



Environmental Health Services

● *Healthy Environments = Healthy People* ●

DEHS Director Meeting: 09/01/2011
Next quarterly conference call is scheduled for
December 8th at 1:00 PM EST

These abbreviated minutes will be put on the DEHS website under the "Conference Call Minutes" section of "Documents".

Aberdeen:	Chris Allen	Nashville:	Not on Call
Albuquerque:	Leisa Cook	Navajo:	Steve Breithaupt, Brian Johnson
Alaska:	Denman Ondelacy	Oklahoma:	Richard Turner
Bemidji:	Meghan Arndt	Phoenix:	Kenny Hicks
Billings:	Darcy Merchant	Portland:	Celeste Davis
California:	Gordon Tsatoke	Tucson:	Mark Pike, Angela Hodge

Environmental Health Support Center: Ron Zabrocki

Rockville: Kelly Taylor, Darren Buchanan, Dave McMahon, Nancy Bill, Jessica Schwarz

1. Performance Measures: Kelly

- a. Though the GPRA measures are no longer in effect, performance measures are still being used. The 2011 measures are tied to the budget requests for the year by an "output table". Please be ready to report performance measures for the end of the year. They are attached to provide details, descriptions and outlined projected activities as well as timelines related to these performance measures for food safety and seat belt interventions.

2. DEHS Directors/Injury Prevention/Institutional Meeting: Kelly

- a. The general feedback from the group was that the Institutional meeting could be held at the same time as the other meetings here in Rockville March 26-30, 2012. We will be revisiting the strategic plan at this meeting so it will be great to have as many stakeholders involved in the process as possible.

3. Canadian Staff Exchange: Kelly

- a. Two Canadian EHOs will be working with us, one in Aberdeen and one in California. Thank you for volunteering to be hosts. They will be in touch with Gordon Tsatoke and Molly Curry about logistics of getting their staff here in the upcoming weeks.
- b. Debbie Grabowski will be headed to the Atlantic Region in October. Plans are in motion to work on her travel to Canada.

4. Chapter 11 Rewrite: Kelly

- a. The chapter 11 rewrite from PVT 3 and the CORE Group is with Gary Hartz for review and will soon be sent out to the Area Directors and the rest of IHS for comment. We will let you know where in the process it is as things progress. Thank you to everyone for all the work you've put into the rewrite.

5. COSTEP Narratives: Jessica

- a. Most of the narratives have been received. Once we get them they will receive a thank you letter and a coin. Please reach back to those folks who have not turned one in so that we can have a complete bank of narratives for all of the experiences this summer.
- b. Kelly wanted to remind everyone that CAPT Welch sent out an email that mentioned that the hiring mechanism for this past year will carry over for this year, and that the process should be “fixed”. She will keep an ear out for further confirmation that the process will be less painful than years past.
- c. Denman mentioned that ANTHC may not be hiring COSTEPs in the future due to the “tax/fee” that is placed on them for hiring which would make it too costly for them. He has been in touch with Gary about getting OCCO to waive the fee for COSTEPs or to work on timing of the collection of the fee. Kelly said she would try to keep up with the discussion and let people know what happens.

6. Annual Report Update: Jessica

- a. The 2010 Annual report is near completion. The projected print and distribution date is the end of September, with the electronic version posted shortly after that. Thank you to everyone for your contributions this year.
- b. Just a reminder that we will be calling for the Area reports for 2011 soon, so please start compiling your projects and photos.

