



# Secwepemc Nation

## Injury Surveillance & Prevention

### Why are First Nation Communities collecting injury data?

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The Secwepemc Nation Injury Surveillance & Prevention Program has been working hard to collect injury data and to start prevention programs, to reduce the burden of injury for their communities.

The Injury Surveillance Program was started in 2003, when 8 Health Directors representing 12 of the Secwepemc communities in Interior Health, came together to explore the possibility of collecting community specific injury data. They recognized that for prevention strategies to be effective, the strategies needed to be matched to relevant injury problems. The group moved forward with the implementation of the Aboriginal Community Centered Injury Surveillance System (ACCISS). This system collects data on injuries occurring in the community and uses this data to plan prevention activities in the community. In 2004 funding was ap-

proved through First Nations & Inuit Health to implement the program into all communities that were ready. Each community was trained on the Aboriginal Community Centered Information Surveillance System (ACCISS), which is an electronic database system developed to track **who, what, when, where, why, and how** injuries happen.

#### Who is involved in the Project?

- **ESKETEMC (ALKALI LAKE)**
- **THREE CORNERS HEALTH SERVICES**  
*WILLIAMS LAKE, SODA CREEK, DOG CREEK, CANOE CREEK*
- **Q'WEMTSIN HEALTH SOCIETY**  
*KAMLOOPS, WHISPERING PINES, SKEETCHESTN*
- **ADAMS LAKE**
- **CANIM LAKE**
- **LITTLE SHUSWAP LAKE**
- **SIMPCW—PLANNING STAGE**
- **SPLATSIN—PLANNING STAGE**

SPECIAL POINTS OF INTEREST:

- Secwepemc communities share successes with injury prevention
- Fall expert shares aboriginal falls risks and prevention
- Concussion toolkit for health professionals to access
- How do you prevent injuries in your communities?
- Spectrum of Prevention

# A Few Fall Facts!

- One-third of seniors (age 65 and over) have a fall every year; half of them have more than one fall.
- Falls are the most common cause of injury among seniors.
- Seniors are nine times more likely to be hurt in a fall than someone under age 65.
- Nearly two-thirds of injury related hospitalizations for seniors are the result of falls.
- Roughly half of all falls occur at home.

*Rubber backed floor mats are an effective way to reduce the risk of falls in the home!*



## Fall Expert Shares Aboriginal Fall Risks and Prevention

September 18, 2013 – Senior Falls Prevention webinar. This presentation covered the findings of: 1) a systematic review of peer-reviewed literature with epidemiology and prevention evidence on the

topic of falls and fall-related injury among older Aboriginal people in Australia, Canada, New Zealand and the United States; 2) the findings of a scan of fall prevention programs among older adults in

Canadian Aboriginal and U.S. Native American communities; and 3) the findings of a site visit to the Navajo Nation to conduct focus groups and home visits. For more information related to developing

