

20 Years of TIPCAP

Tribal Injury Prevention Cooperative Agreement Program (1997-2017)



An Agency of the United States Department of Health and Human Services

Table of Contents

Introduction: A Letter from TIPCAP’s Injury Prevention Program Manager	3
Infographic: 20 Years of TIPCAP	4
Overview	5
Injuries as a Public Health Issue.....	6
What is TIPCAP?	8
Progression of TIPCAP	10
People of TIPCAP	12
Communication	14
Annual Workshops and Site Visits	16
Key Themes	17
Capacity Building.....	18
Intervention Implementation	21
Project Evaluation.....	23
Workforce and Staff Development	26
Topic Spotlights	28
Motor Vehicle Injury Prevention.....	29
Fall Prevention	33
Fire Safety	36
Additional Areas of Focus.....	39
Lessons Learned and Moving Forward	41
Data.....	42
Funding	43
Staff Turnover	44
Tribal Leadership Support.....	46
Partnerships	47
Area Summaries	50
References	66
Publications from TIPCAP Projects	67

A Letter from TIPCAP’s Injury Prevention Program Manager



“TIPCAP continues to be the trailblazer of injury prevention in tribal communities.”

The Indian Health Service (IHS) Tribal Injury Prevention Cooperative Agreement Program (TIPCAP) began in 1997 to address the injury disparities by supporting Tribes/Indian organizations/urban Indian organizations to build infrastructure and capacity.

I want to acknowledge the 20 years of exceptional work of TIPCAP.

IHS utilized the mechanism of cooperative agreements with tribes to develop tribe specific injury prevention public health strategies.

This report provides an overview of the tribal injury prevention initiatives. It summarizes the 20 years of TIPCAP and all those who made it possible: The Division of Environmental Health Services’ staff, technical assistance contractors, tribes/Indian organizations/urban Indian organizations and all key stakeholders who enthusiastically supported the mission to improve the health and safety of the American Indian/Alaska Native people.

TIPCAP provided opportunities to build the capacity of tribes from inception to sustainable and effective injury prevention programs. TIPCAP supported tribal injury prevention activities at some of the most remote rural areas of tribal communities.

There were many positive outcomes of TIPCAP. One example is the Tribal Injury Prevention Coordinators receiving Child Passenger Safety Technician (CPST) certifications and becoming national Child Passenger Safety Instructors. TIPCAP experience also provided opportunity for Tribal IP Coordinators to advance their careers and obtain state injury prevention related positions and other key leadership positions.

TIPCAP has made great strides in saving lives in Tribal communities. This report summarizes the vast amount of accomplishments and challenges over the years. TIPCAP continues to be the trailblazer of injury prevention in tribal communities.

I encourage you to review the “20 Years of TIPCAP” report as a guide with a mission to end the injury disparities in American Indian/Alaska Native communities.

Nancy M. Bill, MPH, CHES
Injury Prevention Program Manager
Principal Injury Prevention Consultant
Indian Health Service
Rockville, Maryland

20 Years of TIPCAP

Tribal Injury Prevention Cooperative Agreement Program (1997-2017)



TIPCAP is a program of the Indian Health Service designed to address one of the greatest public health issues in Indian Country: injuries. TIPCAP uses cooperative agreements with tribes and other partners to reduce the impact injuries have on American Indians/Alaska Natives (AI/ANs).

By the Numbers

#1 leading cause of death for AI/ANs aged 1-44 years is unintentional injury. It's the third leading cause of death for AI/ANs of all ages.

1997 was TIPCAP's first year to partner with AI/AN communities.

\$29M awarded from 1997-2017.

99 tribes and tribal organizations funded among all 12 IHS Areas.

94 dedicated injury prevention positions funded in AI/AN communities.

Key Components



TIPCAP implements proven strategies to reduce risk, save lives, and save money. Injury issues include fire safety and drowning, with a focus on motor vehicle crashes (leading cause of injury death for AI/ANs), and elder falls (leading cause of injury deaths for AI/ANs ages 65+).

TIPCAP increased seat belt use 45% from 2005-2015



TIPCAP developed 18 elder fall prevention programs

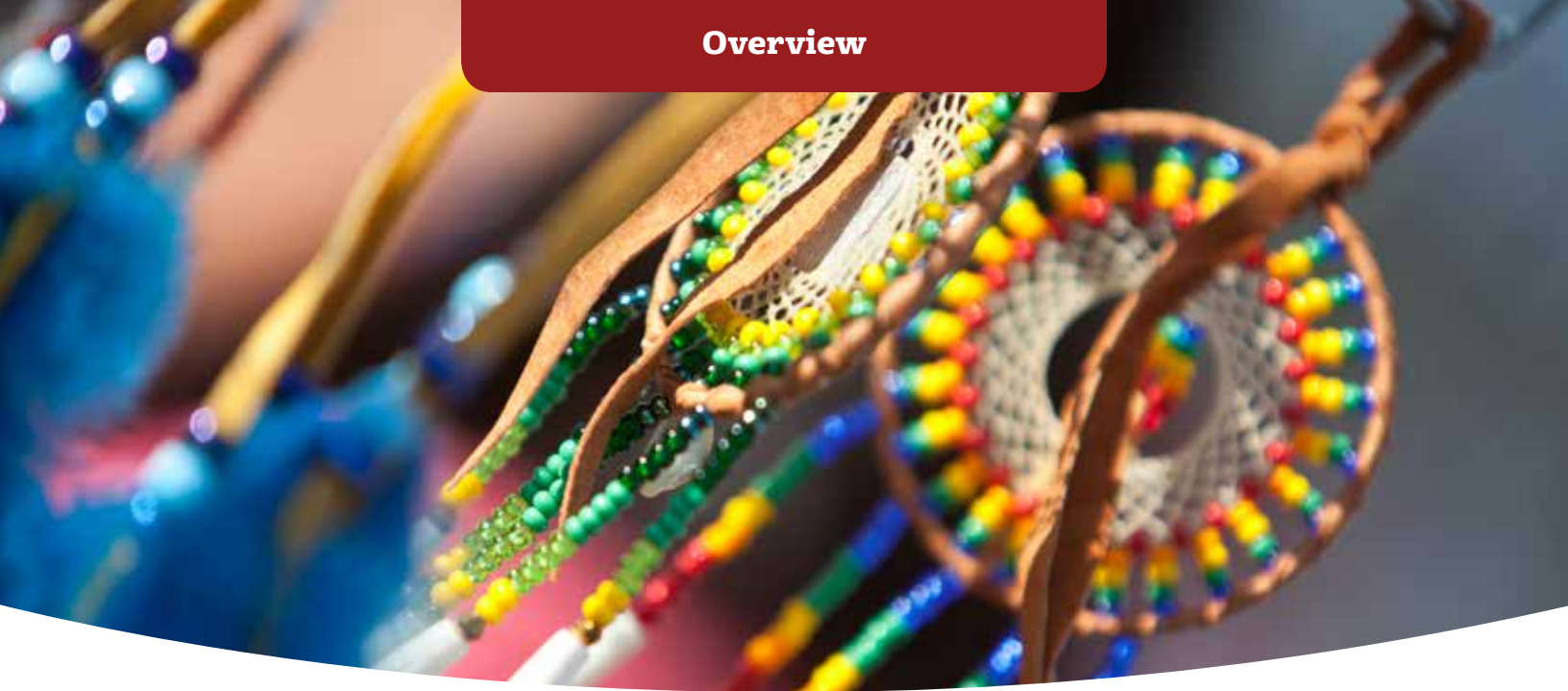
Read the full 20 year report at www.ih.gov/injuryprevention



Overview

TIPCAP was formed in 1997 to combat the problem of unintentional injury that disproportionately affects American Indian/Alaska Native populations in the U.S.

The program's cooperative agreement structure, robust communication strategies, annual workshops, site visits, and dedicated staff have helped the program flourish over the last 20 years.



Injuries as a Public Health Issue

Injuries, like those associated with falls and motor vehicle crashes, are a significant public health burden for the U.S., and even more so for American Indians and Alaska Natives (AI/ANs). Injuries affect not only victims, but also their families, friends, and communities.

Injuries fall into two major categories: intentional and unintentional.

Intentional injuries are purposeful or deliberate harm caused by oneself or another person (e.g., assault, homicide, or suicide attempt).

Unintentional injuries are not deliberate or caused on purpose (e.g., motor vehicle crashes, falls, poisoning, or drowning).

Unintentional injuries are the third leading cause of death for AI/ANs of all ages. They are also the leading cause of death for AI/ANs aged 1 to 44 years, the fourth leading cause for infants, and account for a mortality rate nearly 2.5 times that of all races in the U.S.¹

From 2008 to 2010, the age-adjusted leading cause of fatal injuries was motor vehicle crashes, followed by poisoning, suicide, firearms, homicide, and falls.²

From 2012 to 2016, the age-adjusted rates for the leading causes of fatal injuries were motor vehicle

Unintentional injuries are the third leading cause of death for AI/ANs of all ages.

crashes, followed by poisoning, suicide, falls, homicide, and drowning.³

Injuries pose an enormous economic burden for AI/AN populations, and the U.S. annual treatment costs for unintentional injuries are approximately \$350 million.⁴

The lifetime costs of all injuries among AI/AN populations nationally were estimated at more than \$2 billion in the year 2000.⁴

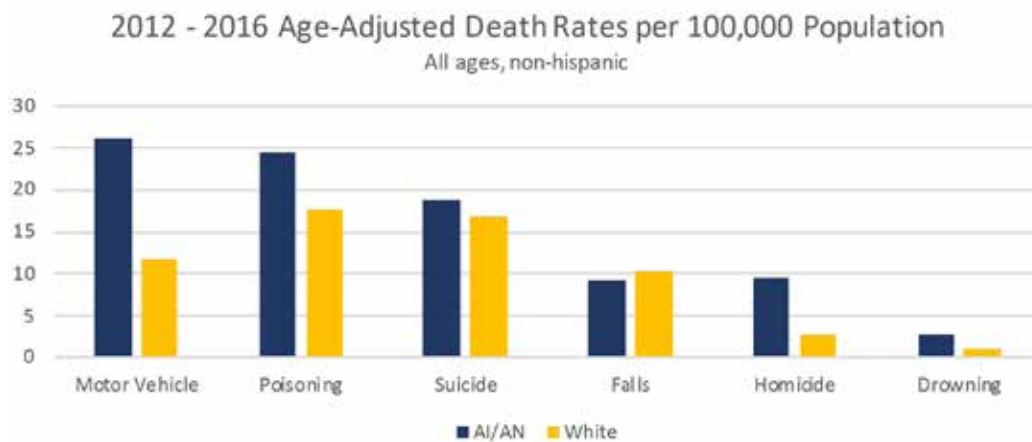
Fatal injury may involve premature death due to the higher incidence of injury in younger age groups.

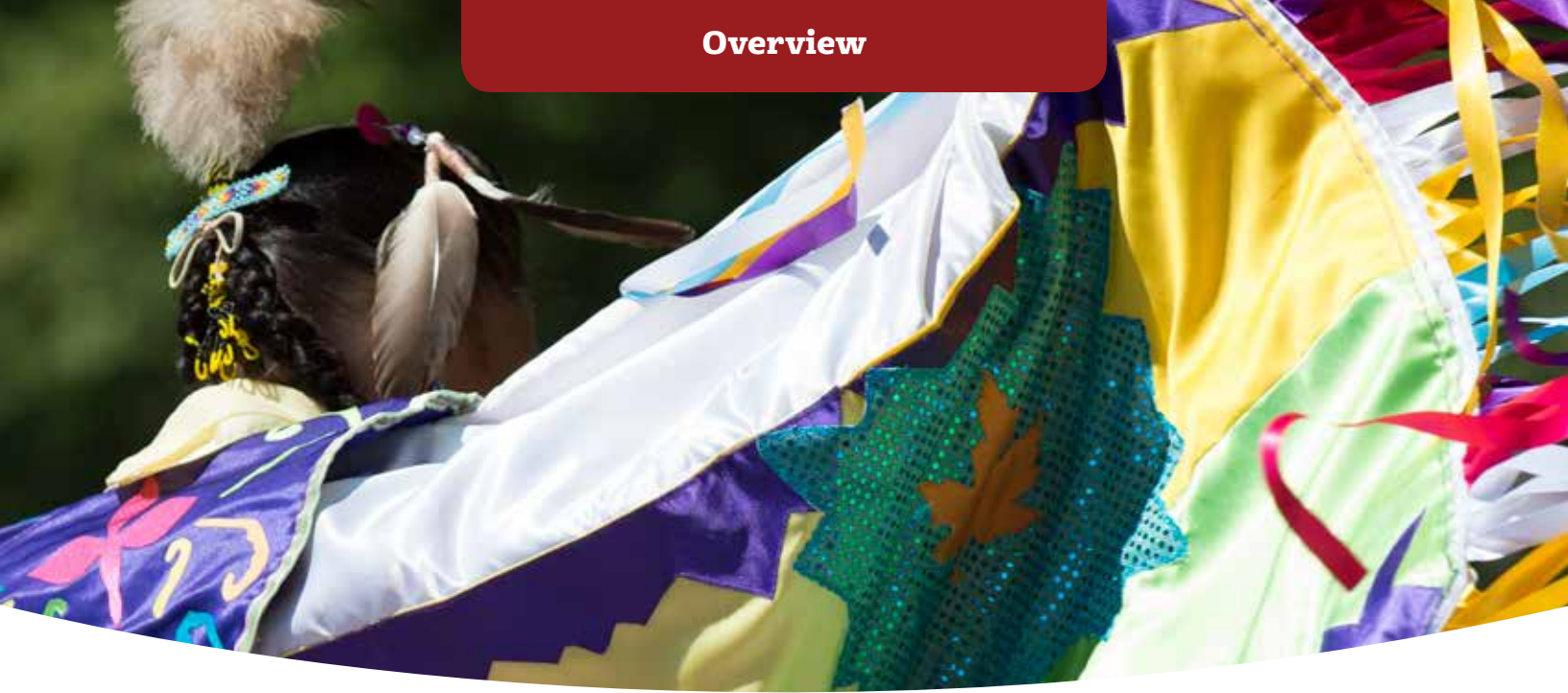
Years of Potential Life Lost (YPLL) measures premature death to illustrate lost potential productivity and income. Unintentional injury is the leading YPLL cause of death category for AI/ANs, accounting for 42 percent of YPLL for AI/ANs younger than 65 years old, compared with 8 percent each for the next leading causes, heart disease and cancer.²