7. Billet Review: Kelly

- a. Kelly sent out all of the supporting documents. They are also attached to this report.
- b. We had 88 EHO specific billets in IHS to review. Multidisciplinary and flag billets were not included. Civil servants are also not included.
- c. 30% of the billets were proposed to be changed, and the majority were to be increased. Three were proposed to go down. 65% of all billets in IHS were O-5 and above. 34% were O-6 billets. Only 4 were O-2, which is alarming. This has serious implications as areas must be prepared to pay an O-5 or O-6 if these are accurate and with the budget situation this may prove a challenge for the Areas to pay those salaries.
- d. Kelly will be requesting changes based on the feedback from the Directors. Some of the billets were filled out incorrectly. She will be in touch with each of the Directors to discuss any billets which were in question. OCCO wants these ASAP so active discussion is needed soon. Please contact her to discuss your area’s billets. It is important to fix these now before they are rolled out by OCCO.
- e. Celeste asked if the billets change would the positions have to be re-advertised. Kelly said a billet change should not cause the need to re-advertise unless you have assigned new duties, so there is essentially a new job created.
- f. Kelly shared data from other agencies. That data is attached.
- g. There are virtually no entry-level positions available Corps wide. Kenny mentioned that while the billets may be alarming this is not a whole picture of each program’s staffing pattern as the Corps inability to process calls to active duty has caused a shift in hiring entry-level people from Corps to civil service only. There is also a desire in the Areas to create “ladder type” billets where an office can be hired in a lower billet and stay in that billet as it increases.

8. Commercial Off the Shelf Web Environmental Health Reporting System (COTS WebEHRS) Update: Darren

- a. The system is still going through development. Several modules are done. Internal quality assurance is ongoing at CDP.
- b. Darren and Nancy are trying to get milestones established for the quality assurance process so that we can start testing and schedule training.
- c. This year's RRM will be calculated by the current (old) WebEHRS. Darren will be testing to see if the values are the same on the new and old systems after the merge. Please clean up your data and facilities lists to make the transition as easy as possible. If there is something that does not serve a purpose for you please remove it. Also please look at your user list and either remove people you don't want on there if you are comfortable doing that, or email Darren for assistance.
- d. Denman asked what the approximate date for the migration was, Darren does not know. He needs to know the milestones and training before any of those dates can be set. As soon as he knows he will let everyone know. It will not be before the end of the calendar year.
- e. Training will be a train-the-trainer type of format and will be face-to-face with at least one representative from each area. There is no information on when that training will be yet. Look for emails from Darren or Nancy Buck for updates.

9. Injury Prevention (IP) Updates: Nancy

- a. The injury prevention call was yesterday and an email was sent to the IP Specialists with notes from the meeting. If you didn't receive it please ask your IP Specialist for a copy.
- b. July IHS Primary Care Provider came out and features IP articles. It can be found on the IHS website at http://www.ihs.gov/Provider/documents/2010_2019/PROV0711.pdf.
- c. The announcement for the 2012 IP Fellowship program is out (see attached). The deadline is NOV 15th. It was mailed out and will also be posted on the IP website.
- d. The Suicide Prevention strategic plan was discussed. Email Nancy Bill if you would like a copy of the strategic plan.
- e. There is a Facebook page for IP that should be launching soon to share photos, experiences and other information.

10. Institutional Environmental Health (IEH) Updates: Dave

- a. The Safe Healthcare Environmental listserv (SHEL) is live, and has 52 subscribers. If you would like to subscribe to the listserv please go to http://www.ihs.gov/listserver/index.cfm?module=signUpForm&list_id=210
- b. The safety officer training redevelopment workgroup has been formed and is lead by Brian Hroch. Members from across the agency are meeting to evaluate past safety officer courses and provide the Environmental Health Support Center with recommendations for future courses. They will also be developing core competencies for safety officers.
- c. IEH is currently working on a position paper on radiation protection and safety regarding CT equipment and the Indian Health Service.
- d. The IEH technical library is in the process of development/building/maintenance. You can go to the link below to check it out:

<https://workgroups.ihs.gov/sites/IEH/Shared%20Documents/Forms/AllItems.aspx?RootFolder=%2fsites%2fIEH%2fShared%20Documents%2fIEH%20Technical%20Library&FolderCTID=&View=%7b54C16915%2d0CAF%2d4B5B%2dAA6E%2dBD24ACCB573%7d> New chapters in this library include pharmaceutical waste, lead apron testing, radiation protection instrument recommendations and OSHA jurisdiction guidance.

- e. The healthcare facilities advisory committee is working on an IEH plan review guideline for new healthcare occupancies. This effort hopes to integrate IEH components into the planning and design of IHS facilities and staff quarters.

