

Standing Rock Sioux •
Sisseton-Wahpeton Oyate •

• Northern Native American Health Alliance
• Fond du Lac Band of Lake Superior Chippewa
• Oneida Tribe of Wisconsin

Indian Health Service Tribal Injury Prevention Cooperative Agreements Program Newsletter

Volume 6, Issue 4 • November 2007

- California Rural Indian Health Board
- Toiyabe Indian Health Project •
- Hardrock Chapter •
- Navajo Highway Safety
- White Mountain Apache
- Jemez •
- Indian Health Council •
- San Felipe •
- Kiowa Tribe •
- Choctaw Nation
- Quechan Indian Tribe
- Norton Sound Health Corporation
- Bristol Bay Area Health Corporation
- SouthEast Alaska Regional Health Consortium
- Kaw Nation •
- Osage Nation
- Caddo Nation

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Welcome

Welcome to the **fourth** newsletter for the 2005-2010 funding cycle of the Indian Health Service (IHS) Tribal Injury Prevention Cooperative Agreements Program (TIPCAP). As we approach the holiday season, we hope this newsletter helps to maintain connections across the miles and provides a place for everyone to learn and share program successes and ideas. Please forward this PDF file to your Tribe's leaders and program partners.

Notes from Nancy Bill

We have several exciting news items to look forward to in 2008. The University of North Carolina PREVENT training will be offered to all TIPCAP coordinators. PREVENT (which stands for Preventing, Violence through Education, Networking and Technical Assistance (<http://www.prevent.unc.edu/>)) is a component of the National Training Initiative for Injury and Violence Prevention. This training will invite a group (3-5) to apply from a community. Each group will select a violence prevention project to implement within their community. This can entail tribal policy development to implement "bullying prevention" in local schools.



Nancy Bill, MPH, CHES,
IHS Injury Prevention
Manager

I highly encourage all of you to consider applying. The Indian Health Service IP program will support training expenses for the TIPCAP coordinators. Funding will be considered for additional participants such as key community members who are partners and committed to taking action against violence. The Indian Health Service Injury Prevention program will work with UNC Injury Prevention Research Center staff to tailor this training specific to tribal communities. An advisory team comprised of tribal professional,

paraprofessional and IP staff will provide the technical oversight in the PREVENT curriculum. Also, all input is welcomed as we move forward in coordinating this violence prevention training event.

Also, an announcement for additional funding supplements will be forthcoming in 2008. The funding, ranging from \$10,000- \$50,000, will be available only to currently funded TIPCAP sites. The funding will provide opportunity for TIPCAP sites to increase their capacity in existing programs. I will keep you posted as dates become set for this announcement.

Please remember that the due date to submit your application to the 2008-2009 IHS Injury Prevention Program Development Fellowship is **Friday, December 14, 2007**. For more information about the Fellowship visit: <http://www.ihs.gov/MedicalPrograms/InjuryPrevention/index.cfm?module=Fellowship>.

Lastly, the BIA Indian Highway Safety Program (Albuquerque, NM) will be announcing in 2008 the availability of child safety seats through an application process. Approved applications will provide for a reimbursement to tribes for the purchase of child safety seats to be distributed as part of a coordinated community child passenger safety seat program (i.e., CPS installation and use training, fitting stations, distribution and use data, promotion/passage of safety seat laws, participation in CPS campaigns). The IHS IP Program is serving as a key partner in this initiative and will serve as the primary technical advisors to tribes in the best practices in child safety seat distribution. This will be another opportunity to obtain child safety seats for your programs.



Thank you for all your great injury prevention work! Have a great holiday season and blessed New Year.

National Steering Committee for IP

The **National Indian Health Service Injury Prevention Tribal Steering Committee (TSC)** is the lead tribal advocacy for Injury Prevention, especially in the Tribal/ IHS budget formulation process. TSC's goal is to advocate for injury prevention as a top tribal priority.



At the September 2007 TSC meeting in Gallup, New Mexico, **Mr. Randall Morgan** presented a systematic and strategic approach regarding the Navajo Tribal IHS Budget Formation process and the national budget formulation perspective. The information was very helpful as a review and orientation for TSC members.

The TSC also received a welcome by **Mr. Benny Yazzie**, Administrative Officer, Gallup Indian Medical Center and other presentations by the local Navajo Area Indian Health Service DEHS and Navajo tribal staff. **Patricia Ramirez**, Shiprock District Sanitarian, shared her Master's thesis on Marketing of Alcohol to children. **Norma Bowman**, Program Manager, presented on the tribe's Highway Safety Injury Prevention Program. **Siona Willie**, Navajo Area IP Specialist provided insight on Data Collection and Surveillance. Oklahoma TSC representative, **Amy Cozad**, Director of the Kiowa Injury Prevention/ Teen Suicide Prevention Programs, eloquently enlightened the group on QPR Suicide Prevention.

A site visit to Zuni led by **Leola Eriach-Leekety** (ABQ TSC representative) involved a presentation to the Zuni Council on the TSC and Injury Prevention's history, goals, funding and advocacy role to establish Injury Prevention as priority for the National IHS budget formulation with emphasis on the need of local tribal government involvement. In response to the presentation, the Zuni Council was very supportive and identified **Mr. Carlton Albert** as the Zuni contact for Leola. Plans were set to present at the Albuquerque IHS Health Board & Budget Formulation.

The TSC continues to do exciting work of injury prevention marketing and advocacy. TSC are still seeking to fill TSC vacancies. Please contact Angie Maloney, Chairperson, National Indian Health Service Injury Prevention Tribal Steering Committee, at 928-283-2855 for questions on the TSC.

2008 Annual TIPCAP Workshop

The 2008 annual TIPCAP Workshop will be held immediately following the NHTSA-sponsored Lifesavers Conference in Portland, Oregon. The workshop will begin in the early afternoon on Tuesday, April 15, 2008

(after the final Lifesavers Conference luncheon) and continue to mid-day on Thursday, April 17, 2008. The workshop will end by 12pm on the 17th, which should allow many Coordinators and Project Officers to take flights home in the afternoon/evening.

The UNC Team will again be forming a workshop planning committee. While some TIPCAP participants have already volunteered to join the committee, others are welcome. If you would like to join the committee, contact Robert Letourneau at 919-966-3920, or Robert.Letourneau@unc.edu. The planning committee's first task will be to review/revise the 2007 workshop planning survey so that the 2008 workshop survey can be launched (using surveymonkey.com) in early 2008. Results from this planning survey will guide the development of the two-day workshop agenda.

Information about a hotel room block, including how to make reservations, and other travel information will be distributed as soon as it becomes available (likely in December 2007).