Table 1: 10 Leading Causes of Death, United States¹
1999 - 2016, American Indian/Alaska Native, Non-Hispanic, Both Sexes

Rank	Age Groups										All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 1,184	Unintentional Injury 587	Unintentional Injury 357	Unintentional Injury 439	Unintentional Injury 4,947	Unintentional Injury 5,327	Unintentional Injury 5,362	Malignant Neoplasms 5,630	Malignant Neoplasms 10,754	Heart Disease 30,676	Heart Disease 48,630
2	SIDS 740	Homicide 145	Malignant Neoplasms 65	Suicide 175	Suicide 2,187	Suicide 1,749	Liver Disease 2,615	Heart Disease 5,629	Heart Disease 8,877	Malignant Neoplasms 26,482	Malignant Neoplasms 45,525
3	Short Gestation 651	Congenital Anomalies 132	Congenital Anomalies 58	Malignant Neoplasms 58	Homicide 1,035	Homicide 1,116	Heart Disease 30,676	Unintentional Injury 5,077	Diabetes Mellitus 3,323	Diabetes Mellitus 8,425	Unintentional Injury 29,150
4	Unintentional Injury 411	Malignant Neoplasms 64	Homicide 37	Homicide 43	Malignant Neoplasms 256	Liver Disease 838	Malignant Neoplasms 1,657	Liver Disease 4,051	Liver Disease 3,031	Chronic Low Respiratory Disease 7,866	Diabetes Mellitus 14,586
5	Maternal Pregnancy Complications 239	Heart Disease 47	Influenza & Pneumonia 19	Congenital Anomalies 39	Heart Disease 217	Heart Disease 753	Suicide 1,415	Diabetes Mellitus 1,853	Unintentional Injury 2,942	Cerebrovascular 7,235	Liver Disease 12,613
6	Placenta Cord Membranes 208	Influenza & Pneumonia 38	Heart Disease 14	Heart Disease 32	Congenital Anomalies 98	Malignant Neoplasms 545	Homicide 790	Suicide 968	Chronic Low Respiratory Disease 1,876	Influenza & Pneumonia 3,830	Chronic Low Respiratory Disease 10,673
7	Circulatory System Disease 1,876	Septicemia 29	Chronic Low Respiratory Disease 12	Influenza & Pneumonia 19	Liver Disease 65	Diabetes Mellitus 208	Diabetes Mellitus 733	Cerebrovascular 921	Cerebrovascular 1,388	Unintentional Injury 3,695	Cerebrovascular 10,122
8	Bacterial Sepsis 111	Chronic Low Respiratory Disease 16	Septicemia 12	Septicemia 16	Influenza & Pneumonia 50	Influenza & Pneumonia 136	Cerebrovascular 412	Chronic Low Respiratory Disease 632	Nephritis 902	Alzheimer's Disease 3,315	Suicide 7,172
9	Influenza & Pneumonia 111	Cerebrovascular 12	Cerebrovascular 11	Benign Neoplasms 9	Chronic Low Respiratory Disease 43	HIV 133	HIV 382	Septicemia 596	Septicemia 758	Nephritis 3,213	Influenza & Pneumonia 5,848
10	Homicide 37	Perinatal Period 12	Benign Neoplasms 7	Chronic Low Respiratory Disease 9	Two Tied 40	Septicemia 119	Influenza & Pneumonia 357	Influenza & Pneumonia 572	Influenza & Pneumonia 715	Septicemia 2,202	Nephritis 4,932

Figure 1: 2012-2016 Age-Adjusted Death Rates for All Ages³





What is TIPCAP?

The Indian Health Service (IHS), Division of Environmental Health Services, a part of the U.S. Department of Health and Human Services (HHS), provides funding for federally recognized tribes and tribal, urban, and nonprofit Indian organizations in the U.S. to develop their infrastructure in injury prevention through the Tribal Injury Prevention Cooperative Agreement Program (TIPCAP).

The program works to address the disparity in unintentional injury within American Indian and Alaska Native (AI/AN) communities throughout the U.S.

The ultimate goal of TIPCAP is to raise the health status of AI/ANs to the highest possible level by decreasing the incidence of severe injuries and death to the lowest possible level. TIPCAP also strives to increase the capacity of tribes to address their injury problems through training and resources. The purpose of TIPCAP is to promote the capacity of tribes and urban and nonprofit Indian organizations to build sustainable, evidence-based injury prevention programs.

TIPCAP was established in 1997. Throughout the last 20 years, TIPCAP has funded 99 grantees. To

commemorate the 20-year anniversary of the program, the history of TIPCAP's successes and lessons learned have been summarized to gain insight and direction for the program's future.⁵

TIPCAP provides funding to tribes and tribal organizations through a competitive cooperative agreement process.

TIPCAP provides funding to tribes and tribal organizations through a competitive cooperative agreement process. The partnership ensures that grantees receive not only funding, but also injury prevention program development, implementation, evaluation, training, and resource development assistance. TIPCAP chose to utilize cooperative agreements for grantees as a way to increase flexibility for tribes and provide multiple options for injury prevention programs.

The program is best characterized by four guiding principles: evidence-based prevention strategies, reliable injury surveillance data, building tribal capacity, and fostering collaborative partnerships.⁵

Tribes are awarded multiyear funding to hire a full-time Injury Prevention Coordinator and to develop programs based on evidence-based strategies in injury prevention.

There are many excellent examples of TIPCAP's work that sustain the efforts of the tribal injury prevention program. Staffing a child safety seat fitting station, conducting seat belt surveys and home assessments, or introducing an elder to the appropriate balance exercise program for fall prevention are a few examples of the instrumental work TIPCAP does.

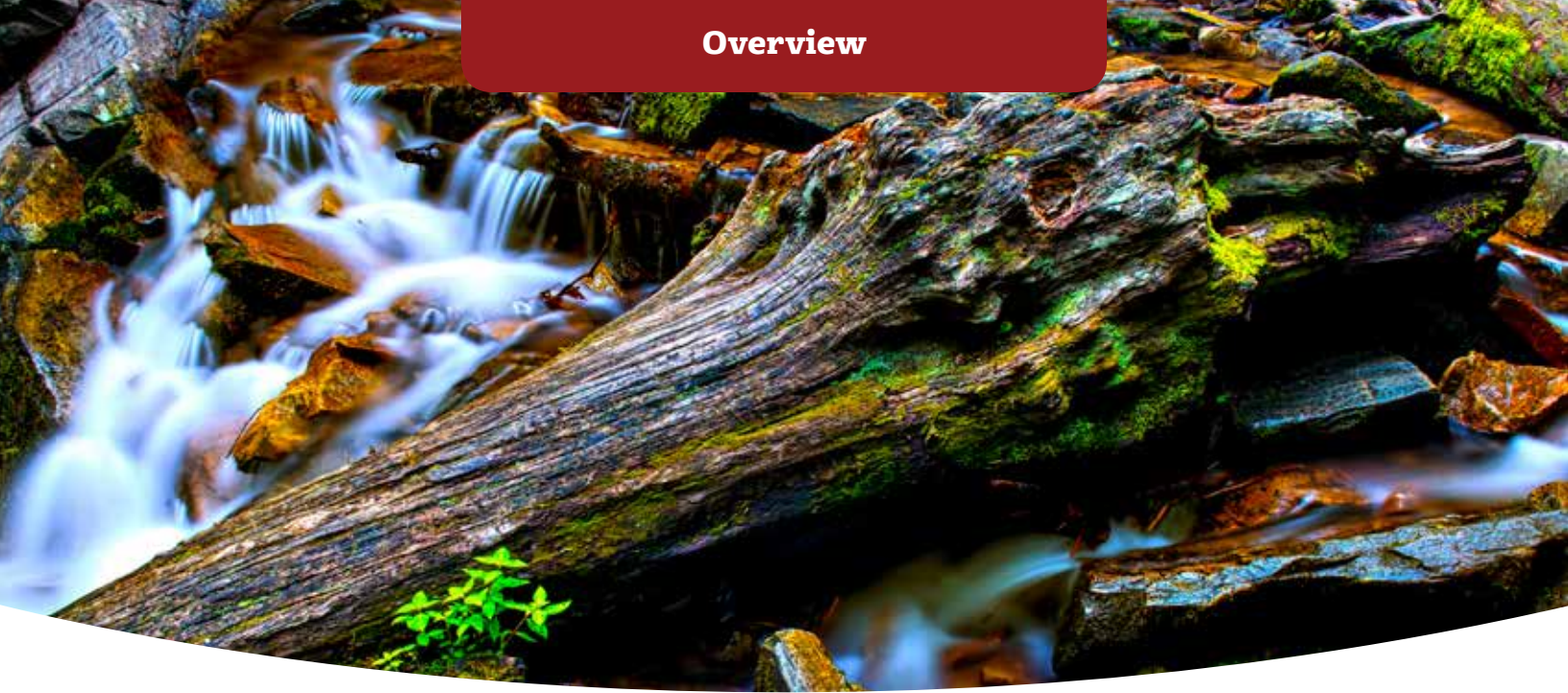
The lessons learned over the years have helped shape the program to foster new ideas and best practices, and overcome many challenges in reducing injuries in AI/AN communities. The achievements of TIPCAP are based on a comprehensive injury prevention program utilizing evidence-based public health strategies.



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Progression of TIPCAP

TIPCAP’s reach and impact have expanded dramatically since its inception in 1997. One illustration of this is the expansion of program funding and grantee support.

The amount of funding available to tribes and tribal organizations grew substantially from \$1 million in the first funding cycle (1997–2000) to \$12 million at the end of the last funding cycle (2010–2015).⁶

Overall, TIPCAP has provided \$29 million in funding to American Indian and Alaska Native (AI/AN) communities. This trend is expected to continue leading up to 2020, when a total of nearly \$31 million will be awarded.²

TIPCAP chose to utilize cooperative agreement (CA) grants for its grantees. The CA grant differs from a traditional grant in that it requires substantial involvement from the awarding agency, in this case, IHS.

The CA allows IHS to provide a descriptive injury prevention strategic approach, and guides grantees as they accomplish their program objectives. As part of its technical assistance responsibilities, IHS assigns

project officers who work alongside the tribes in a collaborative effort to achieve program goals and objectives.

The first year of funding a grantee is usually a higher amount (e.g., \$100,000) to establish the program. Subsequent years are often lower (e.g., \$80,000/year) to continue funding the Injury Prevention Coordinator position and interventions.



Overall, TIPCAP has provided \$29 million in funding to American Indian and Alaska Native (AI/AN) communities.



There are two types of funding within TIPCAP: Part I and Part II grants. The criteria are differentiated by population size served by the grantee.

A Part I grantee receives funding to hire a Tribal Injury Prevention Coordinator, who is hired and managed by the tribe and funded by TIPCAP for up to five years.