11. Solid Waste Data Call: Dave

- a. There will be a 2011 call for waste management data. This year facilities over 90,000 sq feet, and Area Offices will be included in the call for data. The request for data will be sent to facilities managers and Area Directors. There will be a WebEX training to information on how to quantify the waste. Information about the data call request and the solid waste training will be sent to data call participants on October 5, 2011.

12. Vacancy Announcement: Kelly

- a. The vacancy announcement for the deputy Director of DEHS is on the streets. It is internal to IHS and is an O-6 billet. Primary functions will be to support the IP program and also to act as the deputy director DEHS. It closes SEPT 23rd.

13. Area Reports:

a. AB: Chris Allen

- i. Would support holding the IEH meeting in conjunction with the DEHS Directors meeting in March 2012.
- ii. Filled two IP slots. Bobbi Peltier, and Tina Russel are in the Area Office now.

b. AK: Denman Ondelacy

- i. Would be supportive of sending the IEH folks to the meeting in March in Rockville though funding may be an issue. Kelly said she can talk with ANTHC about that issue.
- ii. Is in touch with EH officers to clean up their WebEHRS data and also to get them up to speed on WebEHRS in general. Darren mentioned that Alaska staff may have been updating the WebEHRS data locally but it may not be the same across the Corporations.
- iii. Denman had a great site visit in Kotzebue, Maniilaq Association with Paul Eaton. Wanted to mention the great work being done out there.

c. AQ: Leisa Cook

- i. Would support holding the IEH meeting in conjunction with the DEHS Directors meeting in March 2012, but will have to only send Brian Hroch. She doesn't want to empty out the office.
- ii. In October the vacancy in Durango, CO will come open.
- iii. Just finished 7th Annual Head Start Summit. Trained 200 people from 14 local tribes. It was held in conjunction with a Healthy Homes summit with Montana State providing training for 50 people from 13 tribes as well as representatives from Idaho, California, Navajo, and federal quarters folks from the Area Office.
- iv. Mike Lewis will now be supporting 5 facilities as safety officer. He will still do IEH work. Emergency response duties have shifted to Leisa.

- v. Strategic plans (3 and 5 year) are in the works.
 - vi. The area will be distributing satellite phones and running a testing exercise soon.
 - vii. Infection Prevention training is being held soon for the area which will also include the nursing program.
 - viii. The wild fires are all out, but significant flooding is occurring from the burn scars from the fires.
- d. **BE: Megan Arndt**
- i. No highlights/report
 - ii. Congratulations were extended to Megan for DHHS Green Champions Award. She will receive the Good Neighbor Award for partnership with Leech Lake on a composting project that will save 23 metric tons of carbon from being released into the atmosphere each year.
- e. **BI: Darcy Merchant**
- i. Would support holding the IEH meeting in conjunction with the DEHS Directors meeting in March 2012.
 - ii. Curt Smelley will be on a 2 week detail to conduct x-ray surveys for the area.
 - iii. SAFE playground assessment training will be held in summer 2012.
 - iv. Injury Prevention II course just finished up.
 - v. Strategic planning is in its 2nd year.
 - vi. Blackfeet Service Unit vacancy is set to hire a field sanitarian soon.
- f. **CA: Gordon Tsatoke**
- i. Would support holding the IEH meeting in conjunction with the DEHS Directors meeting in March 2012.
 - ii. Next week staff will meet to review and update the program management plan, and brainstorm projects for 2012 as well as cross-train staff.
 - iii. No vacancies, no new hires.
- g. **NS: Not on call**
- h. **NV : Brian Johnson, Steve Breithaupt**
- i. Would support holding the IEH meeting in conjunction with the DEHS Directors meeting in March 2012.
 - ii. Brian will be in touch with Kelly about some of the billet issues.
 - iii. Hantavirus has been a hot item this year with eight cases and 4 fatalities so far this year. They have been doing a lot of public service announcements, radio, newspaper etc.
 - iv. No vacancies, OEHE director was announced but they haven't heard anything yet about a panel.
 - v. Sherri Helton is the area emergency management coordinator. They recently got permission to make her position permanent.
- i. **OK: Richard Turner**
- i. Would support holding the IEH meeting in conjunction with the DEHS Directors meeting in March 2012.
 - ii. Are preparing for their headquarters site visit/review coming up this month.
 - iii. Harold Cully has transitioned into Acting OEHE Director and Richard to the Acting DEHS Director.
- j. **PH: Kenny Hicks**