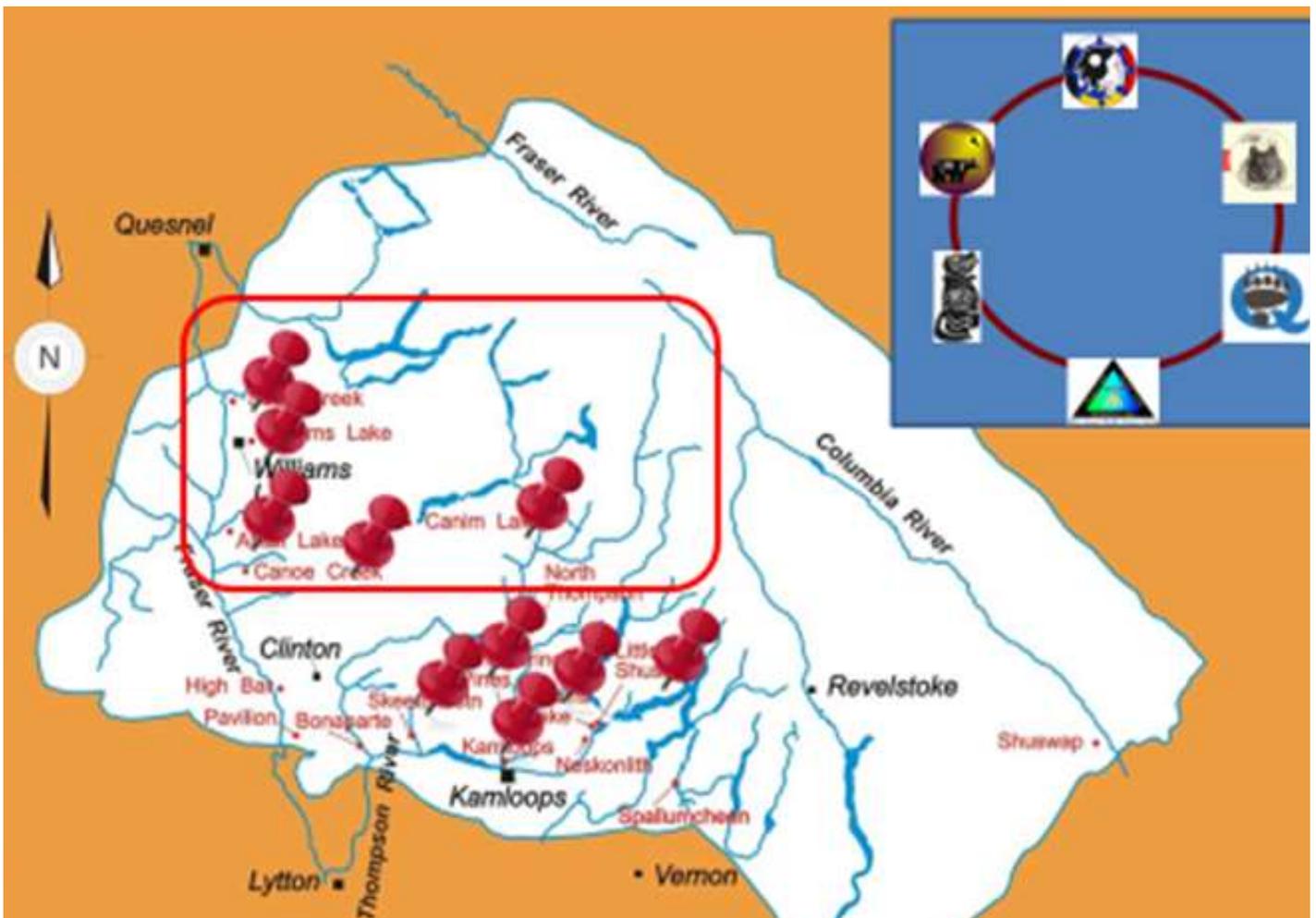
# What Are The Key Benefits Of Injury Surveillance?

Injury surveillance can help your community take action on injuries by helping you to identify and understand injuries impacting your community. This knowledge and understanding can then be used to guide your injury prevention activities.

Several specific benefits are being able to:

- Look at injury problems in an objective way
- Identify your community's injury priorities
- Monitor and evaluate your prevention efforts
- Prepare funding proposals based on community-specific facts and figures

## Secwepemc Nation Injury Surveillance & Prevention Program Communities



**If You Are the WITNESS—If you see someone fall, resist the urge to get the person up immediately.**

- 1. First Check the Condition: is the person conscious or unconscious?**
- 2. Does the person appear to be injured?**
- 3. Reassure the person.**
- 4. If the individual cannot get up, call for help and**
- 5. administer first aid if you are able to do so.**
- 6. Help the person find a comfortable position and keep him or her warm using an item of clothing or blanket.**

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## TCHSS Communities Share Successes with Injury Prevention

Three Corners Health Services Society seeks insight from community members. It's well known that some of the greatest gains in reducing injury (intentional/unintentional) deaths have resulted from community input and policy changes: examples including legislation aimed at making seatbelts and child car seats mandatory, graduated driver licensing laws and child proof medicine containers. Over the last few months TCHSS staff have been involved with car seat safety training, injury prevention tool kit discussions, injury prevention, and education prevention and promotion activities.

