



Prepared by:
BC Injury Research and Prevention Unit

DIRECTORY OF ABORIGINAL INJURY PREVENTION INITIATIVES IN BC

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The British Columbia Injury Research and Prevention Unit (BCIRPU) was established by the Ministry of Health and the Minister's Injury Prevention Advisory Committee in August 1997. BCIRPU is housed within the Centre for Community Child Health Research (CCCHR) and supported by the Child and Family Research Institute (CFRI). BCIRPU's vision is "to be a leader in the production and transfer of injury prevention knowledge and the integration of evidence-based injury prevention practices into the daily lives of those at risk, those who care for them, and those with a mandate for public health and safety in British Columbia".

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I. Introduction

a. Background and Purpose

Among First Nation populations in Canada, injury is the leading cause of death for those under the age of 45 years (Health Canada, 2001). Aboriginal people have also shown to be at higher risk for certain types of injuries, such as deaths due to motor vehicle collisions and drowning, as well as those due to fire and flames (Health Canada, 2001).

In British Columbia (BC), First Nations People have disproportionately higher mortality rates due to injuries. Between the years 1992 and 2002, 25% of deaths among First Nations people in BC were attributable to injuries, while for other residents of the province, this percentage was 7.1%. Furthermore, data between 1992 and 2002 showed downward trends that were significant across all age groups and, overall, showed a decrease of 55.5% among First Nations, compared with a decrease of 38.9% among other residents for the same time period (BCIRPU, 2006). Despite these decreases, injury rates among First Nations people are still higher than those of the general population.

In a recent report by BCIRPU, commissioned by the First Nations and Inuit Health Branch (FNIHB) of Health Canada, Pacific Region, and the BC Ministry of Health, entitled: *Injuries Among First Nations People within British Columbia* (2006), the patterns and trends of injury among First Nations people in BC were summarized and the overall recommendation was to develop community-based injury prevention initiatives for First Nations people across all BC health authorities.

As a preliminary step to support the development of interventions, a review was completed to examine the published literature regarding injury prevention interventions at all levels including public policy, environmental safety, community-based interventions and health service initiatives (Olsen, L., Smith, D., Turcotte, K. & Pike, I., 2007). The objective of the review, entitled *Injury Prevention Intervention Strategies among Aboriginal Peoples: A Systematic Review of Literature and Preliminary Report of Aboriginal Injury Prevention Programs in BC* was “to review and summarize the evidence base from published literature regarding injury prevention among Aboriginal peoples.”

The systematic review, completed in March 2007, identified and summarized the peer-reviewed published literature on evaluations of injury prevention programs aimed at Aboriginal people and included studies from all countries, but was limited to those published in the English language.

A second component of the review commenced in April 2007 and consisted of a search strategy to identify non-peer-reviewed, grey-area literature outlining injury prevention programs focused on Aboriginal people in British Columbia. Results from the survey are presented in this document.

The purpose of this directory was to collect information on initiatives designed to prevent injuries among Aboriginal populations in BC. This work is intended to help disseminate information about available injury prevention programs in BC, with a focus on Aboriginal people, as well as, to identify gaps in injury prevention programming.

b. Objectives

The objectives of the directory are to:

- Ascertain what injury prevention initiatives aimed at Aboriginal people are currently being offered in British Columbia
- Determine current injury prevention activities suitable for Aboriginal people that are part of existing services to the general population
- Create a practical, insightful guide for those who provide services and programs to Aboriginal people to use in developing and promoting injury prevention initiatives

II. Methods

a. Survey Methods

For this directory, the authors developed a survey tool designed to capture key elements of injury prevention initiatives among Aboriginal people.

The authors utilized their range of contacts and networks to disseminate the survey and invite participation in the review.

Elements such as challenges, successes, enabling factors, sustainability and next steps in program planning were included in the survey. The categories included the following:

- a. *Contact information*
- b. *Purpose of the initiative*
- c. *Goals and objectives*
- d. *Focus area*
- e. *Aim of prevention strategies*
- f. *Target audience*
- g. *Products and resources produced*
- h. *Location and setting*
- i. *Reach*
- j. *Process and outcome evaluation methods and findings*
- k. *Factors influencing challenges and successes*
- l. *Sustainability goals*
- m. *Funding sources and duration*

b. Inclusion Criteria for the Directory of Aboriginal Injury Prevention Initiatives in BC

To be included in the directory, injury prevention initiatives (i.e., programs, policies or research) had to meet the following criteria:

- The initiative had to be current or available within the last two years (of survey date 2007)
- The program or service provision had to be the prevention of injuries among Aboriginal people
- The initiative had to be based in British Columbia

A cover letter outlining the eligibility criteria was distributed together with the survey collection form (Appendices A and B).

c. Survey Form

The survey form was made accessible in a variety of ways in order to accommodate various computer skills and abilities and access to computers among the target respondents. A single form was created that could be accessed and submitted in two ways (Appendix B):

- On-line through Survey Monkey (www.surveymonkey.com)
- Administered over the phone

A draft version of the survey form was reviewed by two external reviewers and pilot-tested prior to its mass distribution. The results of the pilot survey have been incorporated into our analyses and presented under the section *Summary of Survey Findings* and *Directory Descriptions*.

d. Dissemination of the Survey Form

The goal was to reach Aboriginal health care and community service providers in BC. To accomplish broad dissemination, a number of strategies were used, including a snowball technique with known contacts in the field of Aboriginal health, injury prevention and service delivery, with a request to assist with dissemination using various methods such as newsletters, e-mail distribution and telephone calls. For the survey, the authors utilized their range of contacts and networks to disseminate the survey and invite participation. Surveys were also sent to various agencies and organizations that fund projects specific to, or targeted at Aboriginal communities. Examples of the contacted organizations/funding bodies are listed below:

1) **Public Health Agency of Canada**

The Public Health Agency of Canada (PHAC) funds many prevention programs related to injuries. A distribution list, provided by PHAC, was used and all the project coordinators listed were contacted to determine eligibility for inclusion in the directory.