- i. Would support holding the IEH meeting in conjunction with the DEHS Directors meeting in March 2012.
 - ii. Kelly had asked a few months ago about guidelines on sweat lodges. In the next month their draft guidelines will be modified and it will be sent to the directors for review, comment, and use.
 - iii. SAMHSA Garret Lee Smith Suicide Prevention Projects awards were received by several tribal communities. Amounts ranged from \$250,000 to \$400,000 for three year projects. He encouraged Nancy and Kelly to remind tribes that those opportunities are available.
 - iv. Director of OEHE was re-announced and closes on the SEPT 29th.
 - v. Justin Gerding and Mark Miller from CDC's National Center for Environmental Health have been working with communities to better understand the dog census, and collect community data and hope to make a major impact using data to quantify risk for Rocky Mountain Spotted Fever.
- k. **PO: Celeste Davis**
- i. Would support holding the IEH meeting in conjunction with the DEHS Directors meeting in March 2012.
 - ii. 2 vacancies, field EH specialists were filled. One in Bremerton and one in Spokane. Katherine Rain will report to Bremerton and Alyssa Bernido will report to Spokane. Both report on SEPT 12th.
 - iii. EPA tribal pesticide program vacancy closes SEPT 2nd.
- l. **TU: Mark Pike**
- i. Would support holding the IEH meeting in conjunction with the DEHS Directors meeting in March 2012
 - ii. Vacancy for Casa Grande EHO should be advertised soon.
- m. **EHSC: Ron Zabrocki**
- i. Community Methamphetamine workshop with American College of Toxicologists and ATSDR need locations to host. Please let him know if you have an interest.
 - ii. New courses are still being added to the 2012 calendar, watch the website and look for emails with updates.
 - iii. Orientation course will be a 2 week format and will be held January 24-February 2nd. A leadership program will be rolled into the week and will include some project management sessions as well.
 - iv. IEH position is with HR and should be advertised soon.

END OF NOTES

ATTACHMENT A:

Environmental Surveillance Measure:

2011:

Using data from food service inspections in WebEHRS, establish a national baseline for the percent data items marked "out" of compliance for all data items considered to be "Risk Factors" by FDA.

Note: Areas need to define what food service operations they will target with the interventions. This can be top violators, hospitals, schools, head starts, a combination of

facility types, etc. The baseline (2011) and all other measures will be taken from the defined/targeted facilities only. Areas are responsible for reporting the 2011 baseline measure to Headquarters by mid December.

Note: "Risk Factors" are items 1 to 27 on the current WebEHRS food survey form.

2012:

In food service operations included in the baseline measurement in 2011, implement a comprehensive intervention to decrease the number data items marked as "out" of compliance for data items considered to be "Risk Factors" by FDA.

Note: A useful resource for this performance measure is Annex 4 of the FDA Food Code, Management of Food Safety Practices-Achieving Active Managerial Control of Foodborne Illness Risk Factors.

2013:

Using data from food service inspections in WebEHRS, capture a preliminary measure for the percent data items marked "out" of compliance for all data items considered to be "Risk Factors" by FDA to determine interim effectiveness of the intervention.

Note: The comprehensive intervention will continue until the final measure in 2014.

2014:

Using data from food service inspections in WebEHRS, capture a final measure of food "Risk Factors" and determine percentage improvement from the baseline measure with a target of reducing "Risk Factors" marked as "out" of compliance by 2 percentage points.

2015:

Share success stories from comprehensive interventions determined to be most effective in reducing "Risk Factors" marked as "out" of compliance throughout all Areas.

Injury Intervention Measure:

2011:

Identify current Tribal Injury Prevention Cooperative Agreement Sites that are focusing on increasing seatbelt use rates and establish a 2011 seatbelt use rate through observational surveys for all sites.

Note: One average percentage will be submitted per cooperative agreement site regardless of the number of communities targeted.