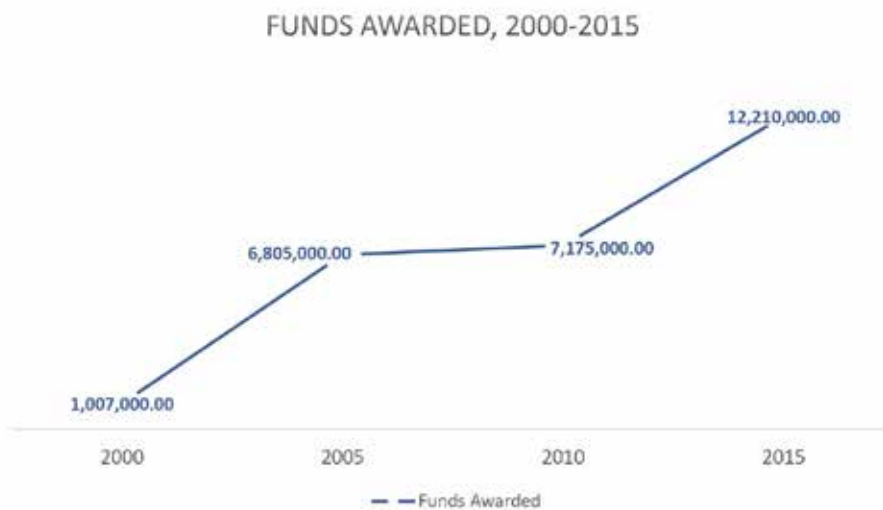
A Part II grantee receives annual funding to develop, implement, and evaluate injury prevention initiatives for one to three years. This criteria requirement has been in place since 1997.

This funding criteria was determined in an effort to create a greater impact on injury reduction with limited funding resources. In 2015, the only new Part I grantees eligible were those who had never received an IHS IP funding award to increase the reach of tribes

who had not been previously funded by the IHS IP Program. The Part II funding was open to all federally recognized tribes, tribal organizations, and urban programs.

These project-focused grants range from \$8,000 to \$20,000 per year and allow tribes to implement injury prevention projects they may not otherwise be able to fund.

Figure 2: Funds Awarded 2000-2015⁶



The first TIPCAP funding cycle supported 17 tribes. This grew to 23 tribes in the second cycle (2005–2010) and 40 sites in the third cycle (2010–2015).⁶

A total of 99 tribes or tribal organizations have become TIPCAP sites since the program started.

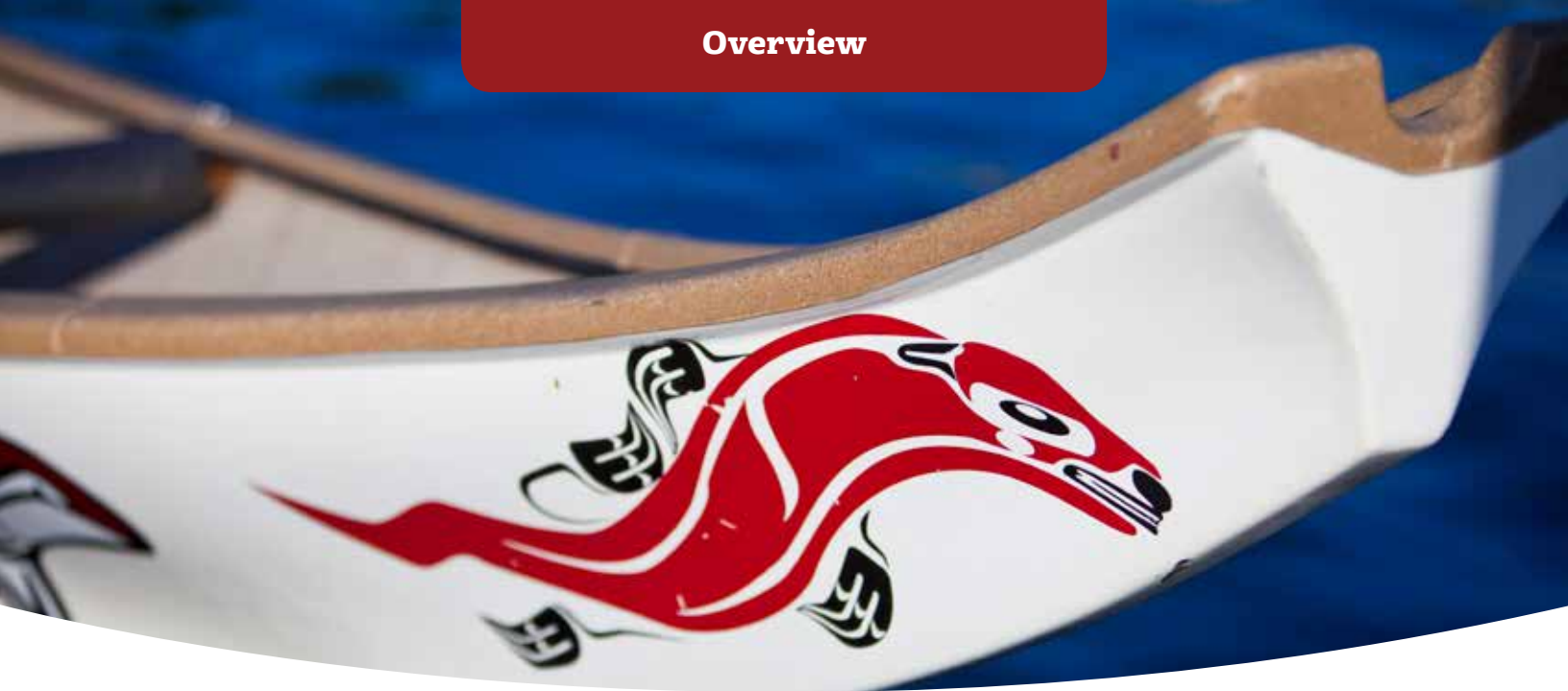
As TIPCAP grew in size, other programmatic features evolved as well.

The TIPCAP advisory committee formed in 2010 composed of TIPCAP Coordinators and IHS Project

Officers. They provided guidance and promoted communication on all TIPCAP matters.

Originally, TIPCAP funded projects that addressed all injury types. However, in 2005 TIPCAP adopted a strategic approach to fund injury prevention projects that addressed injury types with the greatest impact on AI/AN communities: motor vehicle-related injuries and elder falls.

Other important injury topics TIPCAP has supported include suicide, bullying, drowning, and fire safety.



People of TIPCAP

Injury prevention requires a multidisciplinary approach, engaging a versatile injury prevention team and numerous stakeholders.

The team can effectively address injury problems at a community level. Stakeholders include tribal leadership, law enforcement, health departments, housing, schools, and the community, as well as city, state, and federal partners.

The approach to implementing evidence-based strategies includes identifying risk factors based on sound injury data and applying proven interventions through a comprehensive plan of action.

This approach is necessary to effectively address injury problems. For TIPCAP, the success of injury prevention initiatives includes the Tribal IP Coordinator’s leadership of the multidisciplinary team.

A number of specific team members and stakeholders, which we review below, are essential to ensuring TIPCAP is effective and successful on all levels.

The IHS IP Program Manager serves as the overall programmatic technical consultant at the national level and coordinates the program from IHS headquarters in Rockville, Maryland. He or she

serves as the injury prevention program advisor in programmatic issues for TIPCAP.



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The IHS On-Site Project Officer provides guidance in project strategy, data collection/analysis/reporting, resource development, financial expenditures, quality assurance, evaluation, and training for TIPCAP. The project officer recognizes the uniqueness of the various AI/AN communities. The officer serves as the liaison for the IHS IP Program Manager and receives annual training to ensure he or she understands their roles and responsibilities.

The Tribal Injury Prevention Coordinator leads the day-to-day operations of the tribe’s injury prevention program (IPP), funded by IHS. The Coordinator’s position is located within an urban Indian health organization, tribal health program

(or Tribal Highway Safety), or community-based tribal program. The Coordinator must be a full-time employee and solely dedicated to the management, control, and performance of the IPP. Positions cannot be part-time, nor can duties be split among multiple projects. Each tribe follows its own personnel policies to hire, supervise, and compensate the Coordinator.

The monitoring team is contracted to provide ongoing technical assistance to TIPCAP sites and support IHS with monitoring activities. This independent third party provides professional oversight and technical expertise in the best practices of community-based injury prevention program planning, development, implementation, evaluation, training, and resource development.

The contractor also plans, implements, and evaluates the annual TIPCAP workshop. Through the technical assistance provided by the monitoring team and IHS, any challenges that the TIPCAP team may encounter are addressed. Technical assistance enhances and strengthens the grantees' programs while building sustainability.

The TIPCAP advisory committee served as a resource for outreach support. The committee focused on the issues or concerns of the TIPCAP Coordinators and worked in collaboration with the IHS Injury Prevention Program to find ways to promote and improve the work of TIPCAP. The committee facilitated dialogue between IHS and tribal Coordinators, and ultimately strived to increase communication to advance all injury prevention efforts. Committee members met



monthly on teleconferences and annually during the TIPCAP workshop.

The committee's valuable input fostered improvements in the workshop agendas, training, and resource development. Their guidance also led to recommendations for the new cycle announcement in 2015.



Communication

Communication methods such as newsletters, conference calls, and webinars have helped to consistently foster program cohesion and keep IHS and local program staff apprised of the latest tribal injury prevention news, information, and updates.

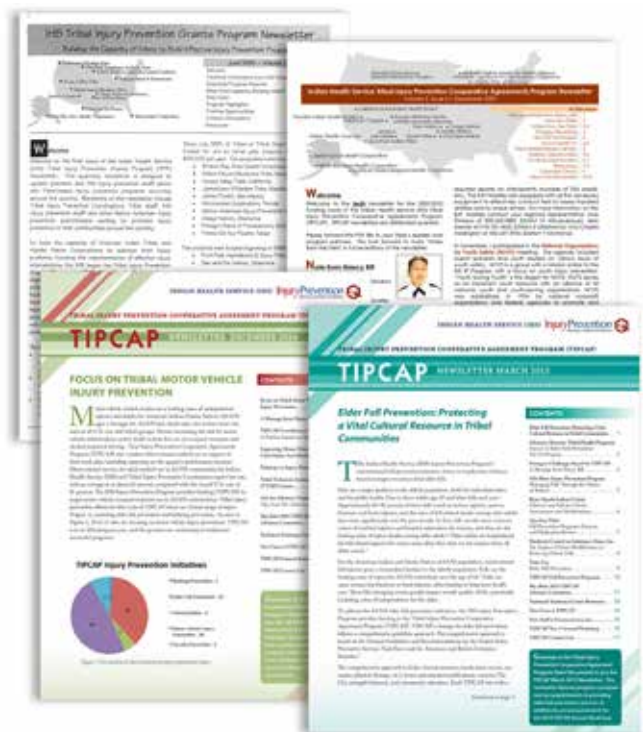
Publications

In June 1999, TIPCAP released its first quarterly newsletter to grantees to keep them updated on funding news and training opportunities, as well as to share public health news, progress reports, site visit information, staff updates, case studies, successes, resources, and lessons learned.

Newsletters are released quarterly and are now available electronically to all grantees.

Some issues of the newsletter focus on a specific injury topic, such as motor vehicle safety, elder falls, or fire safety. They include overviews on that topic and offer the latest data and news on the type of injury, as well as specific case studies from various tribes.

TIPCAP also releases more comprehensive reports every five years to give broader updates on projects, staff, training, strategies, and more. These reports



highlight data from project coordinator surveys and site visits.

Since 2009, TIPCAP has released annual profiles of grantees to allow coordinators to provide larger project updates and share annual data to fellow staff.

Conference Calls and Webinars

Routine conference calls also occur, typically monthly, and are used to share vital and timely programmatic information among all partners.

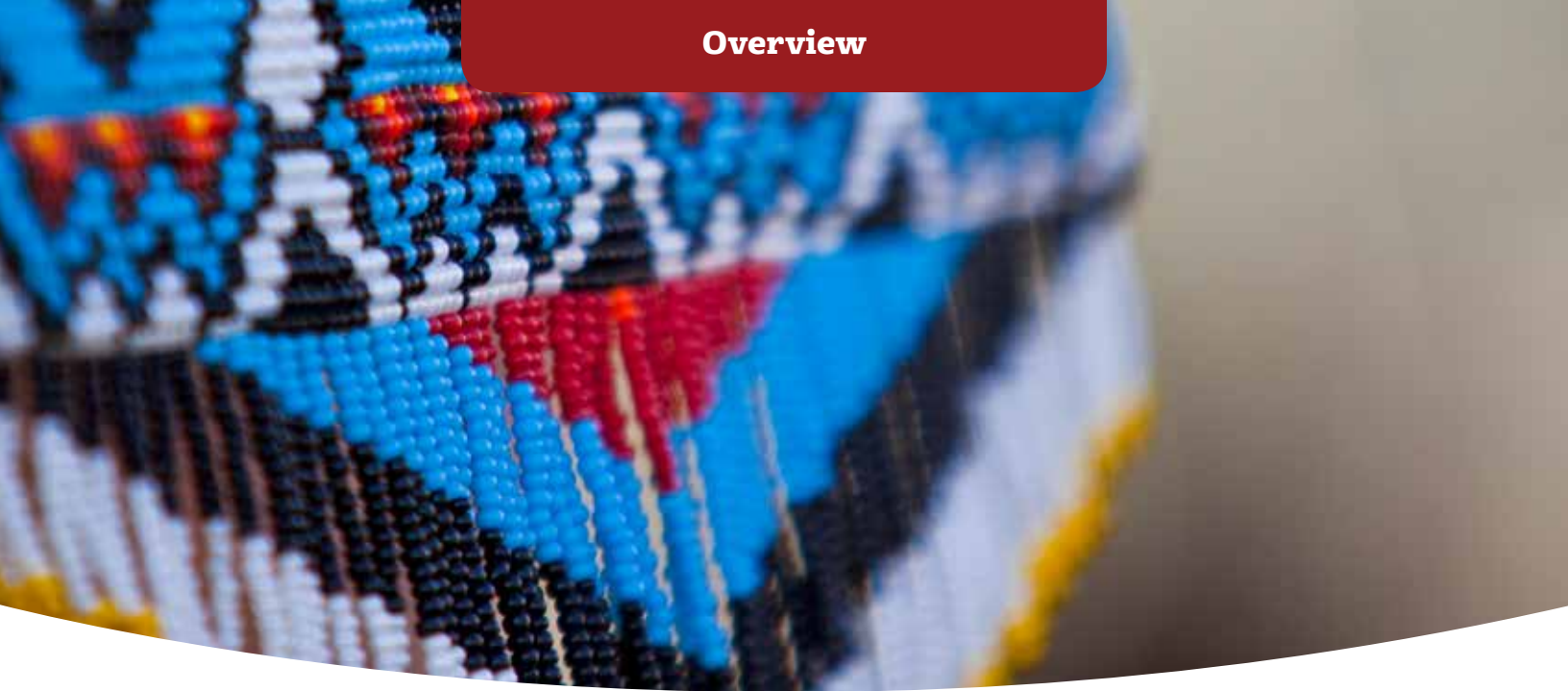
The main purpose of conference calls is to increase communication and collaboration between the Tribal Injury Prevention Coordinator, IHS Project Officer, and the monitoring contractor.

