



**Sarah-Jean T. Synder, REHS
LT, USPHS, IHS
Environmental Health Officer
Office of Environmental Health
PHS Indian Health Service
Parker Indian Health Center
12033 Agency Road
Parker, AZ 85344**

Contact phone: 928-669-3179

Building a foundation for MVC injury reduction on the CRIT Reservation

Introduction: Motor vehicle crashes (MVCs) are the leading cause of injury-related death (53%) to Native Americans living on the Colorado River Indian Tribes (CRIT) Reservation (2000-2007). They account for 26% of unintentional injury hospitalizations (2003-2007).

Methods: I obtained information about MVCs at CRIT using a comprehensive surveillance approach. I conducted field investigations at two previously-identified crash cluster sites and five fatality sites; led a focus group of Tribal police centered on occupant restraint and alcohol use; reviewed 5 years of police department crash records; and conducted seatbelt surveys at five sites. I also obtained and plotted GPS coordinates at crash sites resulting in injuries between 2005-2009.

Results: Only three of the seven sites had undergone recommended improvements, such as the installation of guardrails and improved street lighting. Lack of alternative means of transportation from local bars, jurisdictional barriers among the local law enforcement authorities, an understaffed police force, and jail overcrowding were concerns raised by the focus group. Seatbelt usage rates among drivers and front-seat passengers averaged 54%. Police records revealed that 220/717 (31%) of crashes from 2005-2009 resulted in injuries, of which 39% involved alcohol. The GPS map identified several new crash cluster sites.

Conclusion: To address the risk factors identified by this study, separate task forces have been established to focus on environmental change, increasing occupant restraint use, and reducing alcohol-involved crashes. Law enforcement, IHS, Planning, BIA, and other agencies are represented on the task forces. Action plans from each task force are planned for completion by July 2010.



Rebecca Morris
Injury Prevention Coordinator
Choctaw Nation of Oklahoma
219 N Broadway
Hugo, OK 74743

Contact phone: 580-372-0373

ATV Fatalities and Injuries in Southeastern Oklahoma

Introduction

Headlines about ATV crashes appear monthly in our local newspapers. I wanted to determine the magnitude of the problem within our Choctaw Nation and recommend ways to reduce ATV injuries and deaths.

Methods

I researched newspaper archives, Oklahoma laws, and medical literature on evidence-based interventions; contacted the state's Injury Prevention Department for data on ATV injuries; and reviewed the highway patrol's database for ATV citations. I conducted both a community survey and an observational survey of helmet use; and interviewed retailers, law enforcement officers, and ATV riders.

Results

There were 20 fatalities between 2005-2008 and 20 non-fatal ATV injuries within the 10 counties of the Choctaw Nation (2007). 35 (88%) of the 40 victims were male; 25 (63%) were not wearing helmets. The 15-24 and 25-34 age groups had the highest number of incidents. Citation data (2007-2009) for 6 counties showed only 9 citations for non-helmet usage. Of the 239 ATV citations, 208 were for improper operation on roadways. McCurtain County issued 67% of the total citations, of which 74% were US Forest Service citations. I observed only one (4%) of twenty-five persons wearing a helmet. 15 ATVs were carrying more passengers than recommended. 19 were observed riding during recreational usage. The community survey revealed that 66% of ATV owners do not have helmets, nor do they plan to purchase one. 100% of those surveyed have operated their ATV's dangerously. Although most people knew of the Oklahoma law, they were unaware of the specific age requirements concerning helmet usage.

Conclusion

To decrease ATV injuries and fatalities, priority should be given to increased education about helmet usage; and increased enforcement of the ATV helmet law.



Laquita F. Fish
Community Health Representative
Seminole Nation of Oklahoma
P.O. Box 1498
Wewoka, OK 74884

Contact phone: 405-382-2265

Helping EMS Locate Rural Homes

Purpose:

If the time from an emergency to hospital treatment is within one hour, the patient's likelihood of survival is greatly increased. However, homes sometimes cannot be quickly located by EMS in Seminole County after a 911 call. This project sought the perspective of tribal residents and EMS responders to identify barriers to fast EMS response.

Methods: Two Community Health Representatives visited homes in 9 communities. The homes had to be located at least one mile outside of Seminole city limits; be off a main highway; and have at least one person with a serious health condition. During the visits, a questionnaire was completed by an adult family member living in the home. Residents were asked about their use of emergency services, type of telephone, disabilities and medical needs, and knowledge of directional locations for their home. We also recorded the GPS location.