2012:

For Tribal Injury Prevention Cooperative Agreement Sites identified in 2011 as focusing on increasing seatbelt use rates, implement proven or promising practices/strategies to increase seatbelt use rates.

2013:

For Tribal Injury Prevention Cooperative Agreement Sites identified in 2011 as focusing on increasing seatbelt use rates, capture a preliminary seatbelt use rate through observational surveys for all sites to determine interim effectiveness of the intervention.

2014:

For Tribal Injury Prevention Cooperative Agreement Sites identified in 2011 as focusing on increasing seatbelt use rates, capture seatbelt use rate through observational surveys for all sites with a target of increasing the seatbelt use rates by 5 percentage points.

2015:

Share success stories from comprehensive interventions determined to be most effective in increasing seatbelt use rate.

ATTACHMENT B:

Billet Data:

IHS EHO Billets

IHS EHO Billets			
	Current	Proposed	% Change
O-6	24	30	25
O-5	29	27	-7
O-4	13	18	38
O-3	13	9	-31
O-2	9	4	-56
Total	88	88	

30% of IHS EHO billets are proposed for change.

↓ = one billet decreased
 ↑ = one billet increased

Area	# Changed Total	% of Billets Changed	Comment
AB	1/5	20	↓
AQ	1/5	20	↑
AK	8/20	40	↑↑↑↑↑↑↑↑
BE	4/7	57	↑↑↑↑
BI	1/1	100	↑
CA	1/5	20	↑
NS	0/2	0	
NV	3/9	33	↑↓↓↓
OK	1/7	14	↑
PH	6/16	38	↑↑↑↑↑↑
PO	0/4	0	
TU	0/3	0	
HQ	0/4	0	
Total	26/88	30	

ATTACHMENT C:

IP Fellowship Packet



Injury Prevention Specialist Program Development Fellowship

Class of 2012

Application Packet

U.S. Department of Health and Human Services
Public Health Service

Indian Health Service

September 1, 2011

IHS Injury Prevention Class of 2012 Program Development Fellowship Summary

What is the Program Development Fellowship (PDF)?

The PDF is a 12-month advanced learning experience for individuals promoting injury prevention in American Indian/Alaska Native communities. The Fellowship covers all travel and training expenses for qualified participants.

Ideal applicants include staff of IHS/tribal/urban and state agency injury prevention programs, IHS/tribal/urban health authority and health care/behavioral health/social services staff, CHRs, nurses, firefighters, law enforcement, health educators, community coalition members, environmental health specialists, previous IHS IP Fellowship graduates, and others working on injury prevention-related activities.

What will participants gain from the PDF?

- Completion of a project that will help reduce injuries in your community
- Enhanced skills in program planning and implementation:
- The latest information on “best practices” for prevention of intentional and unintentional injuries
- Success stories in the prevention of injuries from motor vehicle crashes, violence, falls, and fires
- Improved effectiveness and satisfaction in your injury prevention work
- Individualized learning experiences (e.g., using GPS devices, conducting surveys)

What is the PDF curriculum?

- Design, implement, evaluate, and report a **year-long project** that will have an impact on injuries in your community
- Four courses at different sites, each 4-1/2 days long:
 - **Injury prevention program planning:** Rockville, MD, May 2012
 - **Program evaluation and coalitions.** Portland Area, July 2012
 - **Injury prevention field work.** Navajo Nation, September 2012
 - **Social marketing, grant writing, and presentation skills:** Albuquerque, February 2013
- At-home learning activities (such as attending a coalition meeting)
- A presentation session at the end of the Fellowship in Rockville, May 2013
- Computer training for beginners to advanced users
- Faculty and local mentors to assist you throughout the year

Who should apply?

Persons who have:

- Worked at least 12 months in the area of injury prevention, broadly defined;
- Attended a one-week injury prevention introductory course (IHS Level 1 or equivalent)
- Demonstrated a commitment to community injury prevention.

The application will be available online at www.ihs.gov/MedicalPrograms/InjuryPrevention. At the left sidebar under “Training”, click on “Fellowship Program”, then “News and Announcements”.