Site Visit Summaries

In recent months since the last newsletter was published, UNC Team members have had the opportunity to visit and summarize the following four TIPCAP sites: 1) Bristol Bay Area Health Corporation (AK); 2) Norton Sound Health Corporation (AK); 3) Standing Rock Sioux (ND); and 4) Sisseton-Wahpeton Oyate (SD).

On Tuesday, July 31, 2007, (12:pm-6:00 pm), UNC Team members conducted their first site visit of the 2005-2010 TIPCAP funding cycle to the **Bristol Bay Area Health Corporation (BBAHC)** Injury Prevention Program in Dillingham, Alaska. Accompanied by Project Officer Helen Stafford, and ANTHC IP Specialist Antoinelle Benally Thompson, UNC met with BBAHC IP Coordinator **Mary Alice Clark** and Health Education Director, **Shelley Wallace**, and completed the following site visit activities: a) provided a brief training about S.M.A.R.T. objectives, program planning, and program evaluation; b) provided a brief training about progress reporting; c) conducted a meeting to review and revise Year III continuation application objectives and activities; d) reviewed the BBAHC injury prevention surveillance system and 1993-2006 summary report prepared during Year I of the program; e) briefly discussed remaining Year II activities to be conducted in August/September 2007; and f) reviewed data available at BBAHC for the IP Program.

The overall goal of the five-year BBAHC IP Program is to reduce injury and injury death to Bristol Bay residents and visitors, by increasing Village Wellness Team (VWT) awareness of injuries as a severe problem; increasing local capacity to identify and address injury problems; and increasing the number of villages served through the BBAHC IPP. Year I focused on the Togiak region (Manokotak, Togiak, Twin Hills, Goodnews Bay, and Platinum) and in Years II-V, the program planned to

increase the number of villages served by sub-region, expanding to include Chignik and Nushagak.



Above (l to r): Antoinelle Benally Thompson, Robert Letourneau, Mary Alice Clark, Helen Stafford, Shelly Wallace, Ward Jones, and Carolyn Crump outside of Dillingham, AK in July 2007.

On Thursday, August 2, 2007, UNC Team members conducted their first site visit as part of the 2005-2010 TIPCAP funding cycle to the **Norton Sound Health Corporation (NSHC)** Injury Prevention Program in Nome, Alaska. Accompanied by Project Officer Helen Stafford and IP Specialist Antoinelle Benally Thompson, UNC met with NSHC IP Coordinator **Jason Hymer** and NSHC Assistant Vice President for Community Health Services **Melissa Boeckmann**.

During the site visit meeting, participants: a) reviewed Year II Project objectives/activities, including progress made since the February 2007 conference call with UNC; and b) discussed plans for Year III program activities. The overall goal of the five-year NSHC IP Program is to reduce the rate of injuries/fatalities from leading causes, focusing initially on water safety, motor vehicle safety, fire/burn, pedestrian, bicycle, ATV safety, and elder fall prevention.



L to R: Helen Stafford, IIP Program Manager; Jason Hymer, IP Coordinator; Melissa Boeckmann, Vice President, Community Health during the site visit to Norton Sound Health Corporation.

On Wednesday, October 17, 2007, UNC Team members conducted their second site visit to the **Standing Rock Sioux Tribe** in Fort Yates, North Dakota. Accompanied by IHS Area IP Specialist/Project Officer John Weaver, UNC met with Standing Rock Sioux IP Coordinator **Le Ray Skinner** and completed the following site visit activities: a) discussion about Year II activities completed in Summer 2007; b) action planning for Year III project objectives; c) review of

strategies for running effective IP coalition meetings; d) review and reformatting of the Excel file used to track observational seatbelt use survey data; and e) action planning for a budget modification.



Left: Le Ray, Robert, and John work on an Excel spreadsheet developed to track data collected from Standing Rock's implementation of the UNC/IHS Seatbelt Use Observational Seatbelt Survey Protocol.

On Thursday, October 18, 2007, UNC Team members conducted their second site visit to the **Sisseton-Wahpeton Oyate (SWO)** Injury Prevention Program in Sisseton, South Dakota. Accompanied by Aberdeen Area IP Specialist John Weaver, UNC met primarily with Sisseton-Wahpeton Oyate IP Coordinator **Shannon White** and her Tribal Health Administrator **Sara DeCoteau**.

During the visit, participants: a) reviewed progress made in Summer 2007; b) discussed program planning occurring for Year III activities; c) brainstormed changes to a survey that Shannon is using to collect feedback on the Victim Impact Panels the project has been conducting for over two years; and d) discussed opportunities to summarize on-going data collection occurring at SWO.



Left: Shannon White and a recent award she received for her injury prevention work.

Notes from the Field

In each TIPCAP newsletter, we highlight 'notes from the field' articles submitted by TIPCAP Coordinators and Project Officers. In this issue, we have updates from several TIPCAP sites, including:

- **Standing Rock Sioux Tribe**
- **Pueblo of San Felipe**
- **Caddo Nation of Oklahoma**
- **SouthEast Alaska Regional Health Consortium**
- **Hardrock Council on Substance Abuse, Inc.**
- **California Rural Indian Health Board**
- **Kiowa Tribe of Oklahoma**
- **Quechan Tribe**
- **Osage Nation**

Standing Rock Sioux Tribe IP Program Update

Submitted by Le Ray D. Skinner, IP Coordinator, 701-854-3774 injprev@westriv.com

Hello Everyone. This is Le Ray Skinner, Injury Prevention Coordinator from the Standing Rock Sioux Tribe (S.R.S.T.). I represent North and South Dakota, as the Standing Rock



Sioux Tribe lies on the Southern part of North Dakota borderline and the Northern part of South Dakota borderline. The S.R.S.T has eight separate districts, throughout North and South Dakota.

For the past few months, I have been establishing a Seat Belt Ordinance for the Standing Rock Sioux Tribe. I have been traveling throughout Standing Rock collecting data using the UNC/IHS Observational Seat Belt Survey Protocol. So far, use rates have been pretty low, however, I will have an accurate use rate once I complete all of the observational surveys recommended when following the protocol steps.

Based on low use rate findings thus far, I plan to educate Standing Rock Sioux Tribal members about seat belt use through our Radio Station (KLND), and through the development of promotional aids (local newspaper ads, PSAs, brochures, and posters).

In fact, on October 31, 2007, the C.H.R and the Injury Prevention Program teamed up and educated the public on wearing Seat Belts. We used Vince and Larry, the *Crash Test Dummies*, which were borrowed from the Aberdeen Area office. Vince and Larry were holding signs, saying "Buckle Up and don't be a Dummy." We also used three C.H.R employees, disguised in Halloween costumes.