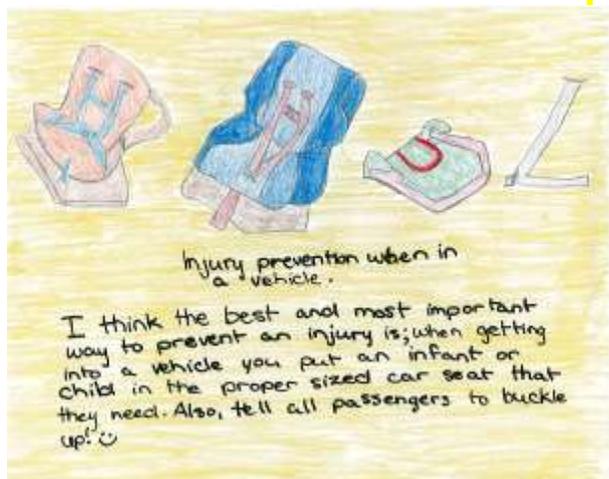
### **Some specific injury prevention activities include:**

- ◆ 2013—an injury prevention calendar
- ◆ October 2013—An injury prevention newsletter
- ◆ New Year—Three Corners Health Services Society has developed injury prevention training with other Secwepemc communities to make injury prevention a priority, to the Secwepemc members youth, membership, and general public in our communities.



## Congratulations Injury Surveillance Poster Contest Winners!

- \* Cash Sellars, Williams Lake Indian Band
- \* Leon Eustache, Simpcw First Nation
- \* Dae Lyn Billy, Canoe Creek Indian Band
- \* Angel Mitchell, Soda Creek Indian Band
- \* Derian Johnson, Whispering Pines/Clinton Indian Band
- \* Maiya Waterfall, Tk'emlúps te Secwepemc
- \* Kendra Samson, Esketemc
- \* Canim Lake Bike Rodeo
- \* Skw'lx Daycare,  
Little Shuswap Lake
- \* Nolan Barron, Skeetchestn



## How do you prevent injuries in your communities?

Out of any identifiable group, Canadian Aboriginals experience the highest suicide rate, and the injury death rate among Aboriginal teens is almost four times that of Canadians overall. The Secwepemc community primary goal is for an injury-free-Nation. Health Directors are working to bring attention to the concern of preventable injury with various age group while assisting Secwepemc Nation community members to reduce their risks of injury and enjoy life that other British Columbians commonly enjoy.

In order to accomplish this, a comprehensive approach must be taken that targets the various aspects of this complex public health problem.

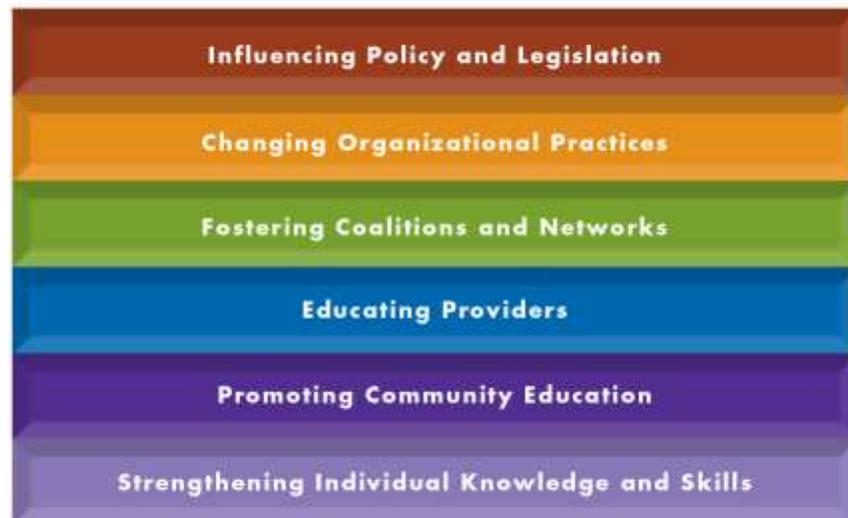
### What to Do after a fall... If You Cant Get Up:

1. Lie on your side, bend the leg that is on top and lift yourself onto your elbows or hands.
2. Pull yourself toward a sturdy object, then kneel while placing both hands on the chair or object.
3. Place your stronger leg in front, holding on to the chair or object.
4. Stand up
5. Very carefully, turn and sit down.

