Preventing unintentional injuries in Indigenous children and youth in Canada

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ABSTRACT

Unintentional injuries are the leading cause of death in Canadian Indigenous children and youth, occurring at rates three to four times the national average. Death and disabling injuries not only devastate families and communities but take a heavy toll on health care resources. The lack of statistics, ongoing surveillance or injury prevention programs for Indigenous children and adolescents further compound human and health care costs. Indigenous communities are heterogeneous culturally, in terms of access to resources, and even as to risks and patterns of injury. Yet in general, they are far more likely to be poor, to have substandard housing and to have difficulty accessing health care, factors which increase the risk and impact of injury. There are urgent needs for injury surveillance, research, capacity-building, knowledge dissemination, as well as for injury prevention programs that focus on Indigenous populations. Effective injury prevention would involve multidisciplinary, collaborative and sustainable approaches based on best practices while being culturally and linguistically specific and sensitive.

Key Words: *Death; Determinants of health; Disability; Indigenous; Injury; Injury prevention; Surveillance*

RECOMMENDATIONS

To reduce the rate and severity of unintentional injuries in Indigenous children and youth in Canada, the Canadian Paediatric Society makes the following recommendations:

1. **To focus surveillance:** Better data collection and research, using community-based, participatory approaches, are critical to defining the extent and nature of injuries in this population. Data collection should focus on location, age, ethnicity and mechanism of injury. Including Indigenous identifiers in the Canadian Paediatric Surveillance Program for injury studies would help narrow the focus.
2. **To improve education:** Conferences, public debates, and meetings of coalitions, specialists, community members and leaders are all forums for sharing surveillance data, successful programs and knowledge translation.
3. **To strengthen advocacy:** The federal government needs to work with provincial/territorial governments and nongovernmental organizations to develop a national injury-prevention (IP) strategy. Indigenous communities need to develop local programs to reduce specific injuries, and to reinforce and evaluate them regularly. ATV and snowmobile safety legislation have special relevance for Indigenous communities, and are being tracked in the Canadian Paediatric Society's status report, *Are We Doing Enough?* <www.cps.ca/en/advocacy-defense/status-report>
4. **To reduce barriers:** Improving the social determinants of health, such as poverty and substandard housing, enhancing parental support, and increasing access to alcohol and drug rehabilitation programs, will help communities to be more responsive to IP strategies.
5. **To evaluate initiatives:** The impact of IP programs must be measured, both for success and to identify areas needing improvement.
6. **To provide resources:** Better funding for IP surveillance, research, building capacity, consultation, disseminating knowledge, monitoring and evaluating IP programs is required.

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