Healthy Aging through Fall Prevention among Older Aboriginal People:

From Many Voices to a Shared Vision

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CE MFIA Centre of Excellence on Mobility, Fall Prevention and Injury in Aging

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Executive Summary

As our population ages, the incidence of falls is rising sharply, resulting in more older adults experiencing severe declines in their quality of life and increasing health care costs for fall-related injuries. The growth in the aging population is particularly evident in the Aboriginal Community. The number of Aboriginal older adults in Canada has grown by 43 percent between 2001 and 2006 (Statistics Canada, 2011). Given that older Aboriginal people are twice as likely to be hospitalized due to a fall compared to non-Aboriginal older people, the importance of a fall prevention program tailored to the needs of the Aboriginal community is clear. Currently, there is little is known about what effectively prevents falls and related injuries among older Aboriginal people, indicating that this issue should be a research priority.

In response to this need, the Centre for Aboriginal Health Research, the Centre of Excellence on Mobility, Fall Prevention and Injury in Aging, the BC Injury Research and Prevention Unit, the BC Seniors Secretariat, and the University of Victoria Centre on Aging hosted a two-day symposium exploring the elements of an Aboriginal approach to Fall Prevention (FP). An important contribution to the Symposium was the participation and support from the United States (U.S.) National Center for Injury Prevention & Control, the Centers for Disease Control and Prevention, and the U.S. Indian Health Service. The Symposium brought together 45 community members, health care workers, researchers, and policy makers for a day of sharing experiences, knowledge, and ideas about falls and their prevention. This Symposium was an opportunity to raise awareness that falls are an important health issue for older Aboriginal people and the need for more fall prevention activities in Aboriginal communities. This event also brought together the knowledge and experience of diverse participants, advanced a shared body of knowledge around FP, and identified strategies for increasing awareness and preventing falls through collaborative efforts.

The second day of the symposium focused on gaps in research and established an international research team and advisory committee for the generation, translation, and dissemination of knowledge on fall prevention among older Aboriginal people. The following report summarizes the agenda and rationale for the Symposium, the role of knowledge translation, key themes and emerging discussions, information generated, and suggestions for the next steps for creating an Aboriginal approach to fall prevention.

This meeting generated a strong consensus and commitment to action from many of the organizations represented. An afternoon of focus group work generated ideas for enacting an Aboriginal fall prevention strategy through the spheres of research, policy, and practice. This strategy focuses on ongoing dialogue and interactions to carry out a plan of action among community members, policy makers, practitioners, and researchers. Several action areas were discussed, ranging from increasing cultural safety of health services to adjusting research policy to support communities actively participating in fall prevention research. Common themes that emerged included: blending clinical and public health techniques; Aboriginal peoples having greater self-determination and responsibility for fall prevention services; and, respecting knowledge regardless of the worldview from which it originates. Over the course of the Symposium, participants developed a strong understanding of each others' perspectives and many participants showed commitment to further collaborative efforts in the form of investigative and knowledge sharing meetings, environmental scans, and the eventual development of research projects addressing the safety needs of older adults in the Aboriginal context. An overarching theme was to increase the ability of Aboriginal communities to participate in, and benefit from, Canadian health research.

Healthy Aging through Fall Prevention among Older Aboriginal People – from Many Voices to a Shared Vision

Introduction

One in three people aged 65 years and older typically fall at least once each year, resulting in injuries, hospital stays, psychological trauma, and even death (WHO 2008, Scott, Wagar, & Elliott, in press). Falls are the primary cause of injury-related hospitalizations for Canadians over the age of 65 (Scott, Wager & Elliott 2011). Nearly 50% of older Canadians who experience a fall sustain a minor injury, with a further 5-25% experiencing a more serious injury (ibid). Even where a fall does not result in an injury, it may result in considerable psychological trauma, leading to fear of falling in the future, reduced physical activity, and reduced independence (Scott, Wagar, & Elliott, in press). The experience of a hospital stay can also be traumatic, with hospital stays from a fall lasting on average 80% longer than other hospitalizations for Canadians over 65 (BC falls preventions presentation). Falls are also the leading contributor to new admissions of older persons into residential care. Overall, fall-related injuries among older Canadians result in a vast scope of preventable suffering, disability and even death (Scott, Wagar, & Elliott , in press). The same is true for older Aboriginal adults; in British Columbia, Status Indians are twice as likely to be hospitalized as a result of a fall compared to non-Aboriginal older adults in British Columbia (Provincial Health Officer 2009).

SmartRisk (2010) reports that in 2004, the direct health care costs from fall-related injuries in Canada was $2 billion, though this estimate does not include the costs of home care, rehabilitation services, medications, or family contributions. Considering projected increases in the elderly population over the coming decades, the economic and social cost of falls is becoming a serious burden on the health care sector and other services.