I will also be working on other projects, such as Health Fairs, District Meeting and educating Head Start, Middle School, and High School students/staff. In November, I attended a National Safety Child Safety Certification Training and now a CPS Technician. Please stay safe and happy holidays.

Pueblo of San Felipe IP Program Update

Submitted by Helen Garcia-Sisneros, IP Coordinator
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The San Felipe Pueblo Elementary school now has a safer playground for the students. The San Felipe Pueblo Health & Wellness Department Injury Prevention Program organized and funded the \$18,000 resurfacing project which was completed in September 2007.

School health data determined that 70% of the injuries seen in the School Health Office were a result of falls and injuries on the playground.



The playground resurfacing project included the excavation of 5,800 square feet of dirt and sand, the installation of 101 poly timbers, and the spreading of 300 cubic yards of engineered wood fiber. Injury Prevention Program staff are currently working on a follow-up study analyzing playground injury data for the 2007-2008 school year.



Right:
Project completed!!

Caddo Nation of Oklahoma IP Program Update

Submitted by Toni Short, IPP Supervisor
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Below is a group picture of our twelve new CPS Technicians in Oklahoma, taken with Caddo Nation Tribal Chairman, LaRue Parker. This recent CPS Class was taught by Pam Stotmam (EMSA); Shelli Stephens-Stidham (OK State Department of Health); Cecelia Alsobrook (OK Highway Safety); and Beckie Morris (Instructor Candidate). The class was sponsored by the Caddo Nation Injury Prevention Program. We are very proud to report that all twelve students passed the national CPS class!



Above (from top left): **Back Row:** Sellena Foster (Hasanai Head Start Caddo Nation); Melvena Dumbo (Native American Injury Prevention); Jody Carr (Osage Nation Injury Prevention); Fred Trescott (Anadarko Fire Department); Cecelia Alsobrook; Debbie Davenport (Director Vocational Rehab Choctaw Nation). **2nd Row:** Jackie Arkedeta (Ft. Sill Apache CHR); Bonita Paddyaker (IP Director Comanche Nation); Laura Phillips (Comanche EMS); Jennifer Davidson (Assistant Director Vocational Rehab Choctaw Nation). **3rd Row:** Susan Nauri (Caddo Head Start); Amy Gomez (CHR Wichita Tribe); Pam Stotman; Beckie Morris (IP Coordinator Choctaw Nation). **Front Row:** Lois Smith (Hasanai Head Start Caddo Nation); Shelli Stephens-Stidham; Hazel Tahsequah (IP Coordinator Comanche Nation), Toni Short (IP Coordinator Caddo Nation); and Chairman Parker.

SouthEast Alaska Regional Health Consortium (SEARHC) IP Program Update

Submitted by Kathy O'Gara, HPDP Coordinator
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Kake elder Adeline Jackson didn't have a smoke or carbon monoxide detector in her home until last year. This past winter, she said the combo smoke-carbon monoxide alarm saved her and the life of her adult son.



In December, Adeline and her son were awakened at 4 a.m. when the detector went off. They found the house was full of smoke because the furnace back-fired due to too much soot in the exhaust. Adeline has an artificial knee and arthritis in her other leg, and her son is handicapped and hard of hearing. Hearing the detector gave them enough time to grab a coat and get out of the house. "The detector saved our lives," Adeline said. "It was real bad. There was smoke all over; the whole place was smoky."

Adeline and other residents of Kake received free detectors as part of RurAL CAP's Fire Smart Alaska program, which trains rural residents about how to install smoke and carbon monoxide detectors and how to use fire extinguishers. The SEARHC Injury Prevention Department also provides detectors in communities not covered by the Fire Smart Alaska program.

The program help residents design fire escape plans, which include putting elders and handicapped residents in ground-floor bedrooms so they don't have to fight the stairs. They also teach owners the importance of cleaning the exhaust flues so soot doesn't build up, which is what caused all the smoke in Adeline's house.

"We had it cleaned out and now we plan to have it cleaned every few months. It was learning time for me," Adeline said, adding that she likes the comfort of having a smoke/carbon monoxide detector mounted on the wall between her bedroom and her son's. "I feel safer every time I see it."

Hardrock Council on Substance Abuse, Inc. (HCOSA) IP Program Update

Submitted by Mary Robertson-Begay, IP Coordinator; 928-725-3501 mbegay523@yahoo.com

Fall Prevention Project

On the second day of our grant award notice for our \$18,750 in supplemental funds, we hired a welder and an assistant to custom-build steps and/or ramps for the elderly in our community of Hardrock. The majority of the homes in Hardrock are estimated to be more than 40 years old. Many of the homes were built without steps and/or ramps.



The Hardrock Injury Prevention Program staff along with the Hardrock Senior Center and the Community Health Representative, created a list of 10 elderly who were in desperate need of ramps and/or steps. Of the 10, eight had been to emergency rooms for injuries sustained when they fell at their own front doors.

Imogene Goy, a 70 year old grandma needs a cane to get around and next door is her sister (Amy) who is 80 years old and uses a walker to get around. Both were not expecting for anyone to ever come around asking if they wanted steps or ramps built for them. They are two of eight very fortunate elderly to have a custom built ramp and steps. As with the other six, both Amy and Imogene at one time or another were injured as a result of falling in the doorway of their homes.

Etta Yazzie, a 78 year old grandma has always had difficulty walking and uses a walker to get around. Although the cement slab in front of her home helped to some extent, lifting her right foot more than four inches was a challenge. She had been hospitalized at least twice for falling in front of her home. The ramp built for her has made walking in and out of her home more convenient.



Left: Etta Yazzie's new ramp leading into her home.

The Navajo Nation Fire and Rescue and the National Fire Protection Association offices were contacted for the Life Safety Code Handbook and that was used to custom build each ramp or steps. We have completed five homes and will be working on the other homes in the next few weeks. Along with the ramp and steps project, is the lighting of pathways for still more elderly in our community. Fifteen more homes were selected to have solar lamps installed that do not have running water and electricity. All 15 selected do not have inside restrooms so they have use an outdoor privy at night.



Before



After



Before



After

We hope to reach all 15 homes before the end of December. Last winter an elderly lost his sense of direction and stayed out all night wandering around in circles. He was very lucky that a search and rescue team found him in good health the next morning.

Smoke Alarm Project

The smoke alarm project has been completed in Pinon and the Hopi Villages. A team of installers from the HIPP office, the Hardrock and Pinon community visited 259 homes in Pinon and installed 744 smoke alarms. 385 homes were visited on the Hopi reservation (a total of 12 villages) and installed 1,594 smoke alarms, all provided by the National Fire Protection Association's Center for High Risk Outreach.