Results: Many residents were not aware of the coordinates necessary for EMS personnel to find their homes. Many are not at all confident that their homes could be located by emergency services in a timely manner. Land-line phones can automatically indicate their location, but only 63% (12/19) of homes had land-line phones, 21% (4/19) had only a cell phone, and 16% (3/19) no phone.

Conclusion: A community awareness campaign is needed to let residents know the importance of coordinates; and how to make sure that emergency dispatchers have their exact physical address. I plan to complete questionnaires from all high-risk elders and other tribal members of the community; and share the information with surrounding fire departments, tribal and county police, and EMS dispatchers.



**Injury Prevention Coordinator
Pueblo of San Felipe Health and
Wellness
P.O. Box 4339
San Felipe Pueblo, NM 87001**

Contact Phone> 505-771-9907

Elder Fall Prevention Activities at San Felipe Pueblo

As a CHR and EMS provider, I have treated many elders who had fallen in their homes. I therefore began a Home Safety Assessment program for Falls Prevention for the Elders of San Felipe Pueblo. Located in north-central New Mexico, the Pueblo has a population of about 3,400 enrolled members; 478 are elders ages 55 and older.

To plan my project, I met with staff of the diabetes and Health Promotion programs and reviewed the CDC website. I also interviewed local providers, including the IHS optometrist and chief pharmacist; representatives of Tribal housing; and the falls prevention coordinator at the Pueblo of Jemez.

I have completed 12 home assessments and made referrals for vision screening, medication checks, and senior exercise programs. About half the home assessments have resulted in requests for assistance from Tribal Housing. Our Public Health Nurse and Case Manager refer elders for home safety assessments. I now have an agreement with the housing program that they will assist with in-kind labor/expertise in installing home improvements.

Because appointments with the optometrist and pharmacist (for medication assessment) require an IHS referral, I helped generate an optometry referral form and reviewed the pharmacy's policy and procedure manual. I presented information about the program at the Elder center, community meetings, and with the Family Services department; and distributed flyers to home-bound elders during home visits.

My next steps are to meet with Tribal Housing and case managers to set up priorities for repairs; involve more community agencies; and conduct a focus group with Elders to get their input on improving the falls prevention program.



**Pamela A Michaelson-Gambrell RN,
BSN, MSN
Public Health Nurse
Sells Service Unit
P O Box 548
Sells, Arizona 85634**

Contact phone: 520-383-7249

Tai Chi for falls prevention: Implementing a program for Elders

Falls account for 28% of all unintentional injury deaths among American Indian/Alaska Native adults 65 years and older (2004-2006). Tai Chi has been shown to improve mobility and balance, both of which prevent falls in older adults.

I conducted written surveys with elders at community events; and key informant interviews with Community Health Representatives (CHRs), the Elder Advisory Council, and elders about participation in exercise. I conducted focus groups with elders in two communities, and gave presentations at community meetings in several districts, to learn the exercise preferences of the elders, barriers to exercise, possible incentives, and current participation in exercise.

I met with key figures in the various communities to obtain information on developing an exercise program and how to increase participation in an exercise program. Focus groups, surveys, and key informant interviews showed that the population was interested in exercise in general; and Tai Chi was met with enthusiasm.

We then developed for both exercise trainers and participants a flip chart and DVD about the Tai Chi program. 25 instructors were trained in February to carry Tai Chi to the communities. Certification is currently in Tai Chi for Diabetes, but can be modified to all ages and health conditions. The CHRs will be taking the exercises to the homes of members that cannot attend group classes. Several Tribal and IHS programs have already adopted the Tai Chi exercises. The next steps for the Tai Chi program are to increase participation of older adults and to identify measures for evaluating the program.



Verlee White Calfe-Saylor, DC
Environmental Health Officer, OEH
Minne-Tohe Health Center
Fort Berthold Indian Reservation
1 Minne-Tohe Drive
New Town, ND 58763

Contact phone: 701-627-7944

Developing a “Youth In Action” Team on the Fort Berthold Indian Reservation

North Dakota (ND) has the highest rates of underage drinking (40% past-month use of alcohol, ages 12 to 20) and binge drinking (32% past-month rate, ages 12 and older) in the United States. American Indians 15-20 years old in ND have death rates from motor vehicle crashes and suicide four times the statewide average.