Increasing awareness of the importance of fall prevention in healthy aging has led to the implementation of numerous programs and services in Canada and across the globe. An example of this is the Canadian Fall Prevention Curriculum (CFPC), which was developed in 2007 to build on the existing knowledge and skills of health professionals and community leaders working in the area of fall prevention among older adults (BC Injury Research and Prevention Unit BCIRPU, 2011,www.injuryresearch.bc.ca). The CFPC reflects a synthesis of current evidence of proven fall prevention strategies. Despite being a useful resource, the lack of evidence on effective fall prevention strategies among older

Aboriginal people and other Indigenous populations leaves a gap in the relevance of the program for these communities. In the United States, an inclusive process began in 2010 to bring together advocates of American Indian and Alaska Native (AIAN) health and non-Indigenous experts in fall and injury prevention. This process was built upon existing inter-institutional cooperation in injury prevention and is based on the principle of coming together from a shared knowledge base and value set to promote the healthy aging of AIAN Elders. Little is known about fall prevention programming for older Aboriginal people in Canada, although a recent inventory of fall prevention initiatives reveals that the number of fall prevention activities undertaken overall in Canada is increasing (Scott, Wagar, & Elliott, in press).

In response to the need for relevant information on fall prevention in Aboriginal and Indigenous communities, the Centre for Aboriginal Health Research, the Centre of Excellence on Mobility, Fall Prevention and Injury in Aging, the BC Injury Research and Prevention Unit, and the BC Seniors Secretariat hosted a two-day symposium exploring the elements of an Aboriginal approach to Fall Prevention. With funding from the Canadian Institutes of Health Research (CIHR), the symposium brought together 45 community members, health care workers, researchers, and policy makers from Canada and the United States to share experiences, knowledge, and ideas about falls and prevention in Aboriginal communities. Through this symposium, a greater awareness was generated around the importance of falls as an Aboriginal seniors' health issue. Multiple perspectives and areas of expertise were shared with the common goal of identifying strategies for collaborative fall prevention efforts among older Aboriginal people. Strategies recommended include: increasing awareness through a publication for the symposium proceedings and establishing an international research team and advisory committee for the generation, translation, and dissemination of knowledge on fall prevention among older Aboriginal people. Overall, symposium activities emphasized relationship-building and optimizing opportunities for falls preventions research and interventions through collaborative efforts. These activities fill a critical knowledge gap for fall prevention in Aboriginal communities and set the stage for fall prevention programming guided by community needs and scientific knowledge.

Leading 3 Causes of First Nations Injury Deaths, by Age Category (BC, 1992-2002)

Children & Youth	Adults	Seniors
MVC (36.0%)	Unintentional Poisoning (31.5%)	***Falls (37.6%)***
Suicide (27.0%)	MVC (19.6%)	MVC (22.9%)
Homicide (8.2%)	Suicide (18.9%)	Fire & Flames (8.3%)

Source: Injuries Among First Nations People in British Columbia, BCIRPU, March 2006

Symposium Overview

The following is an overview of the symposium participants and speakers, key themes that emerged from the discussion forums, and recommended next steps to move forward on an Aboriginal approach to fall prevention.

Participants and Speakers:

The Centre for Aboriginal Health Research, the Centre of Excellence on Mobility, Fall Prevention and Injury in Aging, the BC Injury Research and Prevention Unit, and the BC Seniors Secretariat organized a two-day event at the University of Victoria to promote the healthy aging of older Aboriginal people through fall prevention. This event took place from May 2-3, 2011. Day One was a public forum with presentations by distinguished guests:

- Dr. Bruce Finke, United States Indian Health Service
- Dr. Evan Adams, Aboriginal Health Physician Advisor, Ministry of Health
- Dr. Judy Stevens, Epidemiologist, United States Centers for Disease Control
- Dr. Margaret MacDiarmid, MLA, Parliamentary Secretary for Seniors to the Ministry of Health
- Dr. Vicky Scott, Senior Advisor, Fall Prevention, BC Injury Prevention and Research Unit and Ministry of Health
- Ms. Holly Billie, Injury Prevention Specialist, United States Centers for Disease Control
- Ms. Nancy Bill, United States Indian Health Service
- Ms. Pamela Morrison, Manager, Chronic Disease and Injury Prevention Unit, Health Canada
- Ms. Shannon Stone, Chronic Disease and Injury Prevention Coordinator, Health Canada

The speakers then formed an expert panel to lead a group discussion with members of the public attending the forum.

Day Two was designed as a day of dialogue among key stakeholders in Aboriginal health and seniors fall prevention. These included, Elders and other members of Aboriginal communities; health care providers based in urban and remote communities; health care policy makers; and, knowledge translation experts. Participants of the meeting spoke for themselves, and were members of a number of organizations, including:

- B.C. Aboriginal communities
- BC Association of Native Friendship Centres
- British Columbia Ministry of Health
- Canadian Institutes for Health Research (CIHR) Institute for Aboriginal Peoples' Health
- CIHR Knowledge Translation
- First Nations Health Council
- Health Canada's First Nations and Inuit Health Branch
- Provincial Health Service Authority (PHSA)
- Regional health authorities
- University of Victoria CanAssist Program
- University of Victoria Centre on Aging
- U.S. Centers for Disease Control
- U.S. Indian Health Service

Day Two activities included: learning from the experiences of the Elders present, a knowledge translation panel, focus group work on research, policy, and practice, open sharing, and discussion of next steps.