2) **Aboriginal Health Services (Vancouver Coastal Health Authority)**

Aboriginal Health Services (AHS), part of the Vancouver Coastal Health Authority, commissions various projects specific to Aboriginal communities. Communication via telephone and e-mail was established with the program coordinators of funded programs in order to determine program eligibility for inclusion in the directory. Coordinators of eligible programs were requested to participate in the on-line survey.

3) **Network Environments for Aboriginal Health BC**

Network Environments for Aboriginal Health BC (NEARBC) provides a platform, through its database, website and e-letters, for collaboration and networking among health researchers, Aboriginal communities, Aboriginal and non-aboriginal community organizations, government, academic institutions and other research users in the field of Aboriginal health in British Columbia. Information about the directory, its development, eligibility criteria and a web link to the survey was provided in one of the NEAHBC's e-letters.

4) **First Nations Chiefs' Health Committee**

Members of the First Nations Chiefs' Health Committee were consulted for identifying eligible programs for the directory.

5) **Grey literature and internet search**

Searches for resources and grey literature were conducted to identify eligible programs for the directory. In addition, search engines such as Google and Web of Science were used to search for programs targeting Aboriginal communities with a focus on injury prevention.

6) **Individual contacts**

Experts in the field of injury prevention were consulted and requested to assist in identifying eligible programs for the directory.

III. Survey Findings

In total, 18 surveys were submitted by individuals coordinating or participating in initiatives that focused on injury prevention or had an injury prevention component as part of the initiative, and which targeted Aboriginal people in BC.

The results of the inventory are presented in the following ways:

- **Summary of survey findings:** The summary of the findings provides a general overview of regional distribution, prevention strategies, program delivery methods, settings, products and resources

produced, process and outcome evaluation methods and findings, and factors influencing challenges and successes that were reported.

The summary section also contains a discussion on interviews that were conducted with key informants working in Aboriginal health care delivery/public health. The interviews were conducted in order to determine if our survey findings are consistent with their knowledge of the injury prevention context among Aboriginal people in BC.

- **Directory descriptions:** These descriptions include the project title, contact person, a description of the project goals and objectives, the project duration and any evaluation results, if reported.

a. **Summary of Survey Findings**

Table 1 indicates the number of Aboriginal initiatives that are located in each health authority and whether or not they are targeted at Aboriginals living on-reserve, off-reserve or both.

Among the eighteen reported initiatives, the majority reported targeting community members living both on-reserve and off-reserve (n=11). Only *Public Fire Safety Education*, delivered through the First Nations and Inuit Health Branch (FNIHB) of Health Canada, reported targeting community members living on-reserve. The initiatives that reported targeting off-reserve community members were:

- *Beautiful Beginnings*
- *Best Babies of the Langleys*
- *Better Babies Pregnancy Outreach Program*
- *Burnaby New Westminster Pregnancy Outreach Program*
- *Healthy Children, Healthy Futures*
- *North Okanagan Community Action Programs for Children Coalition*

Table 1: Initiatives by health authority and audience

Health Authority	On Reserve	Off Reserve	Both	Total
Fraser		2	1	3
Interior		2		2
Northern			4	4
Vancouver Coastal	1		2	3
Vancouver Island		2	3	5
BC-wide			1	1
Total	1	6	11	18

Safety in the home was cited most frequently among the reported initiatives as being the main focus of the initiative (n=11), followed by substance-use related injuries (n=7).

Other commonly reported initiatives were:

- Motor vehicle collisions (n=5)
- Unintentional poisoning (n=5)
- Fall prevention (n=4)
- Violence/Homicide/ Assault (n=3)
- Work-related injuries (n=2)
- Fire-related injuries (n=2)
- "Other" focus areas:

- “Childhood injury prevention and safety” (n=2)
- “Car seat safety” (n=1)
- “Sexual, physical abuse, bullying” (n=1)
- “Air travel safety, hotel safety, teenager safety, safety in other countries, safety for women in colleges/universities” (n=1)
- “General perinatal health” (n=1)
- “Child safety in vehicles (car seat use) and the prevention of Shaken Baby Syndrome” (n=1)

Changing behaviours/skills training to reduce injuries (n=16) was the most commonly cited injury prevention strategy among the reported initiatives. Raising awareness of injury prevention issues in the community through education was also a commonly reported strategy (n=13). Less common strategies included modifying the physical environment (n=4), training or educating health/or other professional workers (n=4), and community mobilization or empowerment (n=3). “Other” strategies included:

- Direct (often one-to-one) client education about infant and child safety (n=3)
- “Partnership with all Emergency Service Providers, A&D Counselors, Sto:lo Youth Council and MADD Canada” (n=1)

Three initiatives reported the development or implementation of policies for injury prevention as part of the work they do. The program, *Walking the Prevention Circle*, initiated by the Canadian Red Cross, targets its policy change work at the band level (i.e., the band is to implement the policy change). *Injury Prevention Research in Aboriginal Communities* reports that their policy change is being initiated at the provincial level, with Worksafe and Aboriginal communities implementing the policy changes. The *Smithers Pregnancy Outreach Program* is developing and implementing a policy change at the local/municipal level.

Most initiatives reported their target audience being parents of young children (n=14) and/or young pregnant women (n=11). Other target audiences included:

- Children - elementary, school aged (n=3)
- Adolescents - high school aged (n=6)
- Young adults (n=7)
- Workers (n=4)
- Elders (n=3)
- Older persons (n=2)
- General community (n=5)
- Persons with mental health problems (n=3)
- Persons with substance use problems (n=6)

Some initiatives cited that educational resources or products were created as a result of their initiative. The most commonly reported resources were posters (n=5), training materials/manuals (n=5), brochures and booklets (n=5), and public presentation materials (n=5). One initiative reported developing “group facilitation resources and a manual.”

Many initiatives reported that community workers (n=12) and nurses (n=6) were the main people involved in the planning and/or delivery of the initiative. Other professionals included outreach workers, Addiction & Drug Councilors, Mothers Against Drunk Driving (MADD) volunteers, Youth Council, an ICBC Contractor, students and teachers.

Almost half of initiatives’ activities took place weekly or more often (n=8). Four reported that the activities were annual, three reported that they were one-time only and three reported activities taking place monthly.