## The Spectrum of Prevention: Developing a Comprehensive Approach to Injury Prevention

The Spectrum of Prevention, developed by Larry Cohen, offers a framework that can be utilized to accomplish this task. The spectrum includes multiple strategies that together form a comprehensive approach to public health issues, such as injury. Each separate band focuses on a different strategic area that must be targeted in order for health changes to be made. The work of Parachute will be focused within each of these strategies in order to ensure that we are offering Canadians a comprehensive approach to the problem of injury.

### THE SPECTRUM OF PREVENTION



The *Spectrum* identifies multiple levels of intervention and encourages people to move beyond the perception that prevention is about teaching healthy behaviors. The *Spectrum's* six levels for strategy development (listed below) is a framework for a more comprehensive understanding of prevention. These levels are complementary and when used together produce a synergy that results in greater effectiveness than would be possible by implementing any single activity. At each level, the most important activities related to prevention objectives should be identified. As these activities are identified, they will lead to interrelated actions at other levels of the *Spectrum*.

## Secwepemc Nation Injury Surveillance & Prevention Program

September 2013/Site Visits & Program Support

In September there were site consultation/support with Simpcw, Splatsin, Adams Lake, and Little Shuswap Lake focused on capacity building and community based and paced programming. Simpcw:

### Session Content

#### Simpcw:

- ◇ Self-reflection of the staff indicates that the capacity to move forward with program activities last year was limited
- ◇ The capacity to engage in program activities was perceived to be improved over last year

#### Splatsin:

- ◇ The community has been dealing with staff transitions
- ◇ Initial efforts with data collection were undertaken with attempting to garner interest with the daycare & other service providers
- ◇ Through brain storming, staff expressed interest in starting small & beginning in-house with key health staff

#### Adams Lake:

- ◇ Discussed challenges & needs being faced by the community
- ◇ Based on discussions—developed plans for holding 2 separate sessions for Adams Lake including specific objectives, content & scheduling
- ◇ Community-specific activities & resources shared

#### Little Shuswap Lake:

- ◇ Planning agenda developed by program staff
- ◇ 5-year aggregated data for community prepared and reviewed in preparation for community sessions schedule for September 2013



*From Left to Right: Judy Kranenborg (Thomas), Pam Piper, and Adeline Simpson.*

Does your family have a fire escape plan for your home? Find an easy template to assist you to develop one at

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Don't forget to practice it!

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Simpcw:

### Session Feedback

#### Simpcw:

- ◇ Appreciated having the aggregate data being made available to them. It helped me think about what was happening in their own community.
- ◇ Appreciative of receiving support
- ◇ Appreciated knowing that they could receive support doing “prevention” whether or not data collection was happening & that program resources from other communities could be made available to them
- ◇ Encouraged that starting small is a realistic place that will begin to make a difference

#### Adams Lake:

- ◇ Appreciated face-to-face planning—facilitates sharing & brainstorming & reflection about what is needed
- ◇ Looking forward to promoting program information & facilitating engagement in the program

#### Little Shuswap Lake

- ◇ Useful to have aggregate data at the community level given the small number of recorded injuries for the population
- ◇ Information will be shared with the community

### Orange Shirt Day

Left to Right:

Irene Johnson, Lori Sellars,  
Sheila Dick



# Canadian Falls Prevention Curriculum

In partnership with the Public Health Agency of Canada and the BC Injury Research and Prevention Unit, the provincial government is contributing to the development and implementation of the Canadian Falls Prevention Curriculum in B.C. and across Canada. The Curriculum is available in both English and French and is targeted towards health care professionals, community support providers, and policy and program personnel who wish to design, implement and evaluate evidence-based fall prevention programs tailored to their work or community settings. The face-to-face version of the course has been available since November 2007, and has been offered in both English and French over 50 times to approximately 1,000 participants across Canada. Dissemination of the CFPC has been managed by the BCIRPU in collaboration with the Canadian Fall Prevention Education Collaborative (CFPEC) – the first Canada-wide network to address all sectors that work on fall-related risk. [Canadian Falls Prevention Curriculum \(CFPC\)](#)



## Concussion Toolkit for Health Professionals

December 2013 – Funded by the BC Children’s Hospital and Child Health BC, in partnership with the BC Medical Association, a new concussion tool kit is designed for health practitioners. It is free of charge, it is an online tool, to standardize concussion recognition, diagnosis, treatment and management and as a result improve patient care - <http://www.cattonline.com/>

# White Feathers Family Centre

## Safety Fair

**Fire Extinguishers in the home**

**Ice Grips in the Winter**

**Always wear A seat belt and/or car seat**

**Always use a Helmet**

The White Feather Family Centre staff organized a Summer Safety Fair as part of the Secwepemc Injury Surveillance program. The Fair was held on July 24, 2013. The theme for the Fair was ‘Safety Across the Lifespan.’ Over the day, 12 children and 6 adults participated in the workshop and came for lunch. Participants discussed swimming, boating, bike riding, as well as road safety and everyone was able to win prizes that included helmets, life jackets, sun block, and floating devices.