By synthesizing and examining existing knowledge, through an Indigenous lens informed by cutting-edge research and community insights, a pathway towards the prevention of falls among older Aboriginal people was revealed. The Symposium represents an excellent example of knowledge translation in Aboriginal health, and was in fact informed by the principles of integrated knowledge translation, which creates an active role for knowledge users in research activities.

Key Themes

Three key themes that emerged from the discussion forums were:

1. Knowledge Translation in Aboriginal Health
2. From Many Voices to a Shared Vision
3. Building Momentum Through Dialogue, Partnerships and Action

1. Knowledge Translation in Aboriginal Health

Knowledge translation (KT) is one of many terms commonly used to describe efforts to use research to fuel positive change. Often there is a gap – called the 'know-do gap' - between the creation of new information and the use of this knowledge to benefit members of society. Western society has traditionally addressed this gap through peer-review publications, conference presentations, and more recently, through increasing the role of the knowledge user in the research process. Aboriginal peoples have their own knowledge traditions, wherein knowledge is often inherently practical; the usefulness of knowledge is built-in. Aboriginal communities also have strong traditions of knowledge translation, which include oral traditions, experiential knowledge, and cross-cultural knowledge sharing.

> "In the days of old it was a natural education for First Nations people. You know that you're going to turn the whole world and you come back to the place that you were born. We make that full circle. But now we have Elders that don't have a clue about what it means to be an Elder. So, how do we deal with some of those high emotions, like becoming a widow? We haven't had the slightest clue if that may cause a tragic fall; because the mind is somewhere else, deep in sorrow."
> *– Simon Lucas, Elder, Hupacasath First Nation, Port Alberni*

The decision to put research to use to make the world a better place is an ethical one, motivated by the desire to improve the circumstances of fellow human beings. In the case of Aboriginal health research, KT is often motivated by the urgency of the challenges many communities face, the poorer health (on average) experienced by Aboriginal peoples compared to the general population, and a desire for healthy Aboriginal communities and individuals. In Aboriginal health research, end-of-research grant KT includes sharing research findings in meetings with participants. These meetings are often held in partner communities to increase accessibility, Elders gatherings, and the joint creation of knowledge products to reflect community needs, as well as peer-reviewed journal articles and conference presentations. Organizing KT in this way creates opportunities for members of Aboriginal communities to access and share knowledge.

By combining the strengths of Aboriginal and non-Aboriginal ways of knowing, we arrive at a perspective referred to as "two-eyed seeing" by Mi'kmaq Elder Albert Marshall. Figure 1 describes this concept in the context of the Institute of Aboriginal Peoples' Health and its role in improving Aboriginal health and wellness through research. Western science has developed rigorous methods of verifying the efficacy of treatments and programs, as well as knowledge of human physiology that facilitates the discovery of new interventions. Aboriginal researchers are also methodologically rigorous, and emphasis is placed on the ethics and fairness of the research and knowledge translation process. Two-eyed seeing requires researchers and policy makers trained in the Western tradition to acknowledge the knowledge held by Aboriginal communities and create a role for them in research in order to affect change. The Canadian Institutes of Health Research refer to this as integrated knowledge translation.

An integrated KT approach involves the participation of the knowledge user from the beginning of the project and also contributes to capacity building. By including the knowledge user early in the research process, integrated KT creates opportunities for capacity building for both the researcher and the knowledge user. Knowledge users learn more about research methods, as well as the specific research topic, as they participate throughout the project. Researchers gain a better understanding of the different ways in which their work will be utilised, helping them tailor the design to meet the needs of communities, and develop future research that is relevant to community needs. Because it involves Aboriginal knowledge users early on, when the research is being planned, integrated knowledge translation also creates opportunities to increase the role of Indigenous perspectives and research methods in health research. The Symposium was planned and implemented with these considerations in mind, and the dialogue during both days revealed that these same values are shared by Aboriginal and non-Aboriginal participants.