To reduce underage drinking at one AI community in ND, I implemented a program developed by Mothers Against Drunk Driving (MADD) called Youth In Action. YIA has seven components: alcohol purchase surveys, compliance checks, should-tap surveys, sticker shock events, roll call briefings, and law enforcement recognition events. I also sought changes in the Tribal Motor Vehicle Code and promoted media advocacy for community education and altering community norms, using focus groups and key informant interviews for guidance.

The YIA team, consisting of local youth, law enforcement officers, and a facilitator, successfully completed six of the seven core projects. Also, the local radio station interviewed team members to develop five PSAs that continue to be aired. The Tribe’s new DUI code now includes .08 BAC and mandatory sentencing guidelines. The focus groups and interviews highlighted the pervasiveness of drinking among youth; and bars as the source of much of the alcohol imbibed by minors.

Future steps are to obtain funding to continue the YIA activities; identify standardized sources of data to monitor progress; incorporate underage drinking into the strategic plan of the local injury prevention coalition; and revise the Tribe’s juvenile code to establish consequences for juveniles engaged in underage drinking and driving under the influence.



Bernice Bert, Program Assistant
Hardrock Injury Prevention Program
Hardrock Council on Substance Abuse,
INC
P.O. Box 26
Kykotsmovil, AZ 86039

Contact phone: 928-725-3501

Hardrock First Responders

The Hardrock Chapter is in a remote area of northeast Arizona that spans both the Navajo Nation and Hopi Reservation. Jurisdictional confusion, rural roads, and long distances from emergency services mean it can take from one to 24 hours for professional help to arrive.

Through a series of community meetings and personal contacts, I helped organize a 10-member group of residents to become first responders. The mission of the Hardrock First Responders is to improve survival and reduce complications from injuries; and to teach the community about injury prevention. The project received funding from the Hardrock Injury Prevention Program (TIPCAP).

With assistance from a number of groups (Inter-Tribal Council of Arizona, Navajo Nation, BIA Hopi Fire Department, St. Joseph Hospital in Phoenix), several responders received training in emergency medical services, Basic Fire Safety, the Incident Command System, and the National Incident Management System.

Team members also received supplies and equipment, including First Aid kits, flashlights, tow chains, lighters and matches, knives, heat blankets, night-vision binoculars, and Global Positioning Units (GPS). Stationed at the Chapter House, the Hardrock Chapter's Office Specialist is now also the dispatcher for emergency calls.

Our next steps are to receive further training through FEMA, Northland Pioneer College's EMT program, NHTSA, and other agencies; seek funding for additional equipment and supplies; obtain data on response times and the reasons for emergency calls; and build closer partnerships with police, fire, and emergency services in Chinle, Tuba City, Hopi, and Window Rock.



Amanda Parris
LT USPHS, Environmental Health Officer
IHS Phoenix Area Office
Keams Canyon Service Unit
Polacca, AZ 86042

Contact phone: 928-737-6283

Recommendations for Sustaining a Community Based Child Passenger Safety Program: A Comprehensive Program is a Sustainable Program

Introduction:

Motor vehicle crashes are a leading cause of injury and death for Native American children. Restraint use on the southwestern reservation is well below the national average at 18 percent for children ages three to five years old. Over the years, car seat education and distribution programs have been implemented and dissolved on the reservation. Sustaining a program in the community has been a challenge. This project identifies barriers to, and provides recommendations for, sustaining a community based child passenger safety (CPS) program.

Methods:

A review of CPS program literature was conducted and information was gathered through qualitative methods from stakeholders about sustaining a CPS program. Key informant interviews were conducted with CPS program managers working in tribal communities (n=12), and leadership at local health and safety programs (n=4). Focus groups were conducted with local parents and caregivers of car seat age children (n=13).

Results/ Conclusions:

Challenges to sustaining the program locally include understaffing, staff turnover, and lack of community buy-in related to problems enforcing a child restraint law. A comprehensive CPS program is a sustainable CPS program. Sustaining a CPS program involves eight key elements: 1) advocacy; 2) resources; 3) partnerships; 4) policy; 5) accessible services; 6) data; 7) evaluation; and 8) a program coordinator. A mechanism for funding or supporting a local CPS coordinator should be sought out.



Le Ray Skinner
Injury Prevention Coordinator
Standing Rock Sioux Tribe
P.O. Box D
Fort Yates, ND 58538

Contact phone: 701-854-3774

“Honoring our Past” - “Respecting our Future” - “Living our Present”: “Bullying...Zero Tolerance!”