For nine of the reported initiatives, process evaluation was a component. Process evaluation is a way to evaluate why an initiative worked or did not work, to monitor how the initiative is being carried out and

how to revise it (BCIRPU, 2001). It answers the questions “what worked and why?” as well as “how was it received?”

Among the nine reported initiatives employing process evaluation, the strategies included participant surveys (n=8), program enrollment records (n=8), focus groups (n=2), activity logs or minutes of meetings (n=2), and monthly, quarterly and annual reports to funders (n=2).

For eight of the reported initiatives, outcome evaluation was measured. Outcome evaluation is a way to determine if the initiative reached its goals by evaluating the direct effects of the initiative on the target population (BCIRPU, 2001). That is, “did the initiative do what it set out to do?” The most commonly reported outcome evaluation method was before and after measures of risk factors (n=5). Other methods included before and after measures of injuries (n=1), intervention and control group comparisons (n=1), “pre- and post-tests” (n=1) and “perinatal outcomes” (n=1).

Many factors can enable or inhibit the success of a program. Factors such as obtaining access to outside expertise, locating a physical space, conducting staff training and securing management support were often reported as enabling factors. Barriers that were commonly cited included obtaining adequate funding and recruiting and retaining volunteers.

Table 2 provides a breakdown of factors that enabled or presented a barrier to the success of a program. The cells represent the number of times the factor was cited as either “enabling” or a “barrier”.

Table 2: Factors Influencing Initiatives

Factor	Enabling	Barrier
Conducting staff training	8	3
Obtaining access to outside expertise	10	3
Recruiting and retaining volunteers	2	7
Securing community buy-in	6	2
Securing management support	8	2
Locating a physical space	10	1
Competing with other health priorities	4	5
Having a local champion	4	3
Obtaining adequate funding	4	7
Hiring adequate staff	5	4

Eight of the eighteen initiatives reported that their primary funding source is Health Canada. Health Authority funding was mentioned by six initiatives, followed by Provincial Ministry and community fundraising that was reported by four initiatives. First Nations and Inuit Health Branch (FNIHB) of Health Canada provides funding to two of the reported initiatives.

“Other” funding sources included:

- “Public Health Agency of Canada” (n=3)
- “Host agency” (n=1)
- “Tribal Council” (n=1)
- “MADD Canada” (n=2)
- “First Nation Community” (n=1)
- “Xyolhemeylh Child and Family Services” (n=1)
- “Royal bank” (n=1)
- “BC Hydro” (n=1)
- “ComPro Business Solutions” (n=1)
- “WorkSafeBC” (n=1)

Of the eighteen initiatives that reported their yearly range of committed funding, three initiatives receive less than \$10,000, two receive funding in the range \$10,000 to \$50,000, three receive \$50,000 - \$100,000, and three receive more than \$100,000.

Twelve of the initiatives reported having plans in place to continue beyond the present projected end date. To do so, all twelve reported that they were writing grants to seek additional funds in order to continue their initiative. Lobbying the government (n=6), workshops and conferences (n=3), sale of materials (n=3) and cost recovery (n=3) were other commonly reported activities.

b. Key Informant Interviews

To gain a better understanding of injury prevention initiatives among Aboriginal communities, and to supplement our survey results, key informant interviews were conducted with individuals that work in Aboriginal health/public health. The purpose of the interviews was to determine if our survey findings are consistent with their knowledge of the injury prevention context among Aboriginal people in BC and nationally.

Through these discussions, our survey results appear to be consistent with what is actually observed with regard to the frequency and type of injury prevention initiatives targeting Aboriginal people and Aboriginal communities in BC. There are pockets of injury prevention activities across BC and, some of which were missed by our survey. Due to the uncoordinated nature of injury prevention among Aboriginal communities, our survey did not successfully reach some of these programs.

According to one of our key informants, the BC region of the First Nations and Inuit Health Branch (FNIHB) of Health Canada recently reported limited injury prevention activities, mostly due to the lack of funding. The BC region has been successful at doing basic suicide prevention, home safety for Elders and healthy moms and babies initiatives, which was substantiated by our survey.

Although injury is the leading cause of death and disability among Aboriginal people in Canada, most FNIHB regions have not been able to initiate many injury-related initiatives because of a lack of funding, especially for activities that focus on prevention. To resolve this, a national plan of action has been drafted and submitted to the Assembly of First Nations (AFN) by Dr. Rose-Alma McDonald. The plan seeks to address the most critical needs among Aboriginal populations.

One of the main challenges of administering this survey was obtaining completed surveys from the appropriate individuals. Follow up telephone calls, emails and offers to administer the survey over the phone generally resulted in having a completed survey returned. A few of our key informants also experienced similar difficulty in disseminating regional and national surveys in order to obtain information around initiatives among Aboriginal communities. For future directory and inventory requests, other modalities for obtaining information should be considered and explored – for example, surveys by mail, phone or fax might be more successful. Limitations of these modalities include that they could take longer, and the response rate might still be low. However, administering a survey using one of these modalities might result in greater success, as email, the modality for this survey, is limited in Aboriginal communities. In many Aboriginal communities, there is restricted electronic infrastructure, especially in small and remote communities, and, therefore, many program delivery offices do not have email access or they have one general email address. One of our key informants stated that email, as a way of reaching Aboriginal communities, has never been attempted as a result of this limited electronic infrastructure.

Nonetheless, through the process, we learned that who the survey is sent to is critical. Often, the survey never reaches the principal program person who is best able to provide relevant information about the programs and initiatives. For the future, it was recommended that the survey should be sent to Chief and Council, or to Program Directors.

Another reason that the survey response rate was low could be attributed to the way that injury prevention is viewed or perceived in the community. According to one of our key informants, many individuals and groups do not identify injury prevention as a public health initiative. In other words, the components of their work may be injury prevention (car seat safety, advocating for speed bumps, home

safety), but they do not consider it to be part of a larger injury prevention context. Funding for injury prevention is also allocated and administered in the same way. Some funding agencies offer funding in silos – activities for injury prevention are only included within a larger component, for example, maternal and child health. Finally, there is also a common belief among Aboriginal people that they “are not to question Creator”, a belief that an injury was “meant to be.” All of these limitations make raising the profile and awareness of injury prevention challenging.