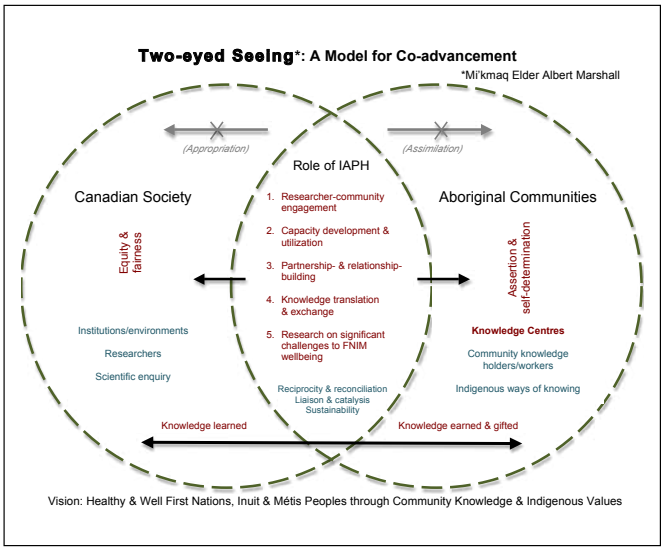

Figure 1: Two-Eyed Seeing

2. From Many Voices to a Shared Vision

Voices of Honoured Elders

This two-day event brought together the minds and voices of many people passionate about promoting healthy aging among older Aboriginal people through fall prevention. Among those gathered were honoured Elders, who generously provided their time for this important issue, both during the public forum on May 2nd and as part of the dialogue the following day. The Elders provided their wisdom and experiences, touching on the variety of services needed in the elderly Aboriginal community. They discussed the effects that fall prevention programs will have on the lives of participants, and highlighted that elderly Aboriginal members each have their own particular circumstances and life experiences.

Elders also spoke to the importance of approaching fall prevention from a holistic place and of people from different walks of life coming together in respectful relationships. Older Aboriginal people are important contributors to the social fabric of communities by acting as keepers of knowledge of traditions and language, caregivers to

> "First of all it's a recognition that the Aboriginal communities have knowledge. And it's really kind of shocking to go to mainstream gatherings and see people realize maybe for the first time that there is knowledge that's relevant in Aboriginal communities, it's not just all academic knowledge, and that there are whole knowledge systems in those communities, ways of knowing, knowledge holders. . . . So, we want to be able to support community knowledge centres and get communities much more actively involved in research and working as partners. It doesn't mean that everyone in the community has to become an academic researcher, that probably would make very little sense, but we need to make sure that communities become much more involved in taking up research and really directing the agenda for research."
>
> *– Dr. Malcolm King, Institute for Aboriginal Peoples' Health*

younger generations, and in a variety of other ways. The Elders present urged other participants to think of fall prevention as a means of helping older Aboriginal people stay connected with their families and communities. Elders also highlighted the important contributions often made by family members and emphasized that families should be encouraged to have a role in the care of older Aboriginal people.

Points made by the Elders and those who provide health care in Aboriginal communities have several implications for an Aboriginal approach to fall prevention. Their perspectives suggest that fall prevention strategies should be rooted in the social determinants of health approach, as summarized by Figure 2 in the tree metaphor showing the numerous factors influencing the health of Aboriginal people in Canada. It explains that underlying social phenomena, such as colonialism and public policies have an upstream effect on socioeconomic conditions, which in turn impact peoples' health, both directly, through opportunities and access to resources, and indirectly, through stressors such as unemployment or food security.

"I want to make our people talk about trying to hang on to the social fabric that makes up our families with the Nuh-Chah-Nulth and what that means in terms of ages, and the role they play as members of families. One of the things that we need to be aware of is becoming a widow and a widower, what happens to the mind… we really don't have anything to deal with what happens to a person's mind when they've been living with a person for 50 some odd years. What really happens? So, I think that we need to go into depth about that, what happens to a person's mind, who's been living with somebody for many years."

– Simon Lucas, Elder, Hupacasath First Nation, Port Alberni

This broader understanding of the factors influencing older Aboriginal peoples' health has many implications for an Aboriginal fall prevention approach. There is also much to be learned from the experiences of the Elders who were present at the symposium and from the American colleagues who are already engaged in inclusive processes aimed at moving the fall prevention agenda forward among Native American Communitites. Steps to guide this process include:

- Thinking about fall prevention throughout the life-course,
- Seeing communities as agents of research, policy, and practice,
- Developing relationships across institutions,
- Providing training for health care workers, both Aboriginal and non-Aboriginal, and
- Adapting evidence-based interventions for local needs and priorities.