Applications must be received by **November 15, 2011**. Acceptances will be announced by January 15, 2012. For questions, please contact your I.H.S. Area Injury Prevention Specialist (listed by state at www.ihs.gov/MedicalPrograms/InjuryPrevention, click on “Contacts”) or Nancy Bill, IP Program Manager (Nancy.Bill2@ihs.gov).

A. Overview

The Program Development Fellowship is designed to provide practical knowledge and skills for injury prevention practitioners who are conducting community-based injury prevention program activities in American Indian and Alaska Native communities. Building on the IHS Injury Prevention Program Short Courses, and the prior field experiences of the Fellows, the Program Development Fellowship will provide advanced training in program planning, implementation, evaluation, marketing and advocacy, and resource development. Fellows will apply this training during the Fellowship by working on outcome-focused individual projects.

The Program Development Fellowship differs from the Epidemiology Fellowship option by focusing primarily on injury prevention interventions, rather than emphasizing data gathering and epidemiology. While the two Fellowships are designed using a similar structure, the content of the courses, projects, and participant prerequisites differ (Table 1). Details about the courses are shown in Table 2.

Table 1
Comparison of Injury Prevention Fellowship Options

	Program Development Option	Epidemiology Option
Focus	Community Project	Research / Data Collection
Education Prerequisites	No bachelor's degree required	Bachelor's Degree
Training Prerequisites	Introduction to IP (Level 1) or equivalent.	At least 2 core courses: Introduction (Level 1), Intermediate (Level 2) and Advanced (Level 3) IHS Injury Prevention Courses or equivalent.
Field Experience Prerequisites	1 year in injury prevention	3 years in public health 2 years in injury prevention
Long Distance Travel / Time Away from Home	4 weeks + presentation (2-3 days)	6 weeks + presentation (2-3 days)
Curriculum	<ul style="list-style-type: none"> • One week: Injury Prevention Program Planning (Rockville, MD, April 30-May 4, 2012) • One week: Program Implementation and Evaluation (Portland Area, June 25-29, 2012) • One week: Field Course (Navajo Area, September 17-21, 2012) • One week: Marketing & Advocacy (Albuquerque, February 2013) • 2-3 days: Presentation (May or June 2013) Washington DC 	<ul style="list-style-type: none"> • One week: Issues in Injury Control • 3 weeks: IP Epidemiology (University of Michigan in July) • One week: Field Course (Location varies; in September or October) • One week: Presentation and Publication (Albuquerque in February) • 2-3 days: Symposium (May or June) Washington, DC

Note: dates are subject to change.

Table 2
2012 Program Development Fellowship: Summary of Courses

Each course usually lasts 4-1/2 days, from Monday morning until Friday at noon. Dates/sites may change.

Pre-course 1: January – May 2012

1. Identify personal learning objectives
2. Explore project options with IHS Area Specialist and local mentor

Course 1: Injury prevention program planning, Rockville, MD, May 2012

1. Review Fellows' learning objectives
2. Review individual projects: define objectives, methods; identify resource persons; assign mentors
3. Overview of key concepts: evaluation/social marketing/advocacy, etc.
4. Discuss local data
5. Effective injury prevention strategies
6. Components of a comprehensive injury program

Course 2: Program implementation and evaluation. Portland Area, June 2012

1. Program evaluation
2. Advocacy
3. Success stories
4. Social marketing
5. Review individual projects
6. Computer lab

Course 3: Injury prevention field work. Navajo Area, September 2012

1. Site visits to programs
2. Presentations on program successes
3. Menu of field experiences
4. Computer lab
5. Survey and interview guide development
6. Focus groups
7. Advocacy at the local level
8. Review individual projects

Course 4: Social marketing, advocacy, and presentation skills. Albuquerque: February 2013

1. Presentation skills
2. Computer lab
3. Field visit
4. Resources for funding, grant writing
5. Budgets
6. Review individual projects

Presentation: 2-3 days. Washington, DC: May 2013

B. Goals of the Program Development Fellowship

All fellowship participants will be able to:

- Describe effective strategies for injury control in the areas of motor vehicle crashes, falls, intimate partner violence, fires, child abuse, firearms, and suicide
- Learn about successful injury prevention initiatives
- Conduct a focus group to develop or pilot test materials
- Design an evaluation of an IP intervention or existing program
- Develop skills in organizing and maintaining a coalition.
- Develop strategies and skills for working with a tribal council to get an injury prevention resolution passed
- Use the Internet for communication, on-line learning, locating funds, and finding effective strategies for injury prevention
- Complete a project that will have an impact on injuries in their community

Participants can also choose to learn specific skills:

- Use a GPS device to create a map of injury sites.
- Organize a news conference
- Participate in an interview with a reporter
- Create a newsletter
- Write a grant proposal
- Design and conduct observational surveys (e.g., seat belt and child safety seat use, home surveys)
- Create an injury surveillance system

C. Pre-requisites

All of the following must be completed or obtained at the time of application:

1. Completion of the IHS Introduction to Injury Prevention (Level I) Course. An equivalent course (such as the one-week injury prevention overview course at Johns Hopkins) is acceptable.

NOTE: IHS course information is available at: www.opheng.ihs.gov and injury prevention courses are described on the IHS Injury Prevention Website (click on “training”):

<http://www.ihs.gov/MedicalPrograms/InjuryPrevention>

2. At least 12 months of experience conducting community-based injury prevention activities (e.g., doing specific IP projects, working on a coalition for an IP activity).

3. Access to a computer with Internet access and a personal e-mail account. If an applicant doesn't have these, the IHS Area Injury Specialist can help to obtain these if the applicant is selected for the Fellowship. However, all applicants must state a willingness to use computers for communications and obtaining information from the Internet.

D. Fellowship Projects

Throughout the year, Fellows will work on a community-based injury prevention project of their own choosing. The projects will be designed to have a specific impact on injuries in their community. The following examples of potential projects relate to newly-developed or existing injury prevention programs in Tribal communities:

- Develop and implement an injury prevention intervention such as creating a coalition to address an injury problem, conducting a home safety program involving CHRs, or establishing a school curriculum to reduce interpersonal violence;
- Develop an application or grant proposal for a new or existing program;
- Develop an evaluation plan for an existing program, conduct all or parts of the evaluation, and develop a revised program plan as a result of the evaluation;

Table 3 gives some specific examples of possible projects. Some funding may be available for projects from IHS Area Injury Specialists. Please discuss funding opportunities with them directly. A list of Area Specialists (“Contacts”) is on the IHS web site.

Table 3: Examples of Project Topics: Updated August 22, 2011

1. Falls from pickups: At some Tribes, more than half of family vehicles are pick-up trucks. What are the circumstances of injuries resulting from falls from these trucks? What are the ages (need observational data for denominators), position in the cargo area, times of year, purpose of trips, configuration of the cargo areas (carrying water tanks? empty?) when injuries occur? Conduct observation of pick up use: numbers, purposes of pickups – what and who are in cabins, rear beds?
2. Cost of injuries, especially to smaller Tribes. Compacted vs. non-compacted Tribes. Short- and long-term costs to individuals, contract health care funds, and other payment sources.
3. Justice and law enforcement: Status of laws/police training and staffing/judges and courts in Indian country.
4. Advocacy: What is the process for getting new regulations or programs approved by the Tribal Council in your community? What are the official procedures and the unofficial considerations? Can you apply what you learn by trying to pass an injury-prevention-related resolution or regulation?
5. Seat belt use: How can seat belt use be increased among teens and young adults?
6. Speed reduction on rural roads: What speed reduction strategies work for rural roads – speed bumps, radar speed signs, law enforcement efforts?
5. DWI: Where did motor vehicle injury victims (or DWI offenders) get their alcohol? Beer purchases at a package store off-reservation? Bootlegged wine? Bars? What recommendations for control might result from this information?
6. DWI: What alternatives to jail might be feasible for DWI offenders? Would the ignition interlock approach be a feasible one considering costs, political issues, and community acceptability?
7. Prevention of child maltreatment/neglect: What would be a comprehensive model for prevention, identification, and treatment of child abuse and neglect? What components of this model are working in your community and which are not? What would be recommendations for improvement?
8. Assaultive violence: What are appropriate messages and approaches to raising community awareness about intimate partner violence? What are sources of funding for violence prevention?
9. Prevention of suicide and suicide attempts. What are evidence-based strategies to prevent self-inflicted violence? What are some models of program successes by Tribes and IHS?
10. Elder falls prevention: What are the circumstances of falls in American Indian and Alaska Native communities? What are evidence-based strategies to prevent fall-related injuries?