Participants were encouraged to brain storm ideas about what safety and prevention meant and record answers on flip chart. Ideas include the following:

### Summer safety

- Screen, glasses, and hats
- Stay hydrated
- Wear life jackets

### Health

- Needles – don’t touch and tell adult (found)
- Condoms – STD’s/ HIV
- Don’t do drugs
- Don’t smoke cigarettes
- Don’t use alcohol

### Gun /Fire arm Safety

- Point in safe direction
- Never hunt alone
- Store it safely
- Trigger lock

### Quading/Dirt bike safety

- Let people know where you are going
- Driver’s course proper equipment, helmets, chest, and shin guards
- Do not bike at winter

### Automobile

- Don't drink and drive
- Wear your seat belt
- Use correct car seat for child and use it correctly

### Mental Health

- Don't cut yourself
- Don't try to kill yourself
- Talk to someone
- Ask for help
- Don't hang yourself

### Stranger Danger

- Don't be alone with someone you don't trust
- If you are being abused, get help, tell an adult who you trust

### Medication

- Check if it's the right one
- Do NOT take medication with alcohol

### House Rules

- Don't stick anything into plugs
- Don't play with knives
- Don't leave mountain bike in way of traffic in drive way

### Elder

- Stairs
- Hand rails
- Floor mat
- Trip/Fall prevention

### Equipment Safety

- Gates – Heavy livestock gates, watch out for your fingers
- Put it away after use

### BBQ Safety

- Make sure its in open area
- Keep lid open before lighting

<b>Three Corners Health Services Society</b> Canoe Creek, Soda/Deep Creek, Williams Lake Indian Band	<b>250-398-9814</b>
<b>Qwemstin Health Society</b> Kamloops , Skeetchesten, Whispering Pines	<b>250-314-6732</b>
<b>White Feather Family Center</b> Canim Lake	<b>250-397-2717</b>
<b>Esketemc Health Centre</b> Alkali Lake	<b>250-440-5651</b>
<b>Skwlax Wellness Centre</b> Little Shuswap Lake	<b>250-679-3702</b>
<b>Sexqeltgin Health Centre</b> Adams Lake	<b>250-679-7726</b>
<b>Splatsin Health Services Centre</b> Planning Stages	<b>250-838-9538</b>
<b>Simpew Health Services Centre</b> Planning Stages	<b>250-672-9995</b>



## Safety In The Bush!

### MUSHROOM PICKING

- Poisonous Mushrooms grow in BC and can cause sickness and even death if eaten. Anyone picking mushrooms should have the knowledge and skills to correctly identify them.
- Pick or cut the mushrooms one by one. For morels, cut the stem of the mushroom above the ground. Do not pull or tear them out.
- Pick only the mushrooms you can use. Broken, over mature or wormy mushrooms may still be spreading spores.
- Do not remove or disturb the forest floor or moss layers where mushrooms are growing.
- Check the identity of the mushrooms with an experienced harvester, buyer or biologist.
- Care taken today means mushroom crops tomorrow!

### HUNTING SAFETY

- Every time you see a gun, pick up a gun or point a gun, assume that it's loaded
- Make sure your safety is always on and that the barrel is pointing down when you are walking with or transporting your gun.
- Make sure that you are certain of your target before you take your shot. That is, make sure that you are shooting at an animal and not a human and that there are no people anywhere near the animal you are shooting at.
- Stay sober and do not take any mind-altering drugs before or during your hunting sessions
- Look well beyond your target before you shoot. High powered ammunition can travel up to a mile
- Hunt with a buddy. If you can't hunt with a buddy, make sure that someone knows where you will be and a time to expect you back.