Many of the reported initiatives from this survey were prenatal/new parent initiatives. The key informants substantiated that many public health initiatives are often taught within a maternal and child health context, which is particularly true of injury prevention. It was confirmed that injury prevention is rarely delivered in a single program – usually, it is a small component of a larger initiative. Why? One reason may be that pregnant women and new parents are a captive, receptive audience. They are often open to new ideas and want to make changes in their lives, especially with regard to safety, as they prepare to have a child. Child safety is of utmost concern to new parents, therefore the opportunity to reach new parents is often frequently utilized. As well, prenatal, pregnancy outreach and new parent programs have been well established with sufficient capacity and resources to disseminate information; it is one of few programs that incorporate injury prevention into its funding regime.

Key informants also touched on the belief that if children and youth are reached early, the impact can be greater, and, therefore, injury prevention is often solely geared towards children and youth. As a result, there is a belief that there will be better uptake for injury prevention and safety promotion, and a greater possibility for reduced injury morbidity and mortality among children and youth which will continue with the cohort as they age.

A major limitation of targeting only pregnant women, new parents, and children and youth, is that other segments of the population are excluded. As well, other injury issues are often missed.

What is needed to transition injury prevention from a small component of a large initiative into a stand-alone program targeting Aboriginal people? According to the key informants, several factors must be in place. Political will, or a willingness to make things happen from a policy level, must be present for injury prevention to receive awareness and, therefore, sustainable funding. As well, leadership, or the existence of a “champion”, to ensure that injury prevention occurs and is sustained, is extremely important.

An additional suggestion from one key informant is to communicate with organizations such as First Nations and Inuit Health Branch of Health Canada, the Canadian Red Cross, the Assembly of First Nations, National Aboriginal Health Organization (NAHO) and other national organizations that have regional affiliates. These organizations have the mandate to implement national initiatives that may be able to support stand-alone, regional injury prevention initiatives. These national organizations should be made aware of these findings in order that injury prevention be better advocated for. Finally, all of the key informants supported the idea that injury prevention is most successful when delivered in a coordinated, collaborative approach.

c. Conclusion

In total, eighteen initiatives were reported that met the project’s criteria:

- The initiative had to be current or available within the last two years (of survey date 2007)
- The program or service provision had to be the prevention of injuries among Aboriginal people
- The initiative had to be based in British Columbia

Of the eighteen reported initiatives, over half (55%) are programs that target healthy pregnancies/healthy babies, with a component of the program being injury prevention. An additional initiative that has a component of injury prevention is the *National Addictions Awareness Week National Kick Off Event*. Reported initiatives that are mainly focused on injury prevention include:

- *Walking the Prevention Circle, Canadian Red Cross*
- *Trust Your Instincts, A Guidebook for Women Who Work and Travel Alone*
- *Poster and essay contest for Aboriginal schools in BC*
- *Injury Prevention Research in Aboriginal Communities*
- *Public Fire Safety Education*
- *Aboriginal Occupant Restraint Program*

It is evident from these survey results that there is a need for more injury prevention initiatives aimed at Aboriginal people in BC. Whether the injury prevention initiative is part of a larger program or is a stand alone program, the need exists, particularly in relation to the epidemiology of injury among Aboriginal people.

Hospital separation and mortality data demonstrate that injuries are a leading cause of morbidity and mortality among Aboriginal people. Therefore, more resources must be directed at decreasing injury rates among Aboriginal people, using as a starting point, the initiatives described in this directory.

In order to be successful, Aboriginal injury prevention initiatives require strong leadership, data on the magnitude of injuries, adequate funding, and a commitment to support both individual and population-based health promotion efforts. The health system must be prepared and equipped to address Aboriginal health needs, including the prevention of injuries. More original research on Aboriginal injuries and best practices to prevent them is needed, as well as evaluation of these practices.

Any injury prevention initiative must acknowledge and be compliant with OCAP (Ownership, Control, Access and Possession) Principles, which means that First Nations own, protect and control information about their peoples (CIHR, 2007). OCAP Principles ensure that First Nations people determine, under appropriate mandates and protocols, how information about their people is accessed, utilized and distributed, thereby ensuring preservation and development of their culture. By incorporating OCAP principles into new and improved programs, research and evaluation, First Nations communities are given the right to decide why, how and by whom information is collected, used and shared.

The Transformative Change Accord, signed on November 25, 2005, between the Governments of Canada, British Columbia and the Leadership Council Representing the First Nations of British Columbia, acknowledges and “agrees that new approaches for addressing the rights and title interests of First Nations are required if First Nations are to be full partners in the success and opportunity of the province.”

The Accord seeks to close the social and economic gap between First Nations and other British Columbians. As the findings of this survey indicate, additional injury prevention efforts at the local, regional and provincial level are needed in order to close the gap that exists between First Nations and other residents of BC. To do so, resources will be required to ensure that more efforts in injury prevention are initiated and made sustainable. The parties of the Accord acknowledge that new resources will be required and, therefore, state that “federal and provincial investments on and off reserve will be made available pursuant to the decisions taken at the November 2005 First Ministers' Meeting.”

Both OCAP Principles and the Transformative Change Accord are a step forward in ensuring that First Nations communities flourish and become healthy communities. Researchers, program planners, public health officials, governments and all residents of British Columbia must play a part in ensuring that acknowledgement and adherence to OCAP Principles and the Accord are upheld. In doing so, First Nations members will be supported to create sustainable, healthy communities for their members. Injuries are a significant cause of morbidity and mortality among BC Aboriginal people that will continue to have an impact on health care delivery if appropriate and timely interventions are not put into practice.

d. Additional Resources

To gain further knowledge about specific Aboriginal services and organizations in BC, the Ministry of Aboriginal Relations and Reconciliation has developed a provincial resource called *The Guide to Aboriginal Organizations and Services in British Columbia* (07-08). The guide provides a listing of Aboriginal community-based services and organizations in BC and is available on-line at: http://www.gov.bc.ca/arr/services/down/guidetoservices_2007.pdf

An inventory of Aboriginal services, issues and initiatives in Vancouver is available on the City of Vancouver's website. To access this information, visit: http://www.city.vancouver.bc.ca/COMMSVCS/SOCIALPLANNING/initiatives/aboriginal/tools/directory/early_childhood.htm

IV. Directory Descriptions

Following is a detailed description of each initiative that submitted a completed survey. The initiatives are presented in alphabetical order. The descriptions include the project title, contact person, a description of the project goals and objectives, the project duration and any evaluation results, if reported.