Calls help Coordinators make progress toward the goals and objectives identified in their proposals and continuation applications. In addition, calls include program planning, implementation, training, and evaluation.

They often involve additional partners like staff from the IHS Office of Grants Management. Shared information includes topics such as application deadlines and challenges.

Webinars are also utilized as a tool to provide TIPCAP administrative updates and provide a way for TIPCAP sites to receive injury prevention education specific to tribal communities. Group-format webinars enable information sharing and serve as an educational forum for TIPCAP sites.





Annual Workshops and Site Visits

Each year since 1997, TIPCAP has held an annual workshop for Part I grantees that allows program participants from all around the country to gather, share expertise, learn from one another and selected subject matter experts, and provide time for strategic development and networking.

The workshops are designed as training exercises that are interactive, culturally appropriate, and tailored to the priorities of workshop participants.

The annual workshop helps foster communication, development, and unity among the program's extensive network of tribes and tribal organizations, as well as unity among program staff.

During these workshops, grantees report program findings on injury prevention activities conducted throughout the previous year's grant cycle and offer lessons learned to fellow program staff and participants.

Workshop sessions are participatory and employ adult-learning methods that provide opportunities to exchange experiences and learn about successes and challenges encountered in implementing injury prevention programs.

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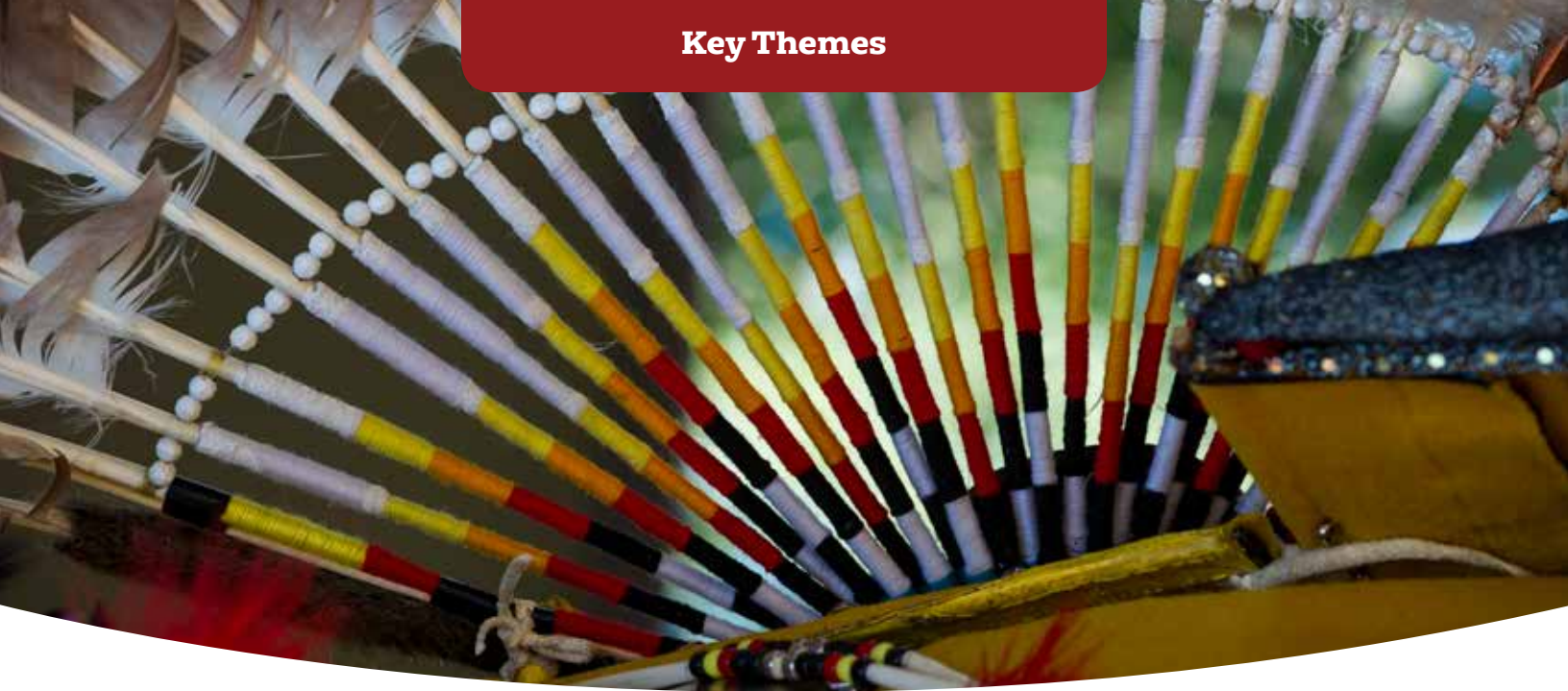
Throughout the year, TIPCAP national staff hold site visits to provide ongoing training, technical assistance, networking, and skills development among site coordinators and project officers. Site visits provide important face-to-face meeting time and collaboration.



Key Themes

TIPCAP is guided by key themes that aim to support grantees during their funding cycles and prepare programs for success in the future.

These guiding principles include building tribal capacity, the implementation of evidence-based injury prevention strategies, project evaluation, and workforce and staff development.



Capacity Building

Building the capacity of a group to fulfill its mission requires the establishment of resources.

Capacity building is integral to TIPCAP’s role of giving tribes support to conduct their own injury prevention programs. TIPCAP provides opportunities for tribes to implement evidence-based strategies to prevent injuries.

TIPCAP places great emphasis on working collaboratively with tribes to provide the financial, managerial, and technical resources needed to reduce injuries and their risk factors. It provides these resources in the form of funding, training, and technical assistance.

TIPCAP has awarded nearly \$29 million and trained numerous Injury Prevention Coordinators since 1997. It has supported their selection, application, and evaluation of evidence-based strategies.⁶

Building the capacity of individual coordinators and American Indian and Alaska Native (AI/AN)

organizations involves obtaining, improving, and retaining the skills and knowledge needed to implement injury prevention programs.

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TIPCAP places great emphasis on working collaboratively with tribes to provide the financial, managerial, and technical resources needed to reduce injuries and their risk factors.
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In addition, TIPCAP helps tribes and tribal organizations develop lasting skills and training that will help them prevent injuries in the future.



Case Study: Motor Vehicle Safety Great Plains Tribal Chairmen's Health Board (2015)

The Great Plains Tribal Chairmen's Health Board's (GPTCHB) Ride Safe Child Passenger Safety (CPS) Program aims to significantly reduce injury and death rates from motor vehicle crashes in the age range of 0-7 years by increasing the appropriate usage of child safety seats.

The program implemented the Ride Safe Curriculum in the IHS Great Plains Area with Rural America Initiatives (RAI) Prenatal to Five Head Start Programs in Rapid City (three Head Start sites) and Fort Thompson, South Dakota. The program also partnered with South Dakota's CPS Program. Through this partnership, the Ride Safe CPS Program provided access to child safety seats at no cost to Ride Safe families residing in Rapid City.

Through this partnership, the Ride Safe CPS Program has provided access to child safety seats at no cost to Ride Safe families residing in Rapid City.

In addition to child passenger safety education for children at Head Start, child safety seats are provided to students attending the RAI Head Start Program, and visits to students' homes allow parents and guardians to see how to properly use child safety seats. Since implementing Ride Safe, the GPTCHB has seen improvement in child safety seat usage over a three-year period.

Table 2: Car Seat Observation Data at the Beginning and End of Each School Year⁷

Project Year	Start-of-Year Usage %	End-of-Year Usage %
1	13	68
2	48	68
3	33	68

While end-of-year usage remained consistent, GPTCHB strives to keep usage as high as possible. The data is evidence that Ride Safe had a positive and substantial impact on the community.⁷

In 2015, GPTCHB introduced and implemented child passenger safety programs at Tribal Head Start sites that did not provide those services.

These sites incorporated the IHS Ride Safe curriculum, reaching 285 children. Fifteen people completed the IHS Safe Native American Passenger training course, and GPTCHB produced a monthly newsletter, “Great Plains Ride Safe News,” which integrated culturally specific educational materials and served all participating tribes.

The TIPCAP Coordinator led the local IP Coalition, which consisted of 40 members representing North Dakota, South Dakota, Nebraska, and Iowa. The coalition shared injury data and child safety seat policies, and offered networking opportunities.

The coalition reported that among the 17-plus tribes, 66.7 percent had adult seat belt laws and 88.2 percent had child safety seat laws.

Intervention Implementation

TIPCAP encourages the implementation of evidence-based strategies. These strategies have been proven to prevent injuries or reduce the risk of injuries in AI/AN communities. They often rely on targeted, community-based approaches, since each tribe and tribal organization is unique.

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One reason these strategies have been effective in AI/AN communities is that they use culturally tailored education campaigns and activities, which keep messaging more relatable and authentic.

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In recent funding cycles, TIPCAP has had two focus areas: motor vehicle-related injuries and elder falls.

Evidence-based strategies to prevent older adult falls include fall risk assessments, medication reviews, strength and balance exercises, vision exams, and making homes safer through various modifications.

Several evidence-based strategies for reducing motor vehicle-related injuries have been implemented in communities. These include increasing occupant restraint (i.e., seat belt and child safety seat) use and decreasing impaired driving, such as driving under the influence of alcohol or drugs.

One reason these strategies have been effective in AI/AN communities is that they use culturally tailored education campaigns and activities, which keep messaging more relatable and authentic.

While other injury intervention strategies may not have been tested in AI/AN communities, their core concepts are usually adaptable in tribes and tribal organizations.

For example, if a community was to apply an exercise program such as Tai Chi, an evidenced-based strategy to reduce older adult falls, culturally appropriate instruction and prevention messages can help to tailor the program to AI/AN communities.⁵



Case Study: Elder Fall Prevention Quechan Indian Tribe (2015)

The Quechan Tribe implemented a fall prevention program for elders with multiple service areas. These service areas included exercise, medication review, vision checks, prevention education, and home safety assessments.

Overall, 106 of 120 elders (88 percent) participated in more than one service area in the program.

Focus groups were conducted to determine an age- and culture-appropriate approach. As a result, messaging and home assessment methods were tailored to AI/AN community members.

The TIPCAP Coordinator partnered with Community Health Representatives (CHRs) who routinely visited patients in their homes and conducted the home assessments. By working with CHRs, who already had established and trusted relationships with tribal elders, TIPCAP was able to successfully implement fall prevention programs.



Project Evaluation

Evaluation—the systematic collection, analysis, and use of data—is essential to examining the effectiveness of American Indian and Alaska Native (AI/AN) injury prevention programs, and ultimately, TIPCAP success.

The evaluation of community efforts to determine if intended outcomes are achieved, such as an increase in child safety seat use or an increase in strength and balance in elders at risk for falling, is an important component of TIPCAP.

Evaluation of TIPCAP outcomes informed local and federal decision-making on program sustainability and enabled programs to pinpoint and describe what was achieved in their communities.



Evaluation of TIPCAP outcomes informed local and federal decision-making on program sustainability and enabled programs to pinpoint and describe what was achieved in their communities.



Several TIPCAP sites achieved sustainability, continuing with all or a portion of the TIPCAP activities after funding ended.