California Rural Indian Health Board

*Submitted by: Karen Santana, B.A., IP Coordinator
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The Injury Prevention Program at the California Rural Indian Health Board (CRIHB) has been established since 2000 and was one of the original IHS funded Injury Prevention grantees. The funding of this program has been enough to keep a full time injury prevention health educator on staff for the last 7 years. During 2003-2007 the Pathways to Injury Prevention program received additional funds through the California Office of Traffic Safety to hire another full time staff person to further the work of the ongoing injury prevention efforts of the Pathways program and to focus primarily on traffic safety. Upon re-application to the Office of Traffic Safety CRIHB received notice that they would not be refunded for another cycle. We investigated this further with our pass through for the grant, UC Davis, and found that no American Indian/Alaskan Native programs were funded for the 2007-2009 grant period.



A large part of the struggle to maintain funding from The Office of Traffic Safety and other state and federal grant programs is that programs and interventions have to be data driven and when it comes to proving the need of small rural communities spread throughout California, the numbers appear to be small and statistically insignificant. But we know that problems exist whether they show up in statistical databases or not. One of the key activities of the program was to create or encourage our contacts at the clinic sites to attend local injury prevention coalition meetings. In each of the tribal service areas tribes either have representatives attend local groups already in existence or the CRIHB program staff have facilitated and invited attendees to come together and talk about the injury prevention concerns for their community. In these groups we have had the opportunity to hear from local police, CHP, Public Health and Tribal Health Clinic staff, talk about the

problems they see in their community. One of the rising areas of concern for many of these tribal communities was All Terrain Vehicle safety. Although this problem is not captured in any database, anyone who visits or lives in the community can see that there are several youth, most without helmets, going for rides on their ATVs with no formal training on safe driving practices or the importance of helmet safety.



Above (l to r): Barbara Hart, Karen Santana and Lisa Avila.

To overcome these challenges and to fulfill one of the overall goals of the Pathways to Injury Prevention Program of being a central location for the dissemination and coordination of injury prevention resources and expertise, the Pathways program has partnered with Tribal Epidemiology Center Consortia (TECC) in an effort to create an injury prevention tool kit. The TECC group consisting of the Northwest Portland area (Oregon, Washington and Idaho) and the Okalahoma Area (Okalahoma, Kansas, and Texas) and California share the vision that the tool kit should be a comprehensive injury prevention resource that a person working out at a clinic could pick up and use to figure out what interventions, resources, or educations presentations would be appropriate for their community because every community is going to have specific needs. For someone who is not familiar with the field, this tool would contain enough information to give them an overview of the array of unintentional injury topics affecting injury country and what they can do about it.

In addition to this collaboration, the supplemental funds received by CRHIB from IHS have helped to further the outreach efforts of the program and the 2007-2008 year looks to be one of the most successful years for the program. CRIHB will be sponsoring a NHTSA CPS Certification Course in February 2008, which the supplemental funding allowed for up to 20 people to attend and would reimburse 10 people for their travel costs. Our goal by the end of this year is to have at least one CPS certified technician at all of the CRIHB Tribal Health clinics (the Pathways program currently serves 8 tribal health programs throughout the state and shares resources with all 33 CRIHB member programs). The recent changes to the Child Passenger Safety Course curriculum and requirements to get recertified have also made sponsoring this course the perfect opportunity for one Pathways to Injury Prevention Staff member to

become a certifying instructor. Once the course is over and instructor is certified, the Pathways to Injury Prevention program can offer additional support by having their certified instructor administer classes, web, or teleconferences in order to give continuing education units (CEUs) to people that need to maintain their certification status. The instructor would also be able to give credit for seat checks at car seat inspections and since CRIHB is centrally located in Sacramento, can overcome some of the challenges encountered by the distance between the rural tribal health programs we serve. These activities will all help to address another big goal of the program which is to increase the use of child passenger safety seats in all the CRIHB tribal service areas.

Prior to the end of the funding cycle from the Office of Traffic Safety, the CRIHB Injury Prevention team was able to produce and print two posters targeted at Native American youth encouraging them not to drink and drive and addressing the consequences of getting a DUI. The posters send positive messages as well, one stating "Don't Drink and Drive, Have Native Pride" and the other listing an important fact that often gets under looked when talking about teens and alcohol and that is "Most Young Adults Do Not Drink and Drive" identifying users and abusers as a minority among their peers. The hope is to see these posters in all of the tribal health clinics in CA.

Unfortunately, as a result of OTS funding cuts, CRIHB is sorry to announce that **Lisa Avila** has had to seek employment elsewhere. Lisa's contributions to injury prevention for Native people in California are to be acknowledged. She will be missed.

Despite the challenges faced in finding additional funding, the Pathways to Injury Prevention Program is off to a great start in the activities and resources being developed in the coming year. Data collection is the top priority in all activities and we are optimistic that data will show a great impact in the tribal communities we serve.

Kiowa Tribe Teen Suicide Prevention Program

Submitted by: Amy Cozad, LPN/ACS, IP Coordinator
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The Kiowa Tribe of Oklahoma is pleased to announce that it received a grant in July from the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS). This award, for rural tribal communities working in youth suicide prevention, provides three years of funding (\$20,000 per year), to assist in implementing a community awareness program, through QPR "Gatekeepers" training.



QPR stands for "Question, Persuade, and Refer," three simple steps that provide the basis of a community-based suicide prevention training developed to teach lay and professional "gatekeepers" to: recognize early suicide warning signs; question their meaning to determine suicide intent or desire; persuade the person to accept or seek help; and refer the person to appropriate resources. QPR was developed in the early 1980's by Paul Quinnett, PhD (he is also the author of *Suicide the Forever Decision: For Those Thinking about Suicide and for Those Who Know, Love, or Counsel Them*). More information is available at the QPR Institute website: <http://www.qprinstitute.com>.



This grant will also assist the Kiowa Tribe in developing a Suicide Prevention Task Force, an Adult/Youth Suicide Prevention Partnership, and collaborative programming with area schools, including Riverside Indian School. The high risk youth attending Riverside will benefit from the opportunity to learn about suicide prevention; in rural communities, it is difficult to find behavioral health centers that treat adolescents. We hope by receiving this grant and highlighting the need we have in our area, it will lead to increased funding for suicide prevention.

Quechan Tribe

Submitted by: Lisa Aguerro IP Coordinator
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Students Take Safety Into Their Own Hands. Every year there are over 200,000 children are injury, seriously enough to be seen by the emergency room, due to injuries received on playgrounds across America. Why are there so many injuries on America's playground? This is a complicated question to answer.