Project title: **Aboriginal Infant Development Program - Prince Rupert Friendship House**

Contact: Leona Peardon
744 Fraser Street
Prince Rupert, BC V8J 1P9
Ph: (250) 627-1717 #60
E-mail: aidp@friendshiphouse.ca
Website: <http://friendshiphouse.ca>

Description: Price Rupert Friendship House provides programs and services to the community at large, with an emphasis on the needs of the First Nations People, in the area of education, culture, health and recreation. The program educates the targeted audience on issues such as unintentional poisoning, falls prevention, fire-related injuries and home safety. In addition, the program raises awareness around healthy lifestyles, Fetal Alcohol Spectrum Disorder (FASD), and prenatal drug use.

Project title: **Aboriginal Occupant Restraint Program**

Contact: Sonny Senghera
530 - 171 W. Esplanade
North Vancouver, BC V7M 3J9
Ph: (604) 982-4224
Fax: (604) 646-7555
E-mail: sonny.senghera@icbc.com
Website: www.icbc.com

Description: The Aboriginal Occupant Restraint Use Program commenced in 2004 with the vision of educating the public on the use of seatbelts and child restraints. The program developed educational resources and training material including Aboriginal Occupant Restraint Toolkit, brochures and posters. Over time, the program strategy has shifted from an educational campaign towards maintaining awareness through these developed resources.

Project title: **Beautiful Beginnings**

Contacts: Lesley Hastain
Box 3144
Castlegar, BC V1N 3H4
Ph: (250)-365-3662
Fax: (250)-365-5792
E-mail: cpnp.kfp@telus.net
Website: www.kootenayfamilyplace.org
www.kootenayfamilyplace.org/programs/cpnp.html

Description: Beautiful Beginnings, a community-based program, is an arm to the Canadian Prenatal Nutrition Program that targets high risk populations, including Aboriginal populations, immigrants, pregnant women and post-partum women. As part of the program, participants are offered a weekly nutritious lunch, educational sessions and workshops on topics such as First-Aid, smoking, alcohol and drug use in pregnancy, car seat and home safety, postpartum depression and stress management.

Project title: **Best Babies of the Langleys**

Contact: Barbara Price, RD
PO Box 1269
Aldergrove, BC V4W 2V1
Ph: (604) 530-2772
Fax: (604) 530-2734
E-mail: bbabies@telus.net
Website: www.aldergrovens.com

Description: Best Babies of the Langleys, a support program, is part of the Aldergrove Neighborhood Services and targets pregnant women and women up to six months postpartum. It also serves caregivers and families living in Langley City and Langley Township. The program, along with the provision of nutrition and lifestyle counseling, also focuses on injury prevention issues such as addiction and alcohol use.

Duration: The program has been running for past 11 years.

Project title: **Better Babies Pregnancy Outreach Program**

Contact: Jenn Cody
602 Halliburton St
Nanaimo, BC V9R 6N4
Ph: (250) 753-6578

Description: Better Babies Pregnancy Outreach is a support program that aims to reduce injuries among infants through outreach workers, and group education sessions for pregnant and parenting women. The program targets an increase in knowledge and skills around injury prevention initiatives such as use of properly installed infant car seats, unintentional poisoning and home safety.

Duration: The program was initiated in 2000 and is on-going.

Project title: **Burnaby/New Westminster Pregnancy Outreach Program**

Contact: Jacqueline Pinksen
7355 Canada Way
Burnaby, BC V3N 4Z6
Ph: (604) 659-2225
E-mail: jpinksen@burnabyfamilylife.org
Website: www.burnabyfamilylife.org

Description: The Burnaby/New Westminster Pregnancy Outreach Program is a support program that provides services and education to high-risk populations, including pregnant women, parents of young children, and persons with mental health and addiction problems. The program focuses on various injury topics such as car seat safety and its regulation in BC, safety in the home for young children, awareness of Shaken Baby Syndrome, unintentional poisonings, and other health-related issues. The program implements educational sessions via group discussions, presentation and training sessions to bring about a change in risky behaviour and practices.

Project Title: **Healthiest Babies Possible**

Contact: Kathryn Coopsie, RN
PPO Box 1015
#106-5462 Trans Canada Hwy
Duncan, BC V9L 3Y2
Ph: (250) 748-2242
Fax: (250) 748-2238
E-mail: hbp.hof@shawcable.com

Description: Healthiest Babies Possible is a pregnancy outreach program designed to provide support to at-risk pregnant women and prevent low-birth weight babies. The program's mandate also includes the prevention of Fetal Alcohol Spectrum Disorder (FASD). The focus areas of the program include substance use-related injuries and safety in the home.

Project title: **Healthy Children Healthy Futures**

Contact: Mark S. Turner, PAG
PPO Box 1015
#106-5462 Trans Canada Hwy
Duncan, BC V9L 3Y2
Ph: (250) 748-2242
Fax: (250) 748-2238
E-mail: hchf.hof@shawcable.com

Description: Healthy Children Healthy Futures is a support program that targets parents of children, particularly those aged between 0 and 6 years. This program aims to raise awareness of injury prevention issues in the community and equip parents with knowledge and skills via peer-facilitated education and discussion groups. Preventing motor vehicle collisions is a key focus of the program.

Project title: **Healthy Mothers, Healthy Babies Quesnel Pregnancy Outreach Program**

Contact: Beverlee Preston
395 Elliot St
Quesnel, BC V2J 1Y4
Ph: (250) 992 3495
E-mail: beverleep@quesnelcdc.com
Website: www.quesnelcdc.com

Description: Healthy Mothers, Healthy Babies Quesnel Pregnancy Outreach Program is an educational program that aims to educate pregnant women and mothers on healthy pregnancies and child safety. Through group discussions and one-to-one sessions, the program educates participants on health-related issues, including injury prevention. Some of the major injury-related foci are substance use-related injuries, home safety, Sudden Infant Death Syndrome (SIDS) and child care.

Duration: The program began in January 1990 and is ongoing.

Project title: **Injury Prevention Research in Aboriginal Communities**

Contact: Charles Horn
766 Walfred Road
Victoria, BC V9C 2N9
Ph: (250) 480-9818
E-mail: charleshorn@shaw.ca

Description: The purpose of this research project is to determine how injury prevention programs specific to work-related injuries are developed and implemented in Aboriginal communities.

Project title: **National Addictions Awareness Week Kick of Event**

Contact: Dianne Garner
1 - 7201 Vedder Road
Chilliwack, BC V2R 4G5
Ph: (604) 824-5324
E-mail: Dianne.Garner@xyolhemeylh.bc.ca

Description: The goal of the National Addiction Awareness week was to demonstrate the impact of impaired driving/walking and other risk taking behaviours to First Nation Students in grades 7 through 12. This campaign played a major role in spreading awareness on major injury issues in the province, such as motor vehicle collisions and substance use-related injuries. Various social marketing approaches, such as multi-media presentations, video and posters, were used as part of the campaign.

Duration: November 2007

Project title: **North Okanagan Community Action Programs for Children Coalition**

Contact: Sue Rossi
Box 661,
Lumby, BC V0E 2G0
Ph: (250) 549-4534
E-mail: suevernon@shawcable.com

Description: North Okanagan Community Action Programs for Children Coalition provides family support, education, referrals and resources for vulnerable families, including parents, caregivers and grandparents, with children ages 0 to 6 years. The program disseminates

knowledge via information sessions, discussion groups, brochures and posters, and focuses on issues such as early childhood development, unintentional poisoning, substance use-related injuries, falls prevention and home safety.

Project title: Poster and essay contest for aboriginal schools in BC

Contact: First Nations and Inuit Health
Health Canada
Federal Building, Suite 540
757 West Hastings Street
Vancouver, BC V6C 3E6
Ph: (604) 666-3235
Fax: (604) 666-6024

Description: First Nations and Inuit Health of Health Canada organizes an annual essay and poster competition for students in Aboriginal schools in BC to raise awareness around drinking and driving and strategies to prevent motor vehicle collisions. The contest provides an opportunity for youth to share their experiences and learn about potential risk factors and prevention strategies around motor vehicle collisions.

Project title: Pregnancy Outreach Program/Building Blocks Family Support Program at Park Centre

Contact: Brenda Froese-Bartley
2510 South Eby Street
Terrace, BC V8G 2X3
Ph: (250) 635-1830
Fax: (250) 635-1501
E-mail: b.b@telus.net
Website: terracechilddevelopmentcentre.com

Description: The Park Centre program provides education and support to families promoting healthy a lifestyle that contributes to the well-being of families. Park Centre aims to optimize the health, development and well-being of children, to improve the health status of participants, and to link families with appropriate resources in the community. Through workshops, information sessions, one-to-one sessions, group discussions and prenatal classes, the program raises awareness on issues such as childhood injuries, home safety, first-aid and parenting skills.

Project title: Public Fire Safety Education

Contact: First Nations' Emergency Services Society
1257 - 409 Granville Street
Vancouver, BC V6C 1T2
Ph: (604) 669-7305 / (604) 669-9832
E-mail: reception@fnss.bc.ca
Website: www.fnss.bc.ca

Description: First Nations' Emergency Services Society (FNESS) assists First Nations in developing and sustaining safer and healthier communities by providing programs and services. Their mandate is to reduce the number of fire-related injuries and deaths on reserves within BC. "Getting to know fire", a school-based curriculum, is implemented by trained instructors to raise awareness within the community on fire safety. In addition, FNESS participates in fire prevention week and the regional and national fire safety poster contest, to advocate and raise the profile of fire safety within Aboriginal communities.

Project title: **Smithers Pregnancy Outreach Program**

Contact: Carol Seychuk
Northern Society for Domestic Peace
Box 3836
Smithers, BC V0J 2N0
Ph: (250) 847-9000
E-mail: c.seychuk@domesticpeace.ca
Website: www.domesticpeace.ca

Description: Northern Society for Domestic Peace, via its community-based pregnancy outreach program, Smithers Pregnancy Outreach Program, provides education and support to women in their childbearing years and in early post-partum, in order to advocate for healthy choices. The program aims to raise awareness and improve quality of life through discussions groups, peer support, counseling, referrals and educational resources. Along with multiple health-related issues, awareness is also raised around substance use-related injuries, violence and abuse.

Project title: **Trust Your Instincts, A Guidebook for Women Who Work and Travel Alone**

Contact: Darlene Shackelly
#207 - 1999 Marine Drive,
North Vancouver, BC V7P 3J3
Ph: (604)985-5355
Fax: 604.985.8933
E-mail: dshackelly@nccabc.net
Website: www.nccabc.ca

Description: The vision of this guide is to support Aboriginal women and create among them an awareness of their personal safety and protection, and educate them about injuries and injury prevention. This guide also discusses injuries related to motor vehicle collisions, violence/homicide/assault, work-related injuries, safety in the home, air travel safety, hotel safety, teenager safety and safety in other countries, as it relates to Aboriginal communities.

Duration: January 2007 - July 2007

Project title: **Walking the Prevention Circle**

Contact: Linda Kuan
Associate Manager, RespectED: Violence & Abuse Prevention

Canadian Red Cross Society
Lower Mainland Region
3400 Lake City Way
Burnaby, BC V5A 4Y2
Ph: (604) 709-6642
Fax: (604) 709-6675
E-mail: linda.kuan@redcross.ca

AND

Janice Morin
RespectED Aboriginal Coordinator, Western Canada
Canadian Red Cross Society
54 - 11 Street East
Prince Albert, SK S6V 0Z9
Ph: (306) 765-2606
Fax: (306) 953-8381
E-mail: janice.morin@redcross.ca

Description: Walking the Prevention Circle is designed for First Nations communities to raise awareness on abuse and violence issues among First Nations communities. The program is implemented by Aboriginal facilitators, and aims to develop safe environments, build capacity by training trainers and address policy gaps around injury prevention issues. The program has developed many educational resources including brochures, posters, risk screening tools, training manuals and presentations to ensure knowledge dissemination on abuse and violence-related injuries.

V. References

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Health Canada. (2001). *Unintentional and intentional injury profile for Aboriginal People in Canada, 1990-1999*. First Nations and Inuit Health Branch, Ottawa, Ontario: Minister of Public Works and Government Services, Canada.

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Olsen, L., Smith, D., Turcotte, K. & Pike, I. (2007). *Injury prevention intervention strategies among aboriginal peoples: A systematic review of literature and preliminary report of aboriginal injury prevention programs in BC*. Vancouver, BC: BCIRPU.

APPENDIX A: Cover Letter and Eligibility Assessment Form

The BC injury Research and Prevention Unit (BCIRPU) is collecting information on current injury and recently completed prevention initiatives with the intent to develop a Directory of Aboriginal Injury Prevention Initiatives in BC. The directory will provide information on current and recently completed injury prevention activities in BC, as well as it will help identify where future injury prevention activities can be targeted.

We are currently in the process of identifying eligible initiatives. An initiative is considered eligible if:

- It is on-going or was completed in the last two years
- The focus is (entirely or in-part) injury prevention and is targeting Aboriginal populations
- The initiative is implemented in BC

If your initiative is eligible, please complete our on-line survey:

http://www.surveymonkey.com/s.aspx?sm=lsV8fhVT1GPYcnc9kmTxdw_3d_3d

Your participation will enable us to collect relevant information on injury prevention initiatives for the Directory of Aboriginal Injury Prevention Initiatives in BC. This directory will be available on the BCIRPU website and will be a great resource for public health professionals, as well as the general public interested in injury prevention among Aboriginal communities.

Please consider forwarding this letter to colleagues, as the more information compiled, the stronger the directory will be. Should you have any questions or concerns, please feel free to contact me; my contact information is provided below. Thank you for your assistance. We look forward to sharing our results with you.

Many thanks,
Khairun

Khairun Jivani
Researcher, BC Injury Research and Prevention Unit
Email: kjivani@cw.bc.ca
(604)-875-3572

Eligibility Assessment Form
Non-published program descriptions

Date:

Reviewer:

Name of Program:

- | | | | |
|----|--|-----|----|
| 1. | Is the program currently running or did it end in the past 2 years? | Yes | No |
| 2. | Program Topic | | |
| | Program or service provision to prevent injuries among Aboriginal peoples? | Yes | No |
| | Sole focus of program? | Yes | No |
| | Injury prevention part of larger program? | Yes | No |
| 3. | Program Evaluation | | |
| | Process evaluation measures available? | Yes | No |
| | Outcome measures available? | Yes | No |
| 4. | Geographic Location | | |
| | Within BC | Yes | No |
| | Other location _____ | Yes | No |

Final Decision

Include (must meet criteria numbers 1 and 2 and 4)

Exclude: reason _____

Unsure: reason _____

Final Decision: Include Exclude

APPENDIX B: Aboriginal Injury Prevention Program Data Collection Tool

This survey form was made available on Survey Monkey (www.surveymonkey.com), unless a paper version was specifically requested.

Thank you for completing this summary form about your injury prevention initiative. This will take approximately 15 minutes to complete. General information about your initiative will be included in a report by the BC Injury Research and Prevention Unit (BCIRPU) on injury prevention programs in BC. As well, the information will be posted on the BCIRPU website.

We appreciate your assistance with compiling this information, as it will provide valuable information for others developing Aboriginal-focused injury prevention initiatives.

1) Name of Initiative: _____

2) Is the initiative a main stream service provision?

If No, please proceed to question 3

If yes, please proceed to question 6

3) When was the Initiative's start date?

Initiative start date _____ (dd/mm/yy)

4) When was the Initiative's end date?

Initiative end date _____ (dd/mm/yy)

5) If still running, is there a projected end date for the initiative?

Projected end date _____ (dd/mm/yy)

6) Key contact for initiative:

Name: _____

Address: _____

Phone/Fax: _____

Email: _____

Website: _____

7) Briefly list the goal(s) and objective(s) of your injury prevention initiative:

8) What is the focus area of your injury prevention initiative? (Check all that apply)

<input type="checkbox"/>	Motor vehicle collisions
<input type="checkbox"/>	Unintentional poisoning
<input type="checkbox"/>	Substance use-related injuries
<input type="checkbox"/>	Suicide/ Attempted suicide or self-harm
<input type="checkbox"/>	Fall prevention
<input type="checkbox"/>	Violence/Homicide/Assault
<input type="checkbox"/>	Sport-related injuries
<input type="checkbox"/>	Work-related injuries
<input type="checkbox"/>	Fire-related injuries
<input type="checkbox"/>	Safety in the home
Other (please specify)	-----

9) Which of the following aims does your initiative address?

<input type="checkbox"/>	Raising awareness of injury prevention issues in the community through education
<input type="checkbox"/>	Changing behaviours/skills training to reduce injuries
<input type="checkbox"/>	Changing policies or protocols
<input type="checkbox"/>	Increasing enforcement of existing laws or policies
<input type="checkbox"/>	Training or educating health and/or other professional workers
<input type="checkbox"/>	Modifying the physical environment
<input type="checkbox"/>	Community mobilization or empowerment
Other (please specify)	-----

10) Briefly describe the main activities included in your initiatives:

11) Does your initiative involve the development or implementation of policies for injury prevention?

Yes No

12) If yes, at what level is the policy change aimed? (check one or more)

<input type="checkbox"/>	Local/municipal
<input type="checkbox"/>	Regional Health Authority
<input type="checkbox"/>	Provincial
<input type="checkbox"/>	Band

13) Name the organization or jurisdiction implementing the policy change:

14) Which of the following audience(s) does your program initiative aim to reach?

<input type="checkbox"/>	Parents of young children	<input type="checkbox"/>	Elders
<input type="checkbox"/>	Children - elementary school age	<input type="checkbox"/>	Older persons
<input type="checkbox"/>	Adolescents - High school age	<input type="checkbox"/>	General community
<input type="checkbox"/>	Young adults	<input type="checkbox"/>	Persons with mental health problems
<input type="checkbox"/>	Young pregnant women	<input type="checkbox"/>	Persons with substance use problems
<input type="checkbox"/>	Workers	Other (please specify)	-----

15) Have you created any educational resources or products as a result of your injury prevention initiative?

<input type="checkbox"/>	Brochures or Booklets	<input type="checkbox"/>	Promotional packages (e.g. media material)
<input type="checkbox"/>	Protocols/guidelines	<input type="checkbox"/>	Training materials/manuals
<input type="checkbox"/>	Videos	<input type="checkbox"/>	Public presentation materials
<input type="checkbox"/>	Risk screening tools or checklists	Other (please specify)	-----

16) In what kinds of location(s) do the initiative's activities mainly take place?

<input type="checkbox"/>	First Nations Friendship Centre
<input type="checkbox"/>	Community or Recreation Centre
<input type="checkbox"/>	Health Care Facility
<input type="checkbox"/>	School
<input type="checkbox"/>	First Nations Friendship Centre
<input type="checkbox"/>	Community-wide
Other (please specify)	-----

17) Does this program target community members living:

<input type="checkbox"/>	On reserve only
<input type="checkbox"/>	Off reserve
<input type="checkbox"/>	Both

18) Who are the main people involved in the planning and/or delivery of the initiative?
(Check all that apply)

<input type="checkbox"/>	Community workers
<input type="checkbox"/>	Community volunteers
<input type="checkbox"/>	

<input type="checkbox"/>	Nurses
<input type="checkbox"/>	Doctors
<input type="checkbox"/>	Researchers
Other (please specify)	----- -----

19) How often do program activities take place?

<input type="checkbox"/>	Weekly or more	<input type="checkbox"/>	Yearly
<input type="checkbox"/>	Monthly	<input type="checkbox"/>	One time event

20) In your estimate, how many people have been reached by your initiative's activities over the last year?

21) What have been the main results of the initiative to date?

22) Has there been any *process* evaluation of this program? (For example, were program procedures conducted as intended?)

Yes No

23) If yes, what process evaluation methods were used?

<input type="checkbox"/>	Program enrolment records
<input type="checkbox"/>	Participant surveys
<input type="checkbox"/>	Focus groups or interviews
<input type="checkbox"/>	Activity logs or minutes of meetings
Other (please specify)	----- -----

24) Has there been any *outcome* evaluation of this initiative? (For example, what were the results of the program? Did the program achieve what you expected it to achieve?)

Yes No

25) If yes, what outcome evaluation methods were used?

<input type="checkbox"/>	Before and after measures of risk factors
<input type="checkbox"/>	Before and after measures of injuries
<input type="checkbox"/>	Cost-benefit analysis
<input type="checkbox"/>	Intervention and control group comparisons
Other (please specify)	-----

26) How have you shared what you have learned or produced from this initiative?

<input type="checkbox"/>	Newsletters	<input type="checkbox"/>	Internet/Websites
<input type="checkbox"/>	Local media coverage	<input type="checkbox"/>	Not Yet
<input type="checkbox"/>	Workshops/conferences	Other	----- -----
<input type="checkbox"/>	Publications/guides		
<input type="checkbox"/>	Health/Wellness events		

27) There are many issues that can affect the success of injury prevention initiatives. Have any of the following factors enabled or facilitated the success of your initiative or acted as barriers to success? (Check all that apply).

	Enabling Factors	Barriers
Conducting staff training	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining access to outside expertise	<input type="checkbox"/>	<input type="checkbox"/>
Recruiting and retaining volunteers	<input type="checkbox"/>	<input type="checkbox"/>
Securing community buy-in	<input type="checkbox"/>	<input type="checkbox"/>
Securing management support	<input type="checkbox"/>	<input type="checkbox"/>
Locating a physical space	<input type="checkbox"/>	<input type="checkbox"/>
Competing with other health priorities	<input type="checkbox"/>	<input type="checkbox"/>
Having a local champion	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining adequate funding	<input type="checkbox"/>	<input type="checkbox"/>
Hiring adequate staff	<input type="checkbox"/>	<input type="checkbox"/>

28) What are the sources of funding for your initiative? (Check all that apply).

<input type="checkbox"/>	Health Authority	<input type="checkbox"/>	NGO (e.g. Arthritis Society)
<input type="checkbox"/>	A Provincial Ministry	<input type="checkbox"/>	Research Organization
<input type="checkbox"/>	Health Canada	<input type="checkbox"/>	Community fund-raising
<input type="checkbox"/>	First Nations and Inuit Health Branch (FNIHB)	Other (please specify)	-----

29) List your partners, (if any) in the initiative?

30) What is the yearly range of committed funding for this initiative?

<input type="checkbox"/>	< \$10,000
<input type="checkbox"/>	\$10,000 - \$50,000
<input type="checkbox"/>	\$ 50, 000 - \$100,000
<input type="checkbox"/>	\$ More than \$100, 000

31) Is funding available to continue your initiative when current support expires?

Yes No

32) Do you have plans in place to continue this initiative beyond the present projected end date?

Yes No

33) Are you involved in any of the following types of activities to seek continued or additional funding?

<input type="checkbox"/>	Funding campaign	<input type="checkbox"/>	Cost recovery
<input type="checkbox"/>	Grant writing	<input type="checkbox"/>	Workshops and conferences
<input type="checkbox"/>	Lobbying government	<input type="checkbox"/>	Sale of materials
<input type="checkbox"/>	Media campaign	<input type="checkbox"/>	Not applicable

34) What, if any, do you see as the next steps in developing, modifying or sustaining this program?

35) Additional comments:

Thank you for your time. Your feedback will be very valuable in assisting others who are planning injury prevention initiative.

If you have any questions or other comments, please contact Dorry Smith at BCIRPU at dbsmith@cw.bc.ca.