Case Study: Seat Belt Use

Ute Indian Tribe (2006)

The Ute Indian Tribe evaluated their seat belt use program through diligent data collection.

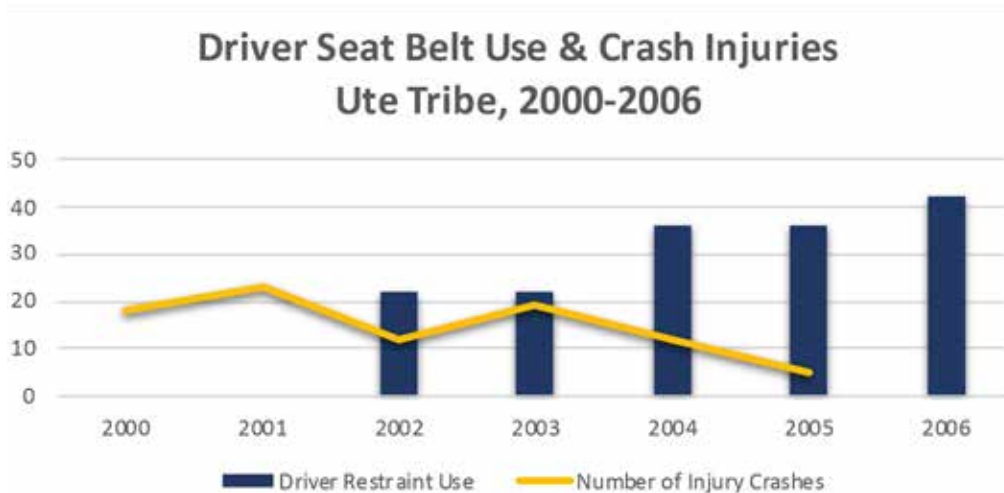
From 1996–2000 the Ute Tribe motor vehicle mortality rate was 162 per 100,000, nearly three times the U.S. all races rate of 54 per 100,000.⁸

Of the reservation's 38 crashes resulting in fatality or hospitalization during these years, 69 percent involved alcohol and only 14 percent of the victims used seat belts.

From 2000–2002, the average seat belt use was 22 percent for drivers and 20 percent for children. In 2004, after the Ute Tribe received TIPCAP funding, adult and child restraint use increased by 20 percent and DUI crashes decreased by 20 percent.⁸

The Ute Tribe restraint initiative had a major impact on restraint use and on the number of fatal crashes and crashes with injuries in only two years of funding.

Figure 3: Driver Seat Belt Use & Crash Injuries, Ute Indian Tribe 2000-2006⁸



The Ute Tribe was successful in increasing adult restraint use from 22 percent to 42 percent (a 90 percent change) and child restraint use from 20 percent to 42 percent (a 110 percent change).⁸ The number of injury crashes decreased as driver seat belt use increased.

Additionally, there were 340 DUI arrests during the project period (2004-2005), compared with 310 in the prior two-year period (2002-2003). The total number of alcohol-related crashes declined from 32 to 21 (34 percent change) between the two time periods.⁸

The project’s impact led tribal leaders to continue some TIPCAP activities for an additional 10 years after initial funding ended.



Workforce and Staff Development

Workforce development involves the growth of individual staff members and the support of the organization and systems that they work in.

Programs like TIPCAP seek to not only train staff, but also to evaluate policies, funding, resources, and support processes (e.g., awards, performance reviews, career counseling, etc.) that help create a supportive environment of continuous learning and a highly trained workforce.

Full-time positions dedicated solely to injury prevention in American Indian and Alaska Native (AI/AN) communities are rare despite the heavy public health burden that injuries impose on those communities.

TIPCAP offers funding, technical support, and training for tribal communities to establish full-time Injury Prevention Coordinators to focus on reducing this burden.

Since 1997, TIPCAP has funded 94 injury prevention coordinator positions. It has also helped a number of Coordinators expand their skill sets and training, and ultimately take on leadership roles within the program.



Since 1997, TIPCAP has funded 94 Injury Prevention Coordinator positions.



This type of continued staff development is beneficial to individuals, tribes, and TIPCAP as a whole.



Case Study: Motor Vehicle Safety Navajo Nation (2015)

Increasing child safety seat use utilizes an evidence-based strategy of seat distribution along with safety education, staff training, and enforcement.

Through Child Passenger Safety Technician (CPST) certification, the Navajo Nation Highway Safety Program enhanced the capacity of more than 690 community members, tribal partners, and federal staff to participate in a variety of community-based activities. These include child safety seat checks, where parents and caregivers could receive education on correct child safety seat installation, as well as hands-on assistance.

The current TIPCAP Coordinator is a certified CPS Instructor. From 2000 to 2017, the instructor taught more than 46 CPST courses.

This coordinator also mentored several technicians who later became instructors, including IHS Injury

Prevention staff, other TIPCAP Coordinators, and practitioners from other tribes, greatly expanding the reach of the Navajo Nation TIPCAP.

One of these instructors brought newly acquired skills to a program outside of the traditional tribal injury prevention realm: public health nursing. To elevate services for high-risk teen mothers and for community members, 12 of the 14 public health nurses at a tribal health center program became certified technicians.

An additional task this program has added is to assist trained technicians in maintaining certification through continuing education opportunities.

The impact of one CPS technician/instructor has been tremendous, and the Navajo Nation program continues to thrive.



Topic Spotlights

Over the past 20 years, TIPCAP and its staff have worked with tribes and tribal communities to learn about important public health topics and prevent injuries in their communities.

Some major initiatives focus on the topics of motor vehicle injury prevention, unintentional elder falls prevention, fire safety, suicide prevention, and drowning prevention in American Indian and Alaska Native (AI/AN) communities.

The program has seen a number of successes on these issues throughout its history. A few of these important TIPCAP successes are highlighted as case studies in this section, illustrating ways that evidence-based strategies helped prevent injuries and improve public health of AI/AN communities.

Motor Vehicle Injury Prevention

Motor vehicle injury prevention is a TIPCAP priority across all tribes and tribal organizations.

In the U.S., motor vehicle crashes are the leading cause of fatal injuries. They account for 43 percent of all unintentional injury deaths. They are also the leading cause of injury death for AI/ANs ages 1 to 44 years.¹

From 2005–2015, adult seat belt use among TIPCAP sites increased 45 percent.⁹

Crashes are also the leading cause of Years of Potential Life Lost (YPLL) for AI/ANs younger than 65 years old. In fact, the AI/AN motor vehicle crash death rate is 3.1 times higher than that of all U.S. races.¹

TIPCAP strategies for addressing this injury prevention area include increasing occupant restraint use (all ages), developing tribal motor vehicle policies/laws, enforcing traffic safety laws, changing the

environment (e.g., improving roadways, lighting of roads and pedestrian safety), culturally appropriate education and outreach, and promoting helmet use.

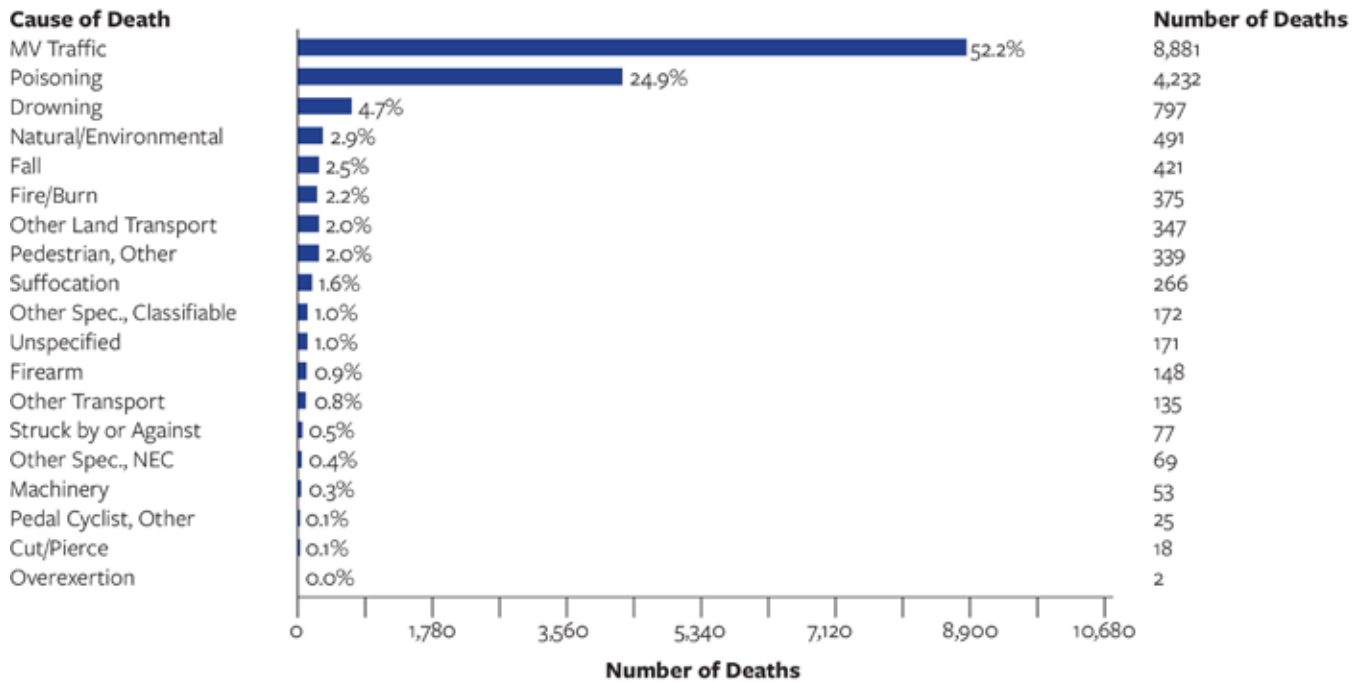
TIPCAP supports effective motor vehicle injury prevention strategies like proper seat belt use, child passenger safety, and efforts to cut down on distracted driving, reduce driving under the influence, and improve general traffic safety.

From 2005–2015, adult seat belt use among TIPCAP sites increased 45 percent.⁹

Additionally, child safety seat distribution for children ages 0–4 years yields an estimated cost benefit of \$2,200 per seat for an average cost of only \$52.¹⁰

In 2015, TIPCAP sites distributed 8,915 child safety seats at a cost of approximately \$508,155 that generated more than \$21.3 million in cost benefits. That year, driver seat belt use was at 75 percent, passenger seat belt use was at 69 percent, and 5,700 child safety seats were checked for correct use.

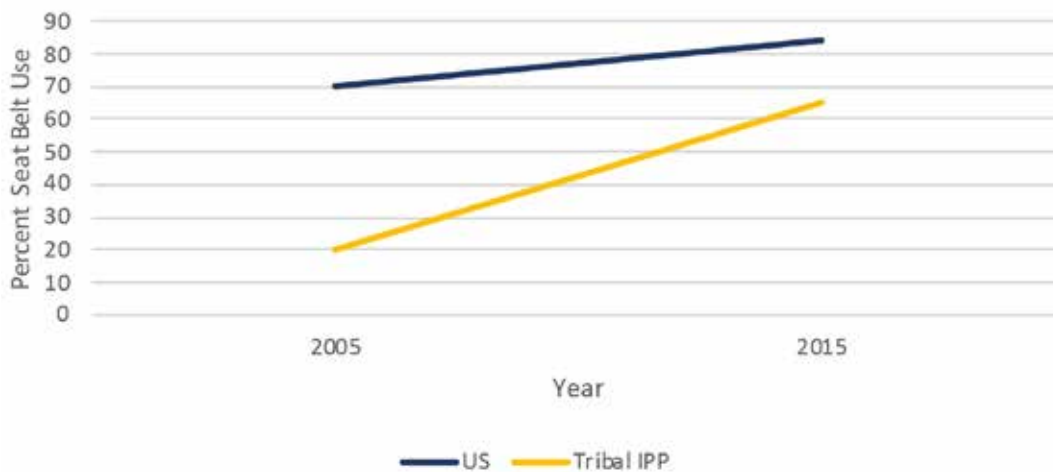
Figure 4: Unintentional Injuries 1999-2016, United States¹
 American Indian/Alaska Native, Non-Hispanic, Both Sexes, Ages 1-44 - Total Deaths: 17,019



NEC: Not elsewhere classifiable.

Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System

Figure 5: Adult Seat Belt Use Compared to All U.S. 2005-2015⁹





Case Study: Motor Vehicle Safety Menominee Indian Tribe of Wisconsin (2013)

One of the goals of the Menominee Indian Tribe of Wisconsin's Injury Prevention (IP) Program was to decrease motor vehicle crashes and injuries by 10 percent and increase seat belt use by 10 percent.

The program participated in the National Teen Driver Safety Week to raise awareness of motor vehicle crashes among teens and find solutions to lower the fatal crash risk of teen drivers.

The Menominee Indian Tribe of Wisconsin's IP Program worked on advertisements and developed educational flyers such as "Tips on How to Be a Good Passenger" and "10 Tips for Teen Drivers and Their Parents."