Some of these injuries are due to children normal lack for their own safety. However, too often, an injury can be traced back to improper equipment malignances or the lack of surfacing. One way the Quechan Injury Prevention Program is addressing this issue is by helping the children in two of the San Pasqual classrooms become more aware of their own safety on the playground. Lisa Aguerro, the Quechan Injury Prevention Coordinator, led these two groups of San Pasqual students in a learning exercise; showing the students how to inspect their own playground. As well as, making them become more aware of their own safety.

Lisa designed an assessment for the children to use, which would include a math lesson that includes measuring, recording number and comparisons, to keep

in line with a school theme. Each classroom had a day of instruction on how to do the assessment and how to use the tools in their inspection bags. The inspection bag (a nylon drawstring bag) included a water bottle, a shovel, tape measure and a pen. The children were allowed to take these bags home after their inspections



On the assessment, the children learned about how to measure in feet and inches. They also learned how to look for worn parts, loose bolts, sharp edges, and choke hazards.

While inspecting, the children broke off into groups of three. The groups consisted of one recorder and two measurers. Then the groups measure the surfacing depth and length. They look for any opening between 3 1/2 inches and 9 inches. They checked for any foreign objects on their playground and checked for any loose bolts; in which one team of boys found one on one of the slides. All the data was put in to one assessment for the children so that they are able to put their own report together. The IP Coordinator also submitted a report to the Elementary Principal, so she could address the small finding found by the children on the playground.

Overall, the children had a great hands-on math lesson and became more aware of their own safety while on the playground. One of the classrooms wants to check on the safety of children on other playground in the school grounds!

Osage Nation

Submitted by: Jody Carr, IP Coordinator
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Back to School Safety Fair

The Osage Nation IP Program participated in two local Back-to-School Health and Safety Fairs: Osage Nation Head Start and the Pawhuska Elementary School. We provided safety information to over 400 children and parents.



Bike Rodeo

October 6, 2007, the IP Program co-sponsored the annual Bike Rodeo with the Kiwanis Club. We had 78 participants in grades K through 6th grade and each participating child, who did not have a helmet or was in need of a new one, received one from the IP Program. We also donated four bicycles, given as part of a drawing/raffle.



Training

Head Start and Injury Prevention staff worked together to write a successful funding application to the Ride Safe Program. The funding will support child passenger safety activities at the Skiatook and Fairfax Head Start Centers. Theresa Buffalohead, Carol Kliesen, and I traveled to Palm Springs, CA for a week-long training on how to implement the Ride Safe Program. All Native American Head Start children at the two identified centers will receive child safety seats and the parents will be offered training. The Head Start Center staff will also be taking a child passenger safety course.

Child Passenger Safety Certification

The week of October 8, 2007, I attended a child passenger safety technician training in Anadarko, OK, hosted by the Caddo Tribe IP Program (see article from Toni Short). I am now a national certified child passenger safety technician. I would like to thank the Caddo Tribe for making us all feel so welcome!

Technical Assistance Satisfaction Survey

From September 2006 to September 2007, UNC Team members (Robert J. Letourneau, Carolyn Crump, and Bekki Elmore) provided monitoring, evaluation, and technical assistance services to Tribal and IHS staff participating in the 2005-2010 funding cycle of the IHS TIPCAP.

To reflect on the work conducted during its one-year contract, as well as to identify areas for improvement, UNC Team members implemented a satisfaction survey using the online survey program Survey Monkey.

Project Coordinators and Project Officers completed separate surveys, asking them to rate their level of satisfaction regarding the following six principal technical assistance activities provided by UNC:

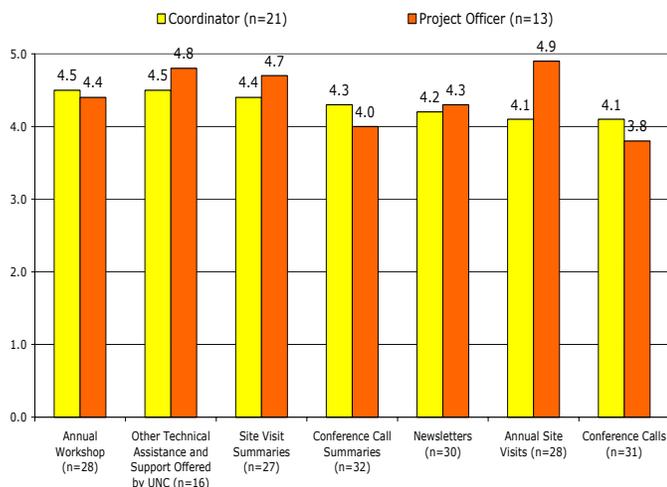
- 1) Program newsletter
- 2) Conference calls (individual and group)
- 3) On-going training and technical assistance
- 4) Annual training workshop
- 5) Evaluation consultation and assistance
- 6) Site visits to Part I Basic TIPCAP sites.

Thirty-four people completed the survey, representing an overall response rate of 89 percent. Twenty-one Project Coordinators (95 percent) and thirteen Project Officers (81 percent) completed surveys.

Overall, survey results indicated that each primary technical assistance activity was rated at 4.0 or higher on a 5-point scale.

Figure 1 (next page) shows satisfaction ratings for each primary technical assistance activity, ranked for Project Coordinators and Project Officers. The complete Satisfaction Survey Summary report will be available from IHS Headquarters staff (Nancy Bill) in December 2006.

Figure 1. Satisfaction Survey Results from Question 1 (Helpfulness of UNC Technical Assistance Activities)



more than 30 countries are expected to attend, along with over 250 experts in the field of child maltreatment. Over 225 workshops, research and plenary presentations will cover a range of topics, including: trauma therapy and mental health issues, research, prevention, interviewing, child fatality investigation, cultural competency, and medical training. A key conference focus is on presenting and disseminating evidence-based practices in child abuse and domestic violence. Visit: <http://www.chadwickcenter.org/conference.htm>.

9th World Conference on Injury Prevention & Safety Promotion

March 15-18, 2008 – Merida, Mexico

This conference will give special attention to the processes of globalization and their implications for injuries and violence. The World Health Organization (WHO) is urging governments to address the two main themes of Violence and Traffic Accidents. The conference will also emphasize the global patterns in Technological and Epidemiological Transitions, proposing international collaboration as a fundamental strategy for the design and promotion of policies for injury prevention and safety promotion. For more information, go to: <http://www.safety2008mx.info/ing/>.