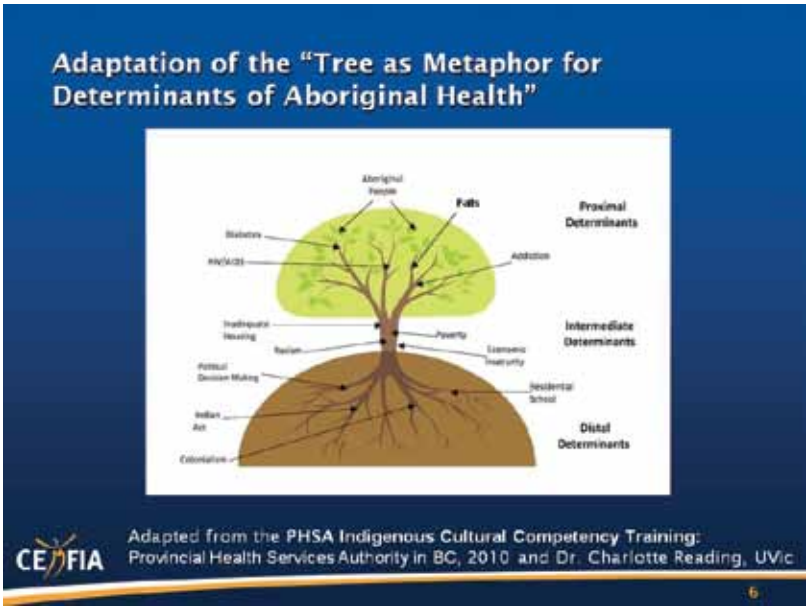

Figure 2: Social Determinants of Health Tree Metaphor

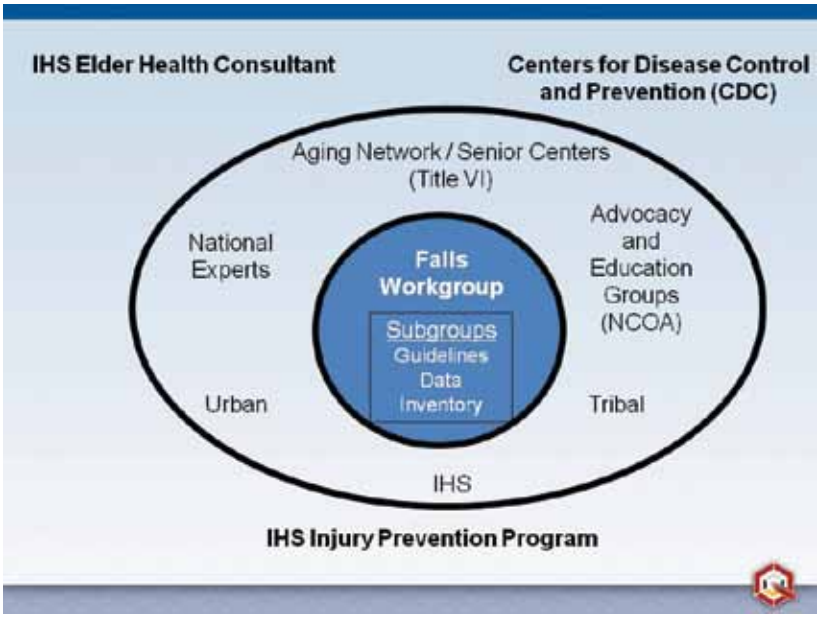

Figure 3: Integrated Prevention of Fall-Related Injury in Older American Indians and Alaska Natives

Experience of American Colleagues

Many of the points emphasized by the Elders were echoed by American colleagues, who presented on knowledge gained from their experiences of furthering a fall-injury prevention agenda. The Indian Health Service (IHS) Elder Health Consultant and Centers for Disease Control and Prevention (CDC) jointly oversee a process that brings together national experts, urban and tribal American Indians and Alaska Natives, the IHS, the National Council on Aging, and senior centres. From this collaboration, subgroups review evidence on the effectiveness of community and clinical fall prevention interventions, examine data to gain a sense of the true incidence rate and impact of falls, and generate inventories of fall prevention initiatives in American Indian and Alaska Native (AIAN) communities, to inform a report used for planning programs, grants, and evaluating the effectiveness of fall prevention programs.

The IHS focuses on community-oriented primary care, and integrates clinical and public health methods and principles in its delivery of health services, as shown in Figure 3. Successful fall prevention depends on this inclusive definition of resources for good health, and involves the integration of, and collaboration between, health service providers and the community.

It is imperative to include community-based leaders in research and interventions targeted to their communities. This approach is demonstrated in the U.S. by the IHS's small grants program and their application of the principles of participatory action research, and in Canada, by the integrated knowledge translation approach embraced by Canadian Institutes of Health Research (CIHR). This means community organizations determine the needs and priorities of their local community and guide research projects and fall prevention programs, in order to fulfill those needs. Not only does this require a change in the processes leading to research and public health programming, but it also requires support from other levels of government, in order to enable communities to meaningfully participate in decision-making. An increased emphasis on local communities, along with the diversity of Aboriginal cultures, also implies the need to adapt existing evidence-based interventions to local conditions. Community-level leaders have important roles in identifying local champions as well as protocols, which must be respected in order for new programming to be accepted by community members.

3. Building Momentum Through Dialogue, Partnerships and Action

Throughout Canada, more attention is being given to injury prevention in Aboriginal communities. At this meeting, existing and emerging partnerships with the capacity to develop an Aboriginal fall prevention strategy were identified. This meeting also generated a strong consensus for action among participants, and many of the organizations represented are committed to being part of this action. An afternoon of focus group work generated ideas for enacting an Aboriginal fall prevention strategy through spheres of research, policy, and practice, with a focus on constant dialogue and interactions between Aboriginal communities, policy makers, practitioners, and researchers, in order to carry out a plan of action.