These resources served as a guide to help teens and parents understand ways to practice safe driving.

The tribe's Injury Prevention Coordinator conducted biannual observations of seat belt use utilizing an adaptation of the University of North Carolina (UNC) safety belt observation methodology. The UNC Protocol requires the program to locate eligible sites

that meet specific criteria, and the team observes drivers for 15-, 30-, or 60-minute intervals at random.

The program has also collected data in the Menominee Tribe's two most populated communities, Keshena and Neopit.

The tribe's Injury Prevention Coordinator established a good working relationship with the police chief, and tribal law enforcement supported the seat belt study and other injury prevention initiatives.

The seat belt observations have been conducted routinely and are now a practice recognized by police and community members alike.

The Menominee Tribal Newspaper highlighted the results of a seat belt survey the IP Program completed in May. The article focused on data gathered over the years and compared the program's data to state and national data. Based on the results, Menominee drivers' seat belt usage rate increased from 71 percent in 2012 to 79 percent in 2013.

Case Study: Child Passenger Safety

Pascua Yaqui Tribe (2016)

The Pascua Yaqui Tribe TIPCAP program received a heartfelt letter of gratitude from a family who gives credit to its Child Passenger Safety (CPS) class for saving the lives of their children. The letter has been shortened for space.

On Sunday afternoon, August 14, 2016, you saved my children's lives.

Sunday afternoon my husband Daniel and I were on our way to the store with our two children, Dominique and Joseph.

At the traffic light, Daniel incorrectly viewed the green light, but quickly realized his error and came to a stop. A vehicle in the opposite direction was already approaching with great speed and ended up crashing into our car.

The collision damaged our vehicle on the driver's side and the front and rear doors were damaged. Additionally, the back tires were blown out and the axle was offline.

Another vehicle that witnessed the accident helped me, Daniel, and the kids out. He stopped the oncoming traffic. When he was getting my son out of the vehicle, I could remember him saying, "I'm so glad the kids were secured in car seats."

We waited for the paramedics to arrive. Everyone showed up really fast, and they all came over to check out the kids. To their surprise, my son was walking around and jumping, and my daughter was moving her whole body around.

They asked if they were in car seats, I replied, "Yes."

They went over to look at the car, took out the car seats, and told us we did a great job in securing the car seats.

We should be proud of ourselves. If we hadn't secured the car seats, it would have been a different story. We owe that to your teachings and CPS class.



|||||
"If we hadn't secured the car seats, it would have been a different story. We owe that to your teachings and CPS class."
|||||



Fall Prevention

While unintentional falls rank as the sixth highest age-adjusted cause of injury fatalities, they impose a significant burden on American Indian and Alaska Native (AI/AN) elders.

The injury death rate for AI/ANs older than 85 years is 27 times the rate observed among AI/ANs aged 55–64. When compared with the U.S. all races rate, the AI/AN rate was 34 percent higher.²

Falls are the leading cause of unintentional injury deaths among AI/ANs older than 65 years of age. Among Alaska Natives aged 60 and older, they account for 75 percent of all injury hospitalizations.¹¹

The National Resource Center on Native American Aging reports that in a survey of more than 18,000 elders age 55 years and older, more than 40 percent reported falling in the past year, compared with the national average of 30 percent for elders age 65 years and older.¹²

A single fall injury can contribute to hip fractures, traumatic brain injuries, and nursing home admissions, costing society and patients millions each year. They are the leading cause of hospitalizations in AI/AN communities.

Falls have a devastating effect on our most vulnerable population. Elders in AI/AN communities are also our most valuable resource. They contribute through their wisdom and experiences, and serve a vital role in cultural preservation. Reports also show many AI/AN elders serve as head of households and as the primary caretakers for grandchildren.¹³



Falls have a devastating effect on our most vulnerable population. Elders in AI/AN communities are also our most valuable resource.



The evidence-based interventions in unintentional fall prevention include a comprehensive approach with a clinical team, exercise program, and home safety assessment.¹³

TIPCAP programs have utilized exercise programs and home safety assessments to help prevent this injury in AI/AN communities.



Case Study: Elder Fall Prevention Absentee Shawnee Tribe (2014)

A goal of the Absentee Shawnee Tribe (AST) of Oklahoma TIPCAP initiative is to reduce unintentional falls among older adults.

The TIPCAP Injury Prevention Coordinator and her partners conduct home assessments, disseminate information through articles, and host educational events and activities for elders.

The site has been able to reach 71 elders.

The exercise component of the elder unintentional fall prevention program includes a balance assessment program with Tai Chi, which meets once a week; chair exercises, which meets twice a week; and walking, which meets Monday through Friday.

On average, 10 elders attend each of the exercise activities.

The coordinator is a certified Tai Chi instructor. She also leads the walking program with a goal for the elders to walk for 30 minutes each day. For elders with less strength, the coordinator measures the length of time they can walk at baseline and at regular intervals to demonstrate strength and progress. In addition, the program partners with a physical therapist to conduct balance assessments.

The results from the balance assessments determine elders' eligibility to participate in the various strength- and balance-building exercises. Elders who do not pass the assessment are monitored.

From November 2013 to June 2014, the site conducted 17 balance assessments. Of those, only one elder had to be monitored.



Case Study: Elder Fall Prevention Reno-Sparks Indian Colony (2014)

One focus area for the Reno-Sparks Indian Colony of Nevada is unintentional elder fall prevention.

In 2014, the tribe’s Injury Prevention Coordinator implemented a 12-week Tai Chi course for all elders in the community. Elders practice Tai Chi three times a week at the tribal senior center.

Tai Chi was chosen because it is a low-impact activity that is enjoyable and suitable for elders and an exercise that is effective at reducing elder falls.¹⁴

The tribe’s Injury Prevention Coordinator received her Tai Chi certification through the Tai Chi Moving for Better Balance program, which is associated with the University of San Diego. The Tai Chi course started out with 14 attendees and ended with six regular attendees.

The course used the Tinetti Gait and Balance System, which includes a five-minute pre- and post-assessment that measures several factors associated with balance and walking, such as “Can a person stand up from a chair without using one’s arms and/or hands

for support?” and “Can a person stand with their eyes closed for 10 seconds without swaying?”



In 2014, the tribe’s Injury Prevention Coordinator implemented a 12-week Tai Chi course for all elders in the community.



One elder could stand straight and still for only three seconds during pre-assessment but increased the time to 10 seconds during post-assessment. The average balance score increased by 13.5 percent at the end of the course.

The course proved effective in helping elders improve balance and gait, which ultimately prolongs independence for elders by preventing falls.¹⁴



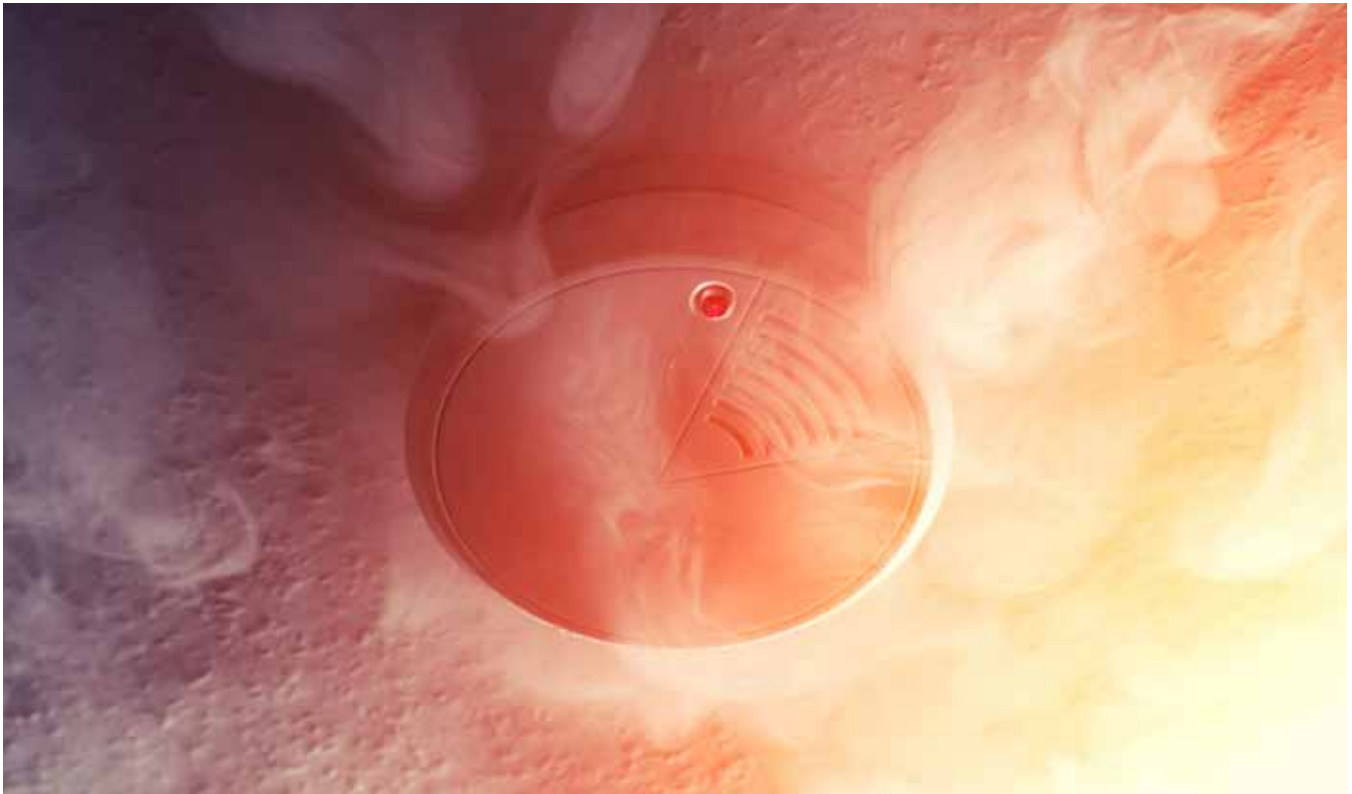
Fire Safety

Fire safety prevention education is an integral TIPCAP initiative. American Indian and Alaska Natives (AI/AN) had a higher risk of death from fire than the U.S. population as a whole.²

According to data from the Federal Emergency Management Agency (FEMA), fires led to more than 15,000 injuries and 3,000 deaths in the U.S. in 2014.¹⁵

TIPCAP's fire safety prevention projects have helped tribal members better equip their homes through fire and carbon monoxide detector distribution and installation. Their fire education programs have also helped community members learn key safety information to help prevent fires or better recognize warning signs.

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Fire safety prevention education is an integral TIPCAP initiative. American Indian and Alaska Natives (AI/AN) had a higher risk of death from fire than the U.S. population as a whole.
|||||



Case Study: Fire Safety Training Pueblo of Jemez (2012)

In February 2012, a home in the Pueblo of Jemez tribe caught on fire due to a spark from a wood-burning stove.

The family was alerted by their 5-year-old grandson, who had received Fire Safety training at the Walatowa Head Start early learning program.

While the home burned to the ground due to delays in getting volunteer fire department support, the family was able to get out of the home safely.

Some of the family members were treated for smoke inhalation, but that was the extent of the injuries.

The Jemez Injury Prevention Program had presented information to the students at Walatowa, which helped the child get his family out of their home safely.

A week later, another house also burned, due to a woodstove chimney fire. Both homes had smoke alarms that were not operating.

Following the fires, all of the Walatowa Head Start students also received smoke alarms for their homes.

The Jemez Injury Prevention Program continues to work with the elderly, children, youth, parents of young children, and the greater community on the topic of fire safety and prevention.

Case Study: Fire Safety

Fire Smart Alaska (2007)

Elder Adeline Jackson of the Kake tribe didn't have a smoke or carbon monoxide detector in her home until 2006. She said the combination smoke-carbon monoxide alarm saved her life and that of her adult son that winter.

In December, Adeline and her son were awakened at 4 a.m. when the detector went off.

Their house was full of smoke. Adeline has an artificial knee and arthritis in her other leg, and her son is handicapped and hard of hearing. Luckily, 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 bad. There was smoke all over; the whole place was smoky."

Adeline and other residents of Kake received free detectors as part of Rural Alaska Community Action Program, Inc.'s Fire Smart Alaska program. This TIPCAP-supported fire safety program teaches rural residents about installing smoke and carbon monoxide detectors and teaches them how to use fire extinguishers.

The Southeast Alaska Regional Health Consortium Injury Prevention Department also provides detectors in communities not covered by the Fire Smart Alaska program.

The program helps residents design fire escape plans. These include things such as ensuring elderly and handicapped residents reside in ground-floor bedrooms so they don't have to descend stairs in an emergency.

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This TIPCAP-supported program teaches rural residents about installing smoke and carbon monoxide detectors and teaches them how to use fire extinguishers.

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They also teach homeowners the importance of cleaning fireplace exhaust flues so soot doesn't build up. That's what caused 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 in her bedroom. "I feel safer every time I see it."