Progress Reporting

This is a reminder that the remaining Year II TIPCAP quarterly progress reports are to be submitted to IHS HQ as follows (unshaded rows):



Reports ^a	Timeframe Covered	Due Date
First Quarter	9/1/06-11/30/06	12/31/06 ✓
Second Quarter	12/1/06-2/28/07	3/31/07 ✓
Third Quarter	3/1/07-5/31/07	6/30/07 ✓
Fourth Quarter	6/1/07-8/31/07	11/30/07

^a A few sites are off by one month due to a later start date.

If you have not already done so, please add Robert to your reporting distribution list (contact information is available on last page of this newsletter).

Lifesavers 2008: National Conference on Highway Safety Priorities

April 13-15, 2008 – Portland, Oregon

Lifesavers is the premier national highway safety meeting in the U.S. dedicated to reducing the tragic toll of deaths and injuries on our nation's roadways. Starting in the early 1980s, the Lifesavers conference attendance has grown steadily, drawing over 2,400 participants in 2007. The conference addresses a wide range of safety topics, from child passenger safety and occupant protection to roadway and vehicle safety and technology. It offers the latest information on advances in highway safety, highlights successful programs, and draws attention to emerging safety issues. Preliminary 2008 conference information is available at the following website: <http://www.lifesaversconference.org/index.html>.

Job Announcements

The **Oneida** Tribe of Wisconsin, Division of Environmental, Health & Safety, announces a position vacancy for Injury Prevention Program Coordinator. For more information about the position, please contact Jennifer Falck at 800-261-2163 (X5336) or jfalck@oneidanation.org. The Oneida Reservation is near Green Bay, Wisconsin. For more information about Oneida: www.oneidanation.org. The complete job description is available at: <http://hrd.oneidanation.org/jobs/1016lnjPrevCoord.pdf>.

Funding Opportunities

Cooperative Agreements for State-Sponsored Youth Suicide Prevention and Early Intervention



Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), and the Center for Mental Health Services (CMHS)

Application Deadline: January 11, 2008

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, is accepting applications for fiscal year (FY) 2008 for Cooperative Agreements for State-Sponsored Youth Suicide Prevention and Early Intervention. The purpose of this program is to build on the foundation of prior suicide prevention efforts in order to support states and tribes in

Training Opportunities/Conferences

International Conference on Child & Family Maltreatment

January 28-February 1, 2008 – San Diego, California

The 22nd annual "Child and Family Maltreatment International" Conference will be held from January 28-February 1, 2008, in San Diego, California. Over 1,800 attendees representing all 50 U.S. states and

developing and implementing statewide or tribal youth suicide prevention and early intervention strategies, grounded in public/private collaboration. Such efforts must involve public/private collaboration among youth-serving institutions and agencies and should include schools, educational institutions, juvenile justice systems, foster care systems, substance abuse and mental health programs, and other child and youth supporting organizations. Visit: http://www.samhsa.gov/Grants/2008/sm_08_001.aspx.

Young Men at Risk: Transforming the Power of a Generation

*The Robert Wood Johnson Foundation & Ashoka
Application Deadline: January 16, 2008*

The Robert Wood Johnson Foundation and Ashoka's Changemakers have launched a new global competition challenging organizations to submit their most innovative approaches to addressing the societal problems facing young men. Young Men at Risk: Transforming the Power of a Generation invites organizations working with 15- to 25-year-old males to submit their unique approaches to helping disadvantaged young men. The competition is aimed at identifying the most innovative approaches to helping a generation of young people around the world fulfill their potential and become healthy, successful adults. A major focus of the competition is reducing health disparities and improving the health of disadvantaged populations. A panel of judges will select approximately twelve finalists and three winners. The winners will each receive \$5,000 in funding to pursue and expand their work. Select entries from organizations operating in the United States or its territories will be invited to submit proposals for a total of up to \$1 million in grants to support the most promising innovations. Competition details and application at: <http://www.changemakers.net/en-us/competition/men>.

Youth Violence Prevention through Community-Level Change RFA-CE-08-001

*U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention
Application Deadline: February 5, 2008*

The purpose of the program is to announce the availability of fiscal year (FY) 2008 funds for a cooperative agreement to assess the efficacy or effectiveness of interventions designed to change community characteristics and social processes to reduce rates of youth violence perpetration and victimization. Youth violence has been linked to a variety of factors, including individual, family, community, and societal characteristics. Although much research has been conducted on interventions to change the characteristics of individuals and families, fewer interventions have focused on changing variables at the broader community level. Funds are available to examine the effects of a community-level intervention on rates of youth

violence. Funds are intended to support new evaluations rather than to supplement or support long-term extensions of existing effectiveness studies of community-level interventions. For more information, visit the following site: <http://fundingopps.cos.com/alerts/111523>.

Resources

The following resources are organized by category, including: **traffic safety; intentional injuries; fire prevention; data; and other.** If weblinks provided are incorrect or no longer in use, we suggest you conduct a search on the web using the resource title/name as your search phrase.



Traffic Safety

Child Passenger Safety Tech Update Bulletin

National Child Passenger Safety Certification Program
Child Passenger Safety (CPS) technicians, instructors, and advocates are encouraged to subscribe to the CPSBoard.org list to be notified by email when updates are made to National CPS Certification Program Tech Update bulletin newsletter. Technicians may also qualify for up to one CEU per certification cycle, just for reading the Update. To sign up for the email list, visit: <http://www.cpsboard.org/elist.htm>. To view the Summer 2007 edition of the Tech Update, go to the following: <http://www.cpsboard.org/techreport.htm>.

National Survey on the Usage of Booster Seats (NSUBS)

National Highway Traffic Safety Administration (NHTSA)
Findings from the National Highway Traffic Safety Administration's first-ever National Survey on the Usage of Booster Seats (NSUBS) have been released, marking the agency's first formal venture into developing a reliable scientific estimate for booster seat use in the U.S. Based on the observation of 5,300 children in 3,500 vehicles at about 400 locations across the country, NHTSA found that 41 percent of four-to-seven-year-old children were restrained in booster seats in 2006. Seventeen percent of observed children in this age group were restrained in non-booster child safety seats, 33 percent were in seat belts, and nine percent were unrestrained. For complete research notes on the NSUBS findings, visit <http://www.nhtsa.gov>, and search for "Booster Seat Use in 2006."

Alternatives to Boosters for Children Over 40 Lbs.

A single page summary of current restraints with harnesses that can be used for occupants weighing more than 40 pounds (USA). It is being used for checkup events, inspection stations, classes, telephone hotlines, roadside stops, legislator education, and more. Go to: <http://www.saferidenews.com/pdfs/Booster Alternatives.PDF>.