What follows is a summary of the action points discussed in the focus group work, with groups organized under the topics of Research, Policy and Practice. This summary was created based upon the notes made by each group during the afternoon of Day Two, as shown in the photo below. More specifically, the action items are taken directly from group notes, with descriptions added based on notes, the groups' conversations, and the wrap-up session in which the groups shared their work with each other.

"And so they thought, well, you know, what we can possibly do is move an FTE from Indian Health Service over to CDC and have CDC pay their salary. So, that's how this position was created back in 1985 and it's through an inter-agency agreement that it keeps going every year. . . . The position also involves developing and maintaining federal partnerships, and that's been pretty important. But, I think the biggest positive, or biggest asset that I see, working at the CDC the past couple of years, has been that the tribes really feel like they have a resource supporting them."

– Holly Billie, U.S. Centers for Disease Control

Research

#1: Formation of research partnerships

An important theme of the event was relationship building and collaboration. Participants continually emphasized the need for partnerships to pool resources and approach fall prevention in an integrated, holistic manner. These partnerships will be the foundation on which to carry out research, policy, and practice activities. Respectful partnerships between researchers and communities will be important to achieving the following research action points.

#2: Generate high quality data to support research and inform policy and practice

The research focus group recommended the completion of an environmental scan of existing sources of data on falls and fall prevention, particularly for Aboriginal populations. A scan with a good sampling method for generating representative data from small rural, remote, and isolated communities would be useful.

#3: Develop cultural competency training modules for researchers wanting to work with Aboriginal communities

Researchers expressed a desire to improve their cultural competency, to build confidence in their ability to engage in respectful and productive relationships with Aboriginal communities.

#4: Connect researchers to issues of high impact for communities through Participatory Action Research (PAR)

Participants in the research focus group expressed that researchers should be encouraged to be more receptive towards research topics brought forward by communities. This can be facilitated by an increase in cultural competency of researchers and a commitment to strengthening relationships between researchers and communities (which are not necessarily mutually exclusive groups). Increasing points of contact between researchers and members of Aboriginal communities –either through researchers visiting communities more often or through meetings and conferences – would assist in relationship building.

"But one of the things that I think about seriously is how important it is for us to build strong foundations. If we're meaningful in what we're doing here today we need to start developing policies for First Nations health when it comes to our Elderly. We need to ensure that the guidelines are truly being followed and develop the policy changes that need to take place.

To me, the strongest things are the lines of communication and a really strong foundation to ensure that the needs of the individual are met. You can't be successful in everything, but you can make a difference."

– Darleen Watts, Elder, Hupacasath First Nation, Port Alberni

#5: Adaptation of evidence-based programs to the needs and culture of local communities

This can be supported through stronger researcher-community relationships developed in earlier action points, as well as through more fine-tuned knowledge translation (KT) techniques. KT depends on developing data on falls and prevention among Aboriginal people (#1) and on the application of integrated KT described earlier in the report.

#6: Support monitoring and evaluation of fall prevention programming

Monitoring and evaluating fall prevention strategies will enhance the body

of evidence concerning Aboriginal fall prevention and contribute to the efficiency and effectiveness of fall prevention programming in Aboriginal communities. By building evaluation processes into earlier fall prevention programs, KT methods can be validated. That is, it could be determined whether the KT process was successful in adapting evidence-based programming to local needs.

#7: Develop metrics to support impact assessment of fall prevention programs

A core set of indicators, consistently included in the evaluation of fall prevention programs, will increase the comparability of fall prevention studies in Aboriginal communities and facilitate the sharing of knowledge of different programs. In the U.S., an independent third party undertakes the evaluation of burgeoning injury prevention programs funded by the Indian Health Service, using both a core set of indicators and community-specific indicators, to meet local knowledge needs. In Canada, the First Nations Information Governance Centre administers the First Nations Regional Longitudinal Health Survey in a similar fashion: core national indicators are included in each region to generate national-level statistics, with each region including its own supplemental questions based on their specific health concerns.

#8: Building fall prevention research into ongoing research initiatives

Because multi-factorial fall prevention includes many health activities related to vision, medications, chronic illnesses, and active lifestyles – to name a few – fall prevention research can be built into other research initiatives among Aboriginal communities. For example, in British Columbia the First Nations and Inuit Health Branch's Aboriginal Diabetes Initiative's annual budget is $5M, whereas the injury prevention budget is $110,000 (Morrison & Stone, 2011). Many community-based diabetes programs include exercise programs – if these were evaluated for their effectiveness in fall prevention as well as prevention and management of type 2 diabetes, evidence could be generated on offering exercise programs that achieve both health objectives.

Policy

#1: Increasing dialogue and collaboration amongst policy makers in clinical, public health, and other policy areas

Effective fall prevention is often multi-factorial bringing together activities and interventions from a number of policy areas. Members of the policy group expressed a need for dialogue between those involved in policy at many levels: local, such as the First Nations Band Council, through regional health authorities, provincial, and national levels. This would engage those involved in medication standards, vision care, housing, and other areas.

