeetchestn, Whispering Pines) | |
| White Feather Family Centre (Canim Lake) | 250-397-2717 |
| Esketemc Health Centre (Alkali Lake) | 250-440-5651 |
| Skwlax Wellness Centre (Little Shuswap Lake) | 250-679-3203 |
| Sexqeltqin Health Centre (Adams Lake) | 250-679-7726 |
| Splatsin Health Services Centre (new to program) | 250-838-9538 |
| Simpcw Health Services Centre (new to program) | 250-672-9995 |



**Secwepemc
Nation Injury
Surveillance &
Prevention
Program**



Background of the Program

Health Directors within the Secwepemc Nation started meeting and networking more than ten years ago. They recognized the benefit of working together and communicating with each other on a regular basis. The communities they worked with, although different in geography and population, faced some of the same health challenges. Early on in these important discussions, Health Directors recognized the limited community specific data that could be used to plan health programs for the communities. By having community data, the health programs could target specific areas that were needed the most.

Also noted by the Health Directors was the high number of injuries occurring in the Secwepemc communities. Health Directors, after discussion with their Chief and Council and/or Boards decided to begin collecting their own community specific injury related data.

After further discussion and research, they decided that they would use a program called the Aboriginal Community Centred Injury Surveillance System.

This system is an electronic database that is able to generate reports on the who, what, when, where, how, and why of injuries.

The Health Teams then use this information to start developing prevention programs. Injury Surveillance is important because it gathers information on injuries in the community, which will **prevent** injuries from happening in the future.

Who is the program for?

The program was designed for all Secwepemc First Nation communities that are interested in taking part in the project and that want to collect their own data.

The Health Directors head the project and meet periodically to discuss the project and to work on the development of the project. All communities that participate must have a BCR signed by Chief and Council as well, so band staff and health staff are all involved.

What is the purpose of the program?

The purpose of the program to help communities PREVENT injuries from happening in the future. To do this, we must be able to find out what injuries are happening now. Once we have that information we can then use that information to develop prevention programming.

When does injury surveillance happen?

All the time! Communities collect information year round about as many injuries as they know about. The more the word is out the more information on injuries is collected. It is up to each individual community to get the word out about the project.

Where does data collection take place?

Data collection takes place in community. Depending on who is involved in your community, it could be

health staff, band staff, schools, daycares, the local store, or many others. Please contact your local health centre to find out who is involved in collecting this data.

Why are we collecting this data?

The Health Directors recognized that in order for injury prevention strategies to be effective, they had to match the relevant injury problems that were happening in their community. Each community is different and unique when it comes to injuries that take place, and we wanted to make sure that the prevention strategies that were put in place were going to make a difference to the community.

How is the information collected?

Information is collected by staff or community members filling out a paper based form that collects the injury information. This form is then brought to the person in charge of entering the data into an electronic database system known as Epi Info. The data entry person enters the data, and at the end of each year they meet with the Program Consultant and Program Coordinator to clean the data, and they then can generate data reports.

It all leads to PREVENTION!!!

The goal for the project is to use this data collection to start prevention programs in our communities. We want to stop the injuries from happening in the first place, and with the information that the system gives us, it tells us where to start working on prevention strategies. Injuries can cause hardships not only to the person injured, but to family, friends, the community and many others indirectly.

Your community health staff work very hard to ensure that our community members are kept as safe as possible. With the help of the program we are hoping to decrease and even eliminate injuries happening to our members.