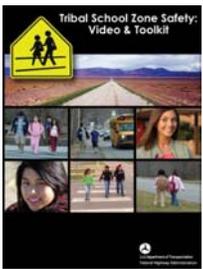
Research: Primary Enforcement Laws Reach Groups Least Likely to Use Safety Belts

Centers for Disease Control and Prevention (CDC)

A recent study by researchers from CDC's Injury Center highlights primary enforcement safety belt laws as an effective strategy to increase overall safety belt use and to reduce disparities among subpopulations. According to Injury Center researchers, primary enforcement safety belt laws may have the greatest impact on groups least likely to wear safety belts, including males, young adults, those with limited education, American Indians/Alaska Natives, the obese, and impaired drivers. For each of these groups, safety belt use was at least 13 percentage points higher in states with primary enforcement laws than those with secondary enforcement laws. Overall, safety belt use was 85% in primary enforcement states and 74% in secondary enforcement states. To view <http://www.ajph.org/cgi/reprint/AJPH.2006.092890v1>

Tribal School Zone Safety Videos and Toolkit

U.S. Dept. of Transportation Federal Highway Admin.



Native Americans have the highest rates of pedestrian injury and death of any other group in the U.S. In fact, adult pedestrian death rates for Native Americans are almost 3.5 times that of the general population. For Native American children, the pedestrian death rate is almost four times that of the

overall population of the United States. The need to educate younger road users (including drivers, riders, and pedestrians) never ends. To address this need, the U.S. Department of Transportation has developed two videos, "Safety Doesn't Happen By Accident," (designed for school-aged children) and "Pedestrian Safety: A New Tradition" (designed for parents, guardians, transportation coordinators, and tribal leaders). There is also an accompanying toolkit which provides additional educational materials, promotional tips, and resources, and a Safety Literature Review. For more information, or to preview the videos online, go to the following website: <http://www.fhwa.dot.gov/flh/safetyvideo.htm>.

Report Finds Fatigued Driving to be Under-Recognized and Underreported

The National Sleep Foundation (NSF)

A new report by the National Sleep Foundation confirms that motor vehicle crashes caused by drowsy driving continue to be under-recognized due to a lack of uniformity in crash reporting among states. The first-ever annual *State of the States Report on Drowsy Driving* found that while significant progress has been made on various fronts in the battle against drowsy driving, much remains to be accomplished. The report also indicates that police officers are not receiving adequate training on the impact of fatigue on driving performance. The National Highway Traffic Safety

Administration (NHTSA) estimates that drowsy driving causes at least 100,000 police-reported crashes and kills more than 1,550 Americans each year. The complete *State of the States Report on Drowsy Driving* is available at: <http://www.DrowsyDriving.org/stateofthestatesreport>.

Launch of Drowsy Driving Resource Website

The National Sleep Foundation (NSF)

The National Sleep Foundation has launched a new website for information/resources on drowsy driving, <http://www.DrowsyDriving.org>. There individuals can find information about drowsy driving as well as an easy-to-use toolkit to help them spread the word about this issue. The site also features a drowsy driving memorials/testimonials site that tells the stories of those whose lives have been permanently affected by a drowsy driving crash and preserves the memory of those whose lives were lost. The website also offers interactive tools and quizzes to assess your satisfaction with your sleep, test your sleep IQ and educate others about the importance of sleep. There are also 3-D animations of the "Doze Family" members depicting effects of age and sleep and alertness influencers such as shift work, caffeine, alcohol, stress and "Monday morning blues." [http://www.sleepfoundation.org/site/c.hu1XKjM0lxF/b.2418861/k.B1A8/Tools and Quizzes.htm](http://www.sleepfoundation.org/site/c.hu1XKjM0lxF/b.2418861/k.B1A8/Tools%20and%20Quizzes.htm).

Intentional Injury

Suicide Rate Trends among Youth Ages 10-24 Years, United States, 1990-2004

Centers for Disease Control and Prevention (CDC)

The CDC recently released a study which examines specific trends in suicide and suicide methods among youth and young adults aged 10 to 24. Results indicate from 1990 to 2003, the total suicide rate for 10 to 24 year olds declined by 28.5 percent; however, between 2003 and 2004, the overall rate of suicide increased among this age group by 8 percent, the largest single-year rise in 15 years. To view complete study findings, go to: <http://www.cdc.gov/MMWR/preview/mmwrhtml/mm5635a2.htm>. For more information on CDC's work in suicide prevention, visit the following website: <http://www.cdc.gov/ncipc/dvp/suicide/>.

Fire Prevention

Elder Fire Prevention Project (Fire H.E.L.P.)

To reduce fire-related injuries and loss of life and property among homebound older adults, CDC's Injury Center has partnered with Meals on Wheels Association of America (MOWAA) and the International Association of Fire Chiefs to develop and implement the Residential Fire Homebound Elderly Lifeline Project (Fire H.E.L.P.). Fire H.E.L.P. consists of three major components: home screening for smoke alarms, education on fire risk factors and the importance of smoke alarms and escape planning, and installation and periodic testing of free smoke alarms with life-long lithium batteries. For more information about Fire H.E.L.P., including a podcast by Dr.

Ileana Arias, Director of the Injury Center, visit: <http://www.cdc.gov/ncipc/duip/firehelp.htm>.

Data

2006 Crash Data Files Now Available Online

National Highway Traffic Safety Administration (NHTSA)
The National Highway Traffic Safety Administration has made its crash data files for 2006 available on its website. These include the 2006 Fatality Analysis Reporting System (FARS), the final 2005 Fatality Analysis Reporting System, the full 2006 Annual Assessment Report, the updated State Traffic Safety Information Report (STSI), and the 2006 National Automotive Sampling System General Estimates System (NASS GES). The FARS files are a census of all motor vehicle crashes that resulted in a fatality within 30 days of the crash. The NASS GES is a nationally-representative sample of the police-reported crashes of all severities, including those that result in a death, injury or property damage. For more details and to download the files, go to the following website: <http://www.nhtsa.gov/portal/site/nhtsa/menuitem.6a6eaf83cf719ad24ec86e10dba046a0/>.

Other

U.S. Consumer Product Safety Commission Release

Office of Information and Public Affairs Washington, DC 20207; November 20, 2007
Release #08-086; CPSC Hotline: (800) 638-2772
CPSC Media Contact: (301) 504-7908

CPSC Delivers the ABC's of Toy Safety
WASHINGTON, D.C. - As gift-givers shop for that perfect toy this holiday season, the U.S. Consumer Product Safety Commission (CPSC) is emphasizing the importance of shopping safely. Knowing your ABC's of toy safety will make for happy holidays: (A) awareness, and knowing the (B) benefits, for (C) consumers - (Awareness Benefits Consumers).