Background/Objectives:

Last Spring, my nephew wanted to commit suicide because he was being bullied at school. Bullying is a growing concern in the Standing Rock (SR) elementary schools. It causes students to miss school, fight in school, and express thoughts of suicide. The resources are there - truant officers, counselors, teachers and parents who have the same goal - yet we still have this problem.

Methods:

I assembled a Bullying Task Force by inviting Boys and Girls staff, Tribal employees, a school counselor, and IHS staff. I also coordinated two focus groups of children from K-3rd grades; and conducted a written survey of children in grades 4-6 at the Grand River Boys and Girls Club in McLaughlin, SD.

Results:

K-3rd grade girls did not know the meaning of the word “bullying”. However, when bullying behaviors were described, the girls quickly shared their experiences. Among boys K-3rd grade, 6 of 7 were bullied, with incidents involving kicking, pushing, tripping, fist fighting and cursing. In 4th-6th grade, 9 of 12 boys and 11 of 13 girls reported being bullied. Six children responded to the bullying by reporting it to adults and six fought back.

At the coalition’s first meeting, we shared our views of the problem; wrote a mission statement; and created a list of tasks to address the problem of bullying.

Conclusion:

We plan to extend the bullying survey throughout Standing Rock Sioux Tribe schools and examine curricula to prevent bullying in schools. We will share our findings with the Standing Rock Sioux Tribe, school principals, counselors/nurses, and other Tribal programs. Our ultimate goal is to develop a “Bullying...Zero tolerance” at the Standing Rock elementary schools.



Jennifer L. Franks
Field Sanitarian
P. O. Box 1201
Pine Ridge, SD 57770

Contact phone: 605-867-3368

An Evaluation of Occupant Restraint Use on Pine Ridge Reservation

At the Pine Ridge Reservation, motor vehicle crashes (MVC's) are the leading cause of fatalities for Native Americans in the 1 - 44 age group.

Seat belts have been shown to decrease fatalities related to MVC's by 45%. The Oglala Sioux Tribe (OST) passed a primary seat belt law in 1995. However, the seat belt usage rate on the Pine Ridge Reservation is well below the national average.

I collected data from the IHS Pine Ridge Service Unit, OST Department of Public Safety (DPS), and OST Courts on MVC fatalities, seat belt usage rates, citations issued, and fines paid. I also conducted focus groups of high school students, key informant interviews of law enforcement and court personnel, and community surveys to determine attitudes about the seat belt law and usage. Unrestrained occupants accounted for 90% of fatalities during the years of 2005-2007. The average seat belt usage rate was 11% for the drivers and 8% for passengers. From 2005 - 2008, an average of 146 citations were written (range of 9 to 424). In 2009, 303 citations were issued; 119 of those were processed through the courts.

Personnel from IHS, OST Health Education, OST Community Health Representative, OST DPS, local high schools and community members formed a coalition. A work plan that included projects at local high schools, education through media and presentations, enforcement through saturation patrols and safety check points was developed and implemented to address the identified barriers. I will present the results of this project to OST Judiciary and Health and Human Services Committee.



Annie Phare
Project Associate
Urban Indian Health Institute, Division of
the Seattle Indian Health Board
P.O. Box 3364
Seattle, WA 98114

Contact phone: 206-812-3044

Youth Suicide Prevention: Identifying Resources in the Seattle Indian Health Board Service Area

Introduction: Suicide is the second leading cause of death among American Indian and Alaska Native (AI/AN) youth ages 10 – 24 in Washington State. According to data from the Youth Risk Behavioral Survey, the prevalence of suicidal ideation and behaviors among AI/AN youth were significantly higher than in white youth in urban Indian health organization (UIHO) service areas. Reports of attempted suicide were more than three-fold higher and reports of injury resulting from a suicide attempt were nearly five-fold higher in AI/AN youth.

Methods: A literature review was conducted to identify best practices in youth suicide prevention. 12 key informant interviews were conducted with Seattle Indian Health Board staff and public health and education professionals in the greater Seattle area to discuss these best practices and to identify local prevention resources.

Results & Conclusions: Currently in King County, a youth suicide prevention coalition is not in place. While some youth suicide prevention programs are available, resources are limited and few programs target urban American Indian and Alaska Native youth in King County. The Seattle Indian Health Board has the infrastructure to support youth suicide prevention activities and there is great opportunity to expand current services through collaboration and support from local agencies. A coalition or other forum for collaboration between agencies working to prevent youth suicide could foster new partnerships, enhance outreach methods, and provide new opportunities for tailoring suicide prevention activities for diverse racial/ethnic populations.