Additional Areas of Focus

Suicide and drowning are other important injury topic areas in AI/AN communities.

Suicide is the third leading injury cause of death among all AI/ANs. The rate of suicide is 66 percent higher in AI/AN populations than the U.S. population as a whole.

In 2014, nearly 489 Native people took their own lives in the U.S. Among these, 44 percent were the result of suffocation (usually by hanging). A gun was involved in 38 percent of cases, while poisoning accounted for 12 percent.¹⁶

AI/ANs are also twice as likely to drown as whites. The disparity increases when only drowning deaths in swimming pools are considered.¹⁷



Suicide and drowning are other important injury topic areas in AI/AN communities.



For every person who dies from injuries related to drowning and suicide, many others are affected, including family and community members.



Case Study: Drowning Prevention Northwest Alaska Native Association (NANA) Regional Corporation (2013)

In Alaska's NANA region, one of the major roles of TIPCAP is to increase education about drowning risks and to promote the use of personal safety equipment.

To assess the current use of personal safety equipment, the tribe's TIPCAP Coordinator conducted a survey of personal safety equipment use in all NANA region villages in 2011.

The survey was distributed in high traffic areas, including stores, post offices, and local tribal headquarters. Between 1,100 and 1,200 surveys were completed, and the collected data were shared with each community health aid.

A notable finding was that respondents reported a high use of personal flotation devices (PFDs). Data collected from the survey showed that, overall, 71.6 percent of women and 67.8 percent of men surveyed

use personal flotation devices or life jackets, while 28.3 percent of women and 32.2 percent of men surveyed do not use a personal flotation device or life jackets.

Additionally, a life vest loaner program called "Kids Don't Float" was implemented in many Alaskan communities.

This was a joint effort involving Alaska, the Department of Natural Resources, the Office of Boating and Safety, and local and federal agencies. The program provides personal flotation devices for community use across multiple sites in Alaska.

Extensive data collection and life vest loaner programs helped the NANA region's TIPCAP program learn about the extent of drowning education and support that was needed in their program, and ultimately helped prevent numerous cases of drowning.



Lessons Learned and Moving Forward

The past 20 years in TIPCAP history have offered numerous successes, milestones, and teachable moments.

The program's projects, partnerships, interventions, challenges, and successes have helped provide valuable insight into how public health programs such as TIPCAP can improve on successes and learn from setbacks.

We've identified a few key areas in which TIPCAP can make additional strides in the next phase of the program. Those areas include data collection and sharing, funding, staff turnover, tribal leadership support, and partnership development.



Data

As with any public health intervention, data is a valuable and vital component to TIPCAP's success.

Quantitative and qualitative data can identify the leading injuries affecting a community, demonstrate the effectiveness of a program, justify the need for additional resources, and determine if interventions are effective or strategies should shift from current practice.

TIPCAP has worked with grantees in a variety of ways to help improve data collection and sharing.

Methods include the integration of data training during onboarding, continually streamlining reporting requirements, and using data to guide programmatic decisions.



TIPCAP has worked with grantees in a variety of ways to help improve data collection and sharing.



We have also learned that ensuring the availability of quality data is an ongoing challenge that will remain constant and require prudent management to ensure TIPCAP's future success.



Staff Turnover

TIPCAP staff are the backbone of the injury prevention initiatives the program supports. Thus, staff turnover, especially on a tribal level, has impacted some TIPCAP sites.

Staff turnover requires additional time for orientation and training to gain understanding of not just the injury prevention program, but often the science of injury prevention as well.

Generally, many tribal staff who were hired were new to injury prevention and had limited experience in public health.

The field of injury prevention involves a foundation in public health, and the majority of TIPCAP Coordinators' backgrounds vary greatly in injury prevention training and experience.

When tribes experience staff turnover, time becomes critical in the ability to maintain projects and achieve goals within funding cycles.

Consistent funding, increased communication between TIPCAP and tribes, and increased opportunity for staff development and training help

address staff turnover. These have helped incentivize local staff to continue with TIPCAP and transition into leadership roles.

Consistent funding, increased communication between TIPCAP and tribes, and increased opportunity for staff development and training help address staff turnover.

TIPCAP sites that maintained an IP Coordinator without turnover throughout the duration of their grant cycles had program successes in sustaining IP projects from start to finish. They included collection of baseline data, implementation of effective strategies, and evaluation.

The following are examples of sites that had the same IP Coordinator throughout the duration of their five-year grant cycle.

The Oglala Sioux Tribe at Pine Ridge, South Dakota, successfully increased child safety seat use from 20 to 25 percent over the five-year grant cycle in which they had the same TIPCAP Coordinator.

They increased the fine for child safety seat citations from \$25 to \$250, conducted outreach across the reservation, and increased the number of local Child Passenger Safety Technicians. In the first year of the grant, 1,067 child safety seats were properly installed. Partnerships through the Sacred Cargo Coalition enhanced the visibility of the initiatives with tribal leadership and law enforcement support.

The Oneida Tribe of Wisconsin increased seat belt use from 54 percent to 84.7 percent from 2005 to 2012. The Oneida Police Department increased occupant restraint citations by 50 percent during a five-year grant cycle as well. The IP Program provided child safety seats at low cost, resulting in the installation of about 40 seats per month.

The tribe's IP Program also completed at least 300 home assessments, with more than 3,500 home safety devices installed. Devices included grab bars



for showers/tubs, smoke alarms, carbon monoxide alarms, and electrical outlet covers. Slipping and tripping hazards were identified to make safer home environments.

The elders who had home assessments also received in-home clinical visits by a pharmacist, physical therapist, and a nurse. Additionally, the Walking Strong program was integrated into the elder exercise program.



Partnerships

Collaborative relationships among tribal, federal, state, and local partners are essential. Partnerships serve as a “force multiplier,” which enable us to ensure the successful implementation of community-based injury prevention programs.¹⁸

Longstanding partnerships facilitate productive operations that may be easier to initiate. They allow for various perspectives and approaches that lead to enhanced understanding and achievement of shared goals.

For example, working with local law enforcement to support seat belt use laws has proven important to motor vehicle injury prevention efforts.

Other partnerships include those with tribal lawmakers to write, enact, and enforce policy.

One example of how partnerships amplify TIPCAP’s work is from the **Bad River Band of Lake Superior Tribe of Chippewa Indians**. The TIPCAP Coordinator fostered partnerships with tribe, county, and state officials that led to a series of roadway improvements on the reservation.

The program helped build a pedestrian walkway that connected housing to the community center and grocery store.

Partnerships serve as a “force multiplier,” which enable us to ensure the successful implementation of community-based injury prevention programs.

It also helped pave 5 miles of unpaved roadways and widen shoulders on the main highway nearby. New speed reduction signage was also installed on the major state highway that intersects with the reservation.

These improvements were funded by the Wisconsin Department of Transportation, the Bureau of Indian Affairs, and the tribe.

Another example that highlights the importance of partnerships within TIPCAP is the **Kaw Nation Injury Prevention Program (KNIPP)**, which provided service to the Kaw Nation of Oklahoma and the Ponca and Tonkawa Tribes of Oklahoma.

Partnership development among the tribes was essential in implementing occupant restraint use and elder fall prevention initiatives. Joint efforts with law enforcement also led to increased occupant restraint use.

Additionally, partnerships with the Kanza Wellness Center and Diabetes program helped ensure exercise classes were conducted and health/fall risk assessments were completed as components of the fall prevention program.





Case Study: Motor Vehicle Safety Ho-Chunk Nation (2013)

The Ho-Chunk Nation aims to increase seat belt and child safety seat use, decrease distracted driving, and reduce drinking and driving among Ho-Chunk tribal members.

The site has implemented a motor vehicle injury prevention program to improve road safety and reduce injuries and deaths.

Collecting Native American-specific data presented a barrier for the program. To overcome this challenge, the tribe requested that law enforcement collect Native American-specific data during patrols (citations, crash reports, etc.) and through observational surveys.

From 2010–2013, the tribal motor vehicle injury prevention program staff conducted observational seat belt surveys to estimate seat belt usage rates among Ho-Chunk tribal members.

As a result of the TIPCAP-supported program, seat belt use grew from 73% to 89% from 2010 to 2013, and passenger seat belt use increased from 72% to 83%.¹⁹

As a result of the TIPCAP-supported program, seat belt use grew from 73 percent to 89 percent from 2010 to 2013, and passenger seat belt use increased from 72 percent to 83 percent.¹⁹



Area Summaries

Over the last 20 years, TIPCAP has supported injury prevention in 99 tribes/tribal organizations making up 12 areas across the country. Those areas include: Alaska, Albuquerque, Bemidji, Billings, California, Great Plains, Nashville, Navajo, Oklahoma City, Phoenix, Portland, and Tucson.

Funding totals, key outcomes, and key initiatives for each area have been summarized to give more insight into TIPCAP's impact and contributions.



Alaska

Overview

The Alaska Area has a service population over 158,000 and seven regionally-based environmental health programs including the South East Alaska Regional Health Consortium (Sitka), the Bristol Bay Area Health Corporation (Dillingham), the Yukon- Kuskokwim Health Corporation (Bethel), the Norton Sound Health Corporation (Nome), the Maniilaq Association (Kotzebue), the Tanana Chiefs Conference (Fairbanks), and the Alaska Native Tribal Health Consortium.

Tribes Funded

- Aleutian Pribilof Islands Association **1**
- Bristol Bay Area Health Corporation **1 4 5**
- Chilkoot Indian Association **3**
- Kodiak Area Native Association **2**
- Maniilaq Association **5**
- Mount Sanford Tribal Consortium **3**
- Norton Sound Health Corporation **3 4 5**
- South East Alaska Regional Health Consortium **2 4 5**
- Southcentral Foundation **2 3**
- Tanana Chiefs Conference **5**

Years Funded: **1** 1997-2000 **2** 2000-2005 **3** 2004 **4** 2005-2010 **5** 2010-2015 **6** 2016

Total Funding Awarded

\$3,563,000

Outcome Highlights

A large distribution and installation of smoke detectors included a number of documented saves from the detectors going off

Initiative Highlights

“Kids Don’t Float” personal floatation device loaner program was installed in all harbor communities

The 2013 public information campaign was designed to increase public knowledge of suicide prevention (TCC)

Rural CAP’s Fire Smart Alaska program trained rural residents on how to install smoke and carbon monoxide detectors and how to use fire extinguishers



Albuquerque

Overview

The Albuquerque Area has a service population over 84,000 among 27 tribes in Colorado, New Mexico, Texas, and Utah.

Tribes Funded

- Albuquerque Area Indian Health Board 6
- Nambe Pueblo 4
- Pueblo of Jemez 1 2 4 5 6
- San Felipe Pueblo 4 5
- Southern Ute Indian Tribe 5
- Ysleta del Sur Pueblo 1

Total Funding Awarded

\$2,005,000

Initiative Highlights

Collaborated with governor to enact seatbelt/child safety seat legislation (Pueblo of San Felipe)

“Walk and Roll to School Day” installed safety signs to watch out for children walking to school (Pueblo of Jemez)

Elder falls program provided home modifications to 49 elders (128 grab bars, 24 toilet rails, 65 smoke alarms, 90 night lights, and educational materials) (Pueblo of Jemez)

Outcome Highlights

Pueblo of Jemez

- Child attributes saving grandparents’ lives during home fire to Sleep Safe instructions in Head Start
- Seat belt use increased to 87% following adoption of resolution and ordinances to increase community seat belt use
- Established comprehensive evidence-based Elder Fall Prevention Program
- Gained Tribal Leadership support for IP program by funding staffing and office space

Pueblo of San Felipe

- Seat belt use increased from 22% to 72% (2010-2015)
- Created comprehensive evidence-based fall prevention program

Years Funded: 1 1997-2000 2 2000-2005 3 2004 4 2005-2010 5 2010-2015 6 2016



Bemidji

Overview

The Bemidji Area has a service population of more than 110,000 among 32 tribes in Minnesota, Wisconsin, and Michigan.

