Building Capacity and Resilience: Emergency Response Training in a Remote First Nation Community

Introduction
- Alarming rates of traumatic injury and mortality have been reported among First Nations (FN) peoples in Canada.¹
- Remote locations impede access to timely emergency medical care for FN communities.
- Remote FN communities have dramatically elevated rates of chronic disease and trauma in comparison with Canadian population.²
- At least 39% of hospital deaths from accidental injury are preventable.³
- First aid education has improved acute health outcomes in many resource-poor areas.⁴,⁵

SLWEREI
- The purpose of the Sachigo Lake Wilderness Emergency Response Education Initiative (SLWEREI) is to build first response capacity while investigating the impact and potential of the program.⁶
- Knowledge translation collaboration between community members, medical professionals, and university researchers.
- Two 5-day courses since 2009 program inception: Nov. 2010, May 2012

Aim
- Determine how the development and delivery of SLWEREI; (1) met locally specific needs; and (2) built emergency response capacity and resilience.

Methods
- Formative evaluation process based in community-based participatory research (CBPR) approaches.
- Research and training components interwoven:
  - Individual interviews with course participants
  - 6 small group interviews with participants
  - 2 large group interviews with participants
- Concluding survey
- Interviews with community members
- Daily team reflections
- Observational and document analysis
- Interviews addressed course content and delivery, past first aid experiences, local health needs and intervention strategies
- Follow-up phone interviews with participants and program delivery team.
- Impact of course will be compared to components of resilience.

Capacity and Resilience
- Capacity: "resources required by community groups to effectively address local issues and concerns."¹⁰
- Resilience: "the capacity of individuals to navigate their way to resources that sustain wellbeing."¹¹
- Components of resilience associated with culture, community, relationships, and the individual.¹²

Outcomes
- Real-time course development through community input.
- 1. Tailored to Sachigo Lake:
  - Curriculum included mental health first aid and CPR with AED support;
  - Scenarios mirrored local health emergencies;
  - Course delivery included themes of realism, locally available tools, common language, review periods, and small group learning;
  - 100% of respondents felt that this course was better suited to the community: "The scenarios and the questions ensure the delivery of knowledge." - participant
- 2. Built community capacity and resilience:
  - 19 people completed the first course, 10 people completed the second course, and 3 people completed both (26 total)
  - "I like this course very much because it would provide me the emergency teachings if help is needed in community." "If emergency happened we will be able to know what to do." -participants
- Themes of improved confidence, and social support networks have emerged thus far.

Discussion
- Many communities in Ontario’s far north do not have the comprehensive medical services that are provided elsewhere.
- The epidemic of trauma mortality necessitates the development of efficient and sustainable models of education for community members to improve pre-hospital trauma care.
- Many first aid programs are not well-suited for remote environments - often developed for urban residents and adventure-seekers.
- Medical training programs developed with a formative, community-based evaluation component can be tailored to local needs.
- The SLWEREI provided 5.8% of community with emergency response skills applicable to the local environment.
- We are cautiously optimistic that medical education programs that are locally tailored can effectively build community capacity and resilience.

Acknowledgements
We would like to thank the community of Sachigo Lake, the SLWEREI team, and Wasaya Airways for all their support.

References