#2: Adapt research-funding policies to support community-oriented research

There have been recent breakthroughs in Canadian research ethics standards for including Aboriginal peoples in research design and planning, however, funding guidelines need to be changed in order for these new research ethics to be meaningfully implemented. There is a need for increased financial support for Aboriginal communities to participate in the research funding process. This includes allocating funds for community-based research where the community is bringing forward the research ideas.

Both the U.S. and New Zealand have used small grants programs (administered through Indian Health Services in the U.S.) to increase the research dollars going towards community-controlled health research. Such a strategy should be explored in Canada as well.

#3: Evidence-based fall prevention policy & 'promising practices' based on community experiences

It is unclear whether with fall prevention programs designed for the general population will be equally effective in Aboriginal communities, so the development of evidence-based Aboriginal fall prevention programs and policies must also be informed by the experiences of communities.

#4: Build fall prevention activities into existing roles

In order to support the sustainability of fall prevention programming, with fall prevention tasks should be built in to existing roles in policy development. The development of a system which requires a high-level of collaboration across different policy makers will enhance integrated and holistic long term fall prevention. This will be due in part to the integration of services from a number of health-related areas such as: medications, vision care, and physical activity.

#5: Funding support for community fall prevention programming

Communities may need financial support in order to encourage the creation and proliferation of with fall prevention programming. One possibility is to allow for an initial dollar-matching scheme, where community funds allocated to with fall prevention are matched by another level of government. Community support for fall prevention research investments can be increased through evidence-based research programs. As the results of these programs are observed, and falls-related costs are significantly reduced, communities may be more willing to support fall prevention programs of their own. Funding can also be linked to having needs assessments built into the with fall prevention, to ensure the programs are as effective as possible.

Practice

#1: Offering fall prevention activities at established events to increase acceptance and accessibility by older Aboriginal people

Meeting participants pointed out that timing fall prevention activities to coincide with established events, such as offering vision screening at the monthly Elder's breakfast at one participant's community, increases the likelihood of older Aboriginal people accepting the service and makes the service more accessible to people whose opportunities for leaving the home may be limited.

#2: Building fall prevention into existing programming with positive messaging

As mentioned earlier, many health-related activities are related to fall prevention, from safely managing diabetes and other chronic diseases to the promotion of active lifestyles. It is important that the message around these activities be positive and meaningful to the communities in which they take place. Participants also recognized that Aboriginal communities have diverse histories and cultures, which could result in varied forms of messaging for similar services.

#3: Supporting community-defined evidence-based practice

Participants of this workgroup valued having practice informed by evidence, but felt it was important for communities to have a voice in what constitutes evidence. Not all evidence comes in the form of a systematic review, and communities have a high degree of knowledge about what kinds of programs and service delivery models work best in their particular setting. Actions that support an increased role for communities in research and policy development complement this action point.

"Now, I worked in residential care. Of course, our people want to stay at home. They want to stay home at all costs and I've never met anybody that happily wanted to move in to our facility. You can see how connected we are to where we're from. Some people, their families have lived in the same place, forever."
– Shaunee Casavant, Chief Councillor, Hupacasath First Nation, Port Alberni

#4: Acceptance and incorporation of culture into health care practices

Cultural safety and the incorporation of traditional practices into health care were important topics, discussed in great detail by this workgroup. Some participants emphasized the importance of cultural safety training for health care providers, so that older Aboriginal people and their families feel more comfortable seeking health care services. Others wanted room in health care practices for traditional healing as part of the health care delivery. One example discussed involved providing older Aboriginal people easy access to a traditional healer during a hospital stay via changes to hospital visitation policies.

#5: Environmental scan of infrastructure to support

Participants of this group suggested undertaking an environmental scan of resources to support community-based health care providers seeking additional training. The scan should include training programs in cultural safety, home assessment, and fall risk assessment, as well as opportunities to seek out training and funding programs available in support of those seeking additional training.

#6: Increasing risk assessment skills of home care workers

Home visits can be very helpful in assessing the risk of falls in older Aboriginal people, since homes are where many risk factors such as : built environment, medications, and mobility come together. Participants suggested that home care workers who are constantly visiting older Aboriginal people play a greater role in assessing the risk of falls and making suggestions for risk management in the home.

#7: Lifecourse approach to fall prevention practice

Traditionally, older Aboriginal people have important roles in their communities as knowledge keepers of language and culture, and as caregivers to younger generations. Fall prevention programs which honour and incorporate this role can provide opportunities for older Aboriginal people to connect with younger generations. This intergenerational approach to muscle training is expected to increase adoption and adherence to exercise training programs; however supporting evidence at this time is limited.