[What are some models of program successes by Tribes and IHS? How can CHRs and PHNs play a role in fall prevention?](#)

E. Presentations

Results of the Fellows' projects will be presented at a national forum, such as the annual IHS Tribal IP Cooperative Agreements Program Training Workshop. Course 4 of the Fellowship (to be held in Albuquerque) includes sessions on preparing presentations.

F. Mentors

Each Fellow will have both a faculty and local "mentor." Both mentors will be available throughout the year to assist the Fellow in fulfilling their learning objectives and completing their injury prevention project. The local mentor can be an IHS Injury Prevention Specialist or a community member with experience or special expertise in the Fellow's project topic approved by the Academic Director.

G. Time commitment

On average during the year, the project and home study requires 5-10 hours per week. Fellows will be attending courses away from their job sites for a total of about 23 work days during the year (four week-long courses plus 3 days for presentation).

H. Financial support

IHS Area Offices will provide the funding for Fellowship participants' travel, per diem, and tuition for required course work, with the exception of participants from self-governance compact tribes who have taken their training shares. These tribes are responsible for paying travel, per diem, and tuition expenses for their Fellowship participants.

I. Selection process

Applicants to the Fellowship may be tribal or IHS employees, or employees of other local, state, or Federal agencies. The selection committee will include members of the IHS National Tribal Injury Prevention Steering Committee and the IHS Injury Prevention Program. Participants will be chosen based on their:

- Strength of commitment to injury prevention and to continuing to work in their community
- Prior experience and training in injury prevention
- Letters of support
- Project – importance to the community and feasibility
- Meeting the pre-requisites (Item D, page 3). Preference will be given to applicants who have completed 2 or more of the IHS Injury Prevention core courses.
- Knowledge of, or willingness to learn, use of the Internet.

J. Application materials: In addition to the cover form (form 1, page 8), please submit the following:

1. Letter of interest:

- a. Why you want to take the fellowship: why you believe this advanced training is important to you, your job, and your community; what you want to accomplish; how you might use this training in the future.
- b. Your willingness and ability to participate in all components of the program (completing your project, attending all 4 courses, completing at-home activities). The fellowship requires 5-10 hours per week of work related to your project and at-home activities, in addition to the 22 days away from work to attend courses and give your presentation.
- c. Your previous courses and training in injury prevention: names of courses and years of completion. Examples are the IHS core Injury Prevention courses (Levels 1,2,3), IHS Injury Epidemiology Fellowship, and workshops for grant-writing, NHTSA child passenger safety, and IHS TIPCAP training.
- d. Your experience in injury prevention, including community or clinic-based injury prevention: description of activities, amount of time, when (years). Examples: served on an injury prevention coalition or committee, worked to pass a Tribal seat-belt law, completed specific injury preventions projects, etc.
- e. Your access to, and experience with (if any), computers, e-mail, and the Internet.

2. Letter of support from the IHS Area IP Specialist. The letter should discuss the applicant's qualifications and ability to complete the Fellowship work, including completion of an individual project. The letter should state that the Specialist supports your applying to the Fellowship; supports your project idea; and will be available to assist you in working on your project.

3. Letter of Support from the applicant's supervisor. The letter should state why the applicant is a good candidate for the fellowship and why the training will be of value. The letter must contain the following paragraph: "I will allow the applicant to fully participate in all components of the fellowship. I know the time commitment for the fellowship includes 4 weeks + 3 days time away for courses and an average of 5-10 hours per week for project completion." Also, letters for applicants from compacted tribes should agree to bear the expenses associated with the Fellowship program.

4. Letter of Support from a tribal representative: This letter is optional if you work directly for a tribe, or you are a member of a Tribe in your Service Area. The tribal representative should