Awareness is not only knowing there is a CPSC and what the agency does to protect consumers but also being aware of what poses the greatest risks. The leading causes of toy-related fatalities include choking and aspiration of toy parts. The increased scrutiny of toys and the CPSC has led to B, or **Benefits**, to consumers. CPSC has increased the agency's inspections of toys and is taking the action needed to remove violative products from the marketplace. More companies are testing their products and reporting possible safety problems. The Chinese government has signed new agreements to conduct pre-export inspections to prevent lead painted toys and other unsafe toys from being exported to the U.S. "CPSC recalled 61 toys involving more than 25 million product units in 2007, underscoring CPSC's daily commitment to keeping consumers safe 365 days a year," said Acting CPSC Chairman Nancy Nord. "Toys today are undergoing more inspection and more intense scrutiny than ever before." Finally C,

Consumers should stay informed and be aware of recalls by signing up to receive direct e-mail notification of recalls at www.cpsc.gov. CPSC has launched a "Drive to 1 Million" to sign up at least 1 million consumers to receive this direct notification.

Consumers can also be more aware by shopping with CPSC's Top Safe Shopping Tips for this year:

- **Ride-on Toys** - Riding toys, skateboards and in-line skates go fast and falls could be deadly. Helmets and safety gear should be sized to fit.
- **Small Parts** - For children younger than age three, avoid toys with small parts, which can cause choking.
- **Magnets** - For children under age six, avoid building sets with small magnets. If magnets or pieces with magnets are swallowed, serious injuries and/or death can occur.
- **Projectile Toys** - Projectile toys such as air rockets, darts and sling shots are for older children. Improper use of these toys can result in serious eye injuries.
- **Chargers and Adapters** - Charging batteries should be supervised by adults. Chargers and adapters can pose thermal burn hazards to children.

To choose appropriate toys for children:

- Be a label reader. Look for toy labels that give age and safety recommendations and use that information as a guide.
- Select toys to suit the age, abilities, skills and interest level of the intended child. Look for sturdy construction, such as tightly-secured eyes, noses and other potential small parts.
- For all children under 8, avoid toys that have sharp edges and points.

Once the gifts are open:

- Immediately discard plastic wrappings on toys before they become dangerous play things.
- Keep toys appropriate for older children away from younger siblings or neighbors.
- Pay attention to instructions and warnings on battery chargers. Some chargers lack any device to prevent overcharging.

To see this release on CPSC's web site, please go to: <http://www.cpsc.gov/cpsc/pub/prerel/prhtml08/08086.html>

YouTube Unveils Nonprofit Program

YouTube has unveiled its new Nonprofit Program, intended to make it easier for users to find, watch and engage with nonprofit video content on the site. The program allows organizations with 501c3 status to register for the program and receive a free nonprofit-specific YouTube channel. There, they can upload footage of their work, PSAs and calls to action. The channel also allows to collect donations with no processing costs, using the newly launched Google Checkout for Nonprofits. You can apply for a nonprofit channel type by going to: <http://www.youtube.com/nonprofits>, and filling out a short application, to be processed by their grants team. This page also contains information on how to take advantage of the new program and how to use YouTube effectively for advocacy and fundraising.

Super Heroes Battle Underage Drinking

Substance Abuse and Mental Health Services Administration (SAMHSA)

Hard Choices, a special comic book developed by SAMHSA in collaboration with Marvel Entertainment and the Elks USA, features Spider-Man and the Fantastic Four successfully battling underage drinking and urging kids to become real-life heroes by making healthy choices. A free teacher's guide with interactive activities for educators, parents, and youth leaders is automatically included with every order of 25 copies or more. For more information, go to: <http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17739>

Parked Cars – Dangerous for Kids! (Fact Sheet)

Safe Ride News

Safe Ride News developed this fact sheet to describe the dangers of parked cars to children (i.e., forgotten children, children left alone in cars, parked car hazards, and driveway hazards), and to provide prevention tips/resources. To access the fact sheet: http://www.saferideneews.com/pdfs/Fact_sheets/E2_Parked_cars_07.pdf.

Calendar Check

Listed below are upcoming IP-related activities and calendar events. Use the links provided below to search using the title of the calendar event.



December

Safe Toys and Gifts Month

<http://myhealth.ucsd.edu/HealthNews/toys.htm>

January

National Birth Defects Prevention Month

<http://www.marchofdimes.com>

National Radon Action Month

<http://www.epa.gov/radon/rnactionmonth.html>

February

February 3-9

National Burn Awareness Week

<http://www.burnawarenessweek.org>

February 10 - 16

Children of Alcoholics Week

<http://www.nacoa.org>

March

National Brain Injury Awareness Month

<http://www.biausa.org>

Save Your Vision Month

<http://www.aoa.org>

March 16 - 23

National Inhalants and Poisons Awareness Week

<http://www.inhalants.org>

About this Newsletter

Initiated in 1997 to build the capacity of American Indian/Alaska Native Tribes and Tribal Organizations to address their injury problems, TIPCAP is in its third funding cycle. Staff and faculty from the University of North Carolina's School of Public Health, Department of Health Behavior & Health Education, produce this newsletter as part of a technical assistance contract to support TIPCAP. The following 22 Tribes/Tribal Organizations are currently funded for Part I-Basic and Part I-Advanced projects:

Part I-Advanced Sites

1. Caddo, OK
2. California Rural Indian Health Board, CA
3. Fond du Lac Band of Lake Superior Chippewa, MN
4. Hardrock Chapter, AZ
5. Jemez Pueblo, NM
6. Kaw, OK
7. Navajo Nation Highway Safety Program, AZ
8. Northern Native American Health Alliance, WI
9. SouthEast Alaska Regional Health Consortium, AK

Part I-Basic Sites

1. Bristol Bay Area Health Corporation, AK
2. Choctaw, OK
3. Indian Health Council, CA
4. Kiowa, OK
5. Norton Sound Health Corporation, AK
6. Oneida Tribe of Wisconsin, WI
7. Osage, OK
8. Quechan Indian Tribe, CA
9. San Felipe Pueblo, NM
10. Sisseton-Wahpeton Oyate, SD
11. Standing Rock Sioux, ND
12. Toiyabe Indian Health Project, CA
13. White Mountain Apache, AZ

Please contact UNC or IHS representatives listed below for questions, submissions, technical assistance, to be added to the newsletter distribution list, or to provide feedback on the content or layout of the newsletter.

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