Tribes Funded

- Bad River Band of Lake Superior Tribe of Chippewa **2** **5**
- Fond Du Lac Reservation **2** **4** **5** **6**
- Gerald L. Ignace Indian Health Center **2**
- Grand Traverse Band of Ottawa and Chippewa **2** **3**
- Ho-Chunk Nation **5** **6**
- Lac Vieux Desert Band of Lake Superior Chippewa **4**
- Menominee Indian Tribe of Wisconsin **5**
- Mille Lacs Band of Ojibwe **2**
- NNAHA Ojibwe **4**
- Oneida Tribe of Wisconsin **3** **4** **5**
- Pokagon Band of Potawatomi **1**
- Sault Ste. Marie Tribe of Chippewa **2**
- Stockbridge-Munsee Community Band Mohican Indians **2** **4** **5**
- White Earth Reservation Tribal Council **2** **4**
- White Earth Band of Chippewa Indians **6**

Total Funding Awarded

\$3,925,000

Initiative Highlights

Established a distracted driving protocol to collect distracted driving data (Ho Chunk Nation)

Implemented elder fall prevention class “A Matter of Balance” with 30 elders graduating (Fond du Lac Tribe)

“Thankful for Life” **Ride Safe Program** provided child safety seats to Head Start children living in eight communities

Years Funded: **1** 1997-2000 **2** 2000-2005 **3** 2004 **4** 2005-2010 **5** 2010-2015 **6** 2016

Outcome Highlights

Northern Native American Health Alliance (NNAHA), Ojibwa Tribes of Bad River and Red Cliff Band of Lake Superior Tribe of Chippewa Indians

- Dispersed \$35,000 in grants for IP projects
- Bullying prevention program improved school policies
- Ashland school board adopted the “Speak Your Peace” social curriculum/anti-bullying program
- Promoted community and stakeholder capacity through training
- Reduced truancy
- Received local business support with funding resources
- School received Touchstone Award of \$2,500

Ho Chunk Nation

- Seat belt use increased (2010–2014), surpassing state and national averages
- IP Program success led to the funding of another IP Project Coordinator position

Menominee Indian Tribe of Wisconsin

- Seat belt use increased from 71% to 85% (2010–2015)
- Percent of falls involving elders (65+) decreased from 16% to 7.8% (2010–2013)
- Overall injuries related to falls decreased from 40% to 29% (2010–2013)
- Overall injuries from motor vehicle crashes (MVCs) decreased from 22% to 14% (2010–2013)
- Overall injuries from MVCs involving alcohol decreased from 75% to 33% (2010–2013)

Oneida Tribe of Wisconsin

- 30% increase in seat belt use (54% to 84%) (2005–2012) due to Click it or Ticket and media awareness campaigns
- Seat belt use increased from 73% to 89% and passenger seat belt use increased from 72% to 83% (2011–2013)
- Creating Caring Communities initiative with high school teachers and staff helped reduce truancy by 30% percent over two years (Bad River)



Billings

Overview

The Billings Area has a service population of more than 70,000 on eight reservations in Montana and Wyoming.

Tribes Funded

- Blackfeet Tribe 6
- Fort Peck Assiniboine & Sioux 1 2
- Rocky Boy/Chippewa Cree Tribe 2
- Rocky Mountain Tribal Epi Center 6

Total Funding Awarded

\$570,000

Initiative Highlights

Distributed 100 free gun locks to homeowners who possess guns and showed children how to use gun locks properly

Outcome Highlights

Rocky Boy/Chippewa Cree Tribe

- Traffic Safety Codes developed and enacted
- Established comprehensive injury data surveillance system
- Added bike/walking path
- Developed a coalition and nurtured partnerships

Years Funded: 1 1997-2000 2 2000-2005 3 2004 4 2005-2010 5 2010-2015 6 2016



California

Overview

The California Area has a service population of nearly 89,000 among 104 tribes in California.

Tribes Funded

California Rural Indian Health Board, Inc. 2 4 5 6

Greenville Rancheria 5

Hoop Valley Tribe 1 2

Indian Health Council, Inc. 4 5 6

Toiyabe Indian Health Project, Inc. 4

Tule River Indian Tribe 5

Total Funding Awarded

\$2,645,000

Initiative Highlights

Conducted **seat belt safety** presentations at the Early Head Start program (Hoop Valley)

Site visits offered **CPS training class and car seat installation assistance** at Head Start program (Smith River Howanquet)



Great Plains

Overview

The Great Plains Area has a service population of more than 130,000 among 18 tribes in North Dakota, South Dakota, Nebraska, and Iowa.

Tribes Funded

- Dakota Center for Independent Living **2**
- Great Plains Tribal Chairmen’s Health Board **5 6**
- Oglala Sioux **4 5**
- Ponca Tribe of Nebraska **1 2**
- Rosebud Sioux Tribe **2**
- Sac and Fox Nation **1**
- Sisseton-Wahpeton Oyate of the Lake Traverse **3 4 5**
- Spirit Lake Tribe **2**
- Standing Rock Sioux Tribe **4**
- Three Affiliated Tribes **2**
- Trenton Service Area **2**
- United Tribes Technical College **1 2**
- Winnebago Tribe of Nebraska **6**

Total Funding Awarded

\$3,273,000

Outcome Highlights

Oglala Sioux Tribe

- Reduced number of motor vehicle crashes
- Increased adult seat belt use from 12% to 53% (2010–2014)
- Increased child safety seat use from 8% to 78% (2010–2014)
- Updated motor vehicle ordinance
- Implemented Sacred Cargo Media Campaign

Years Funded: **1** 1997-2000 **2** 2000-2005 **3** 2004 **4** 2005-2010 **5** 2010-2015 **6** 2016



Nashville

Overview

The Nashville Area has a service population of nearly 59,000 among 29 tribes in 14 states.

Tribes Funded

- Aroostook Band of Micmacs 3
- Chitimacha Tribe of Louisiana 4 5
- Eastern Band of Cherokee 2
- Houlton Band of Maliseet Indians 1 2 4
- Jena Band of Choctaw Indians 4
- Miccosukee Corporation 1
- St. Regis Mohawk Tribe 2 5

Total Funding Awarded

\$808,000

Outcome Highlights

Houlton Band of Maliseet Indians

- Implemented interventions for drowning prevention, bike helmets, fire safety, elder home-risk hazards, child safety seats, and pedestrian safety

St. Regis Mohawk Tribe

- Increased seat belt use from 53% to 77%
- Conducted 307 home risk assessments
- Established an injury surveillance database

Years Funded: 1 1997-2000 2 2000-2005 3 2004 4 2005-2010 5 2010-2015 6 2016



Navajo

Overview

The Navajo Area has a service population of more than 244,000 on the Navajo Indian Reservation encompassing northeast Arizona, northwest New Mexico, and southern Utah.

Tribes Funded

Hardrock Chapter **2 4 5**

Navajo Nation **2 4 5**

Tuba City Regional Health Care Corporation **5**

Winslow Indian Health Care Center, Inc. **3**

Total Funding Awarded

\$2,475,000

Initiative Highlights

Developed educational DVD on dangers of alcohol-related vehicle crashes (Hardrock)

Implemented the Sleep Safe program and collaborated with the senior center on smoke alarm distribution for elders

Public Service Announcements enhanced child occupant restraint law and **helped train 30 police officers**

Enhanced TIPCAP cooperation with Navajo Nation Police officers helped **established car seat clinics and car seat checkpoints**

Years Funded: **1** 1997-2000 **2** 2000-2005 **3** 2004 **4** 2005-2010 **5** 2010-2015 **6** 2016

Outcome Highlights

Navajo Nation

- Seat belt use increased from 65% to 79%
- IP Coordinator was trained as a Child Passenger Safety Instructor and able to host training for CPS certification at remote locations
- Increased key partnerships with Tribal Police, BIA, social services, hospitals, public health officials and local schools
- Child passenger safety seat outreach clinics took place in 58% (64/110) of Navajo's remote communities
- Certified 375+ child safety seat technicians
- Established and maintained a child safety seat fitting station to accommodate walk-in customers

Hardrock Chapter

- Decreased unintentional elder fall injuries by 20% in 2015 by incorporating a comprehensive strategic approach
- Made home improvements to enhance safety for elders at high-risk for unintentional falls
- Conducted community outreach on home safety
- Initiated on-going Tai Chi exercise classes including individual instruction as requested

Tuba City Regional Health Care Corporation

- Increased seat belt use from 54% to 67%
- Increased child safety seat use from 7% to 22% (2013–2014)
- Conducted child safety seat clinics
- Engaged key stakeholders for a strategic approach on motor vehicle injury prevention
- Provided training to be certified as Tai Chi Instructors
- Created partnerships with local schools to incorporate suicide prevention initiatives such as intervention protocols, training, and conferences



Oklahoma City

Overview

The Oklahoma City Area has a service population of more than 360,000 among 43 tribes in Oklahoma, Kansas, and Texas.

Tribes Funded

- Absentee Shawnee **5**
- Caddo Nation **2 4**
- Chickasaw Nation **2**
- Choctaw Nation **4 5 6**
- Comanche Nation of Oklahoma **2**
- Kaw Nation **2 4 5**
- Kiowa Tribe of Oklahoma **4 5**
- Osage Nation of Oklahoma **1 4**
- Pawnee Nation of Oklahoma **3**
- Ponca Tribe of Oklahoma **1 2 6**
- Sapulpa Indian Health Center **4**
- Seneca-Cayuga Tribe of Oklahoma **4**
- Wichita and Affiliated Tribes **2 6**

Total Funding Awarded

\$4,703,000

Initiative Highlights

Tribal Injury Prevention Service (TIPS) programming **increased the number of elders receiving in-home risk assessments** (Absentee Shawnee)

Installed 1,094 child safety seats (Choctaw Nation)

Outcome Highlights

Oklahoma City Area

- Increased seat belt use more than 82% in all targeted Tribal communities (Kaw Nation, Ponca, and Tonkawa)

Kaw Nation

- Seat belt use increased from 60% to 80% (2010–2015)
- Established key partnership with Tribal Law Enforcement, Bureau of Indian Affairs, and Oklahoma’s ENDUI campaign to conduct an Impaired Driving event
- Established partnership with Ponca Methamphetamine Suicide Prevention initiative to host a Fatal Vision obstacle course
- Elder fall prevention initiatives included Tai Chi classes and training seminars

Years Funded: **1** 1997-2000 **2** 2000-2005 **3** 2004 **4** 2005-2010 **5** 2010-2015 **6** 2016



Phoenix

Overview

The Phoenix Area has a service population of more than 176,000 among 46 tribes in Arizona, Utah, Nevada, and western California.

Tribes Funded

- Ak-Chin Indian Community 2 5 6
- Colorado River Indian Tribes 2 5
- Fallon Paiute Shoshone 1
- First Mesa Consolidated Villages 1
- Gila River Indian Community 5 6
- Hualapai Tribe 5
- Nevada Urban Indians Inc. 3
- Pyramid Lake Paiute Tribe 4 6
- Quechan Indian Tribe 4 5
- Reno-Sparks Indian Colony 2 5 6
- Salt River Pima-Maricopa 6
- San Carlos Apache Tribe 5
- Ute Indian Tribe 3
- Walker River Paiute Tribe 5
- Washoe Tribe of Nevada and California 6
- White Mountain Apache Tribe 2 4
- Yavapai-Prescott Indian Tribe 1

Total Funding Awarded

\$4,015,000

Outcome Highlights

San Carlos Apache Tribe

- Enactment of a tribal primary occupant restraint law (5th Arizona tribe to pass a more stringent law than the state's secondary law)
- Overall decrease in police-reported motor vehicle crashes (MVCs) (2010–2014)
- Decrease in nighttime-reported MVCs including those with injury/fatality
- Increased seat belt and child safety seat use
- Following enactment of the TIPCAP-supported Safety Belt and Child Passenger Restraint Law, which took effect on January 1, 2012, the site reported a 207% increase in seat belt use in one year

Colorado River Indian Tribes (CRIT)

- Increased child safety seat use from 15% to 57.4% (2011–2012)

Hualapai and Havasupai

- Improved seat belt use from 38% to 94% in 2013

Years Funded: 1 1997-2000 2 2000-2005 3 2004 4 2005-2010 5 2010-2015 6 2016

Reno Sparks Tribal Health Center

- Increased seat belt use by 21% since initiating program
- Implemented the “Tai Chi: Moving for Better Balance” class, leading to 13.5% improvement in balance of attendees who were present at 75% or more of classes to help prevent elder falls

Quechan Tribe

- Injury Prevention Program helped prevent elder falls in 2015 by having a 40% elder participation rate in the “Fit for Life” exercise program



Portland

Overview

The Portland Area has a service population of more than 113,000 among 23 tribes in Oregon, Idaho, and Washington.

Tribes Funded

Jamestown S’Klallam Tribe **1**

Northwest Portland Area Indian Health Board **5 6**

Northwest Washington Indian Health Board **5**

Total Funding Awarded

\$745,000

Outcome Highlights

Tribes with primary seat belt laws increased seat belt compliance

- Lummi +91%
- Swinomish +90%
- Upper Skagit +53%
- Nooksack +80%

Years Funded: **1** 1997-2000 **2** 2000-2005 **3** 2004 **4** 2005-2010 **5** 2010-2015 **6** 2016



Tucson

Overview

The Tucson Area has a service population of nearly 28,000 among two tribes in Arizona.

Tribes Funded

Pasqua Yaqui 2 6

Total Funding Awarded

\$270,000

Initiative Highlights

TIPCAP and other agencies in the Southwest region **formed the Taking Back Our Communities coalition** to address escalating violence in the region

Outcome Highlights

Pasqua Yaqui

- Head Start program installed shock-absorbing rubberized products to protect children playing on equipment

Years Funded: 1 1997-2000 2 2000-2005 3 2004 4 2005-2010 5 2010-2015 6 2016

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