#8: Partnerships to support skill development and education in universities and communities

Participants of this workgroup also recommended the development of partnerships between universities and communities to enhance educational opportunities for university students and community members. During the meeting, one health care provider shared that medical students often came into his community for their practicum, learning invaluable lessons about rural and Aboriginal health. This participant was frustrated that additional training was inaccessible to members of his own community, and yet the community was viewed as place of learning for others. Developing partnerships with universities and colleges providing education in the health profession, whereby community-based health care providers gain increased access to continuing training in their profession, and where strong positive relationships with the visiting health care provider are emphasized, could enhance the learning experiences and opportunities of health care providers.

Focus Group Dialogue Summary

These action points emerged from the shared dialogue between our Aboriginal Elders, community-based health care providers and other practitioners, policy makers, and researchers, and will rely closely on our ability to work together. Locally, many partnerships have already been formed to support the development and implementation of an Aboriginal fall prevention strategy in British Columbia. In 2006, the First Nations Health Council released the Transformative Change Accord's First Nations Health Plan, which identified health promotion and the prevention of injury and disease as one of four key areas of action for closing the gap in health outcomes between First Nations and non-First Nations in B.C. The Transformative Change Accord is a tripartite agreement between the B.C. provincial government, the Government of Canada, and the First Nations Leadership Council. Our meeting included individuals from two signatories to the Accord (B.C. provincial government and federal government) as well as from the First Nations Health Council, which is the coordinating body implementing the 10-year tripartite health plan through to 2016. British Columbia is also home to a network of organizations involved in fall prevention research and service delivery, such as: the Centre of Excellence on Mobility, Fall Prevention and Injury in Aging, the BC Injury Research and Prevention Unit, the BC Seniors Secretariat, the Centre for Hip Health and Mobility, which is affiliated with the University of British Columbia and the Vancouver Coastal Health Authority, and the Injury Prevention Branch of the B.C. Ministry of Health. Individuals from many of these organizations were present at the meeting.

"For Status Indians there is Non-Insured Health Benefits and you can often get a doctor's prescription and… get things like the medical aids. That's true, but we heard as well that it doesn't always work that easily. So, my policy is, if I'm looking for something for a resident or a family member, I try three times. So, you don't take 'no' for an answer the first time, you keep going and ask if there's an appeal process, and you keep trying to find the right person to talk to. So, I think one of the most important things to do in terms of looking after clients, your patients, or your family is to be an advocate."

– Shaunee Casavant
Chief Councillor, Hupacasath First Nation, Port Alberni

In 2007, the Department of Health and Human Services of the United States and the Department of Health of Canada signed a Memorandum of Understanding on Indigenous Health; one goal of this agreement is to promote collaboration amongst research organizations and other institutions. Hosts of the meeting sincerely enjoyed the company of participants from the U.S., who are more experienced in guiding and promoting injury and fall prevention in Indigenous communities. Symposium organizers are inspired by the efforts of local and international representatives working in fall prevention and hope for future opportunities for collaboration with all of the participants.

Next Steps

Considering the tremendous opportunity for gains in the healthy aging of older Aboriginal people through fall prevention, and the momentum achieved by this Symposium, it is important that plans for next steps be put in place quickly. The Centre for Aboriginal Health Research, the Centre of Excellence on Mobility, Fall Prevention and Injury in Aging, the BC Injury Research and Prevention Unit, and the BC Seniors Secretariat will continue to collaborate on fall prevention research. These partners are also committed to increasing collaborative efforts with American colleagues within the Indian Health Service and the Centers for Disease Control. Plans for a thorough review of existing fall prevention programming in Aboriginal communities, as well as knowledge on injury prevention and aging in Aboriginal communities, are currently underway. This scoping review will identify knowledge gaps and opportunities for high impact research, as well as bring new partners on board.

In addition to these actions, focus groups from May 3rd identified a number of other action points. The most basic of these is to increase the fall-related content of health policy and practice discussions, whether at local levels (e.g. Chief & Council meetings), regional levels (e.g. First Nations Health Council), or at national and international levels. Participants also pressed for an increase in dialogue with Aboriginal communities in urban, rural, remote, and isolated areas. It is also time to explore the adaptation of effective fall prevention interventions to meet the cultural, social, and economic needs of Aboriginal communities, along with the expansion of fall prevention services into Aboriginal communities. Participants also advocated for increasing access to training in cultural safety and fall prevention techniques to health service providers working in Aboriginal communities, as well as in urban centres. The Canadian Fall Prevention Curriculum, which guides fall prevention training for health care providers across Canada, is ready to be adapted to better meet the needs of practitioners providing health services to Aboriginal peoples, however First Nations, Inuit, and Métis partners are needed to help lead this process. Developing culturally appropriate fall prevention training is important for increased access to training for Aboriginal health service providers and in enhancing the cultural safety of fall prevention services.

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University of Victoria | Centre for Aboriginal Health Research

BC INJURY research and prevention unit

CE FIA Centre of Excellence on Mobility, Fall Prevention and Injury in Aging

CIHR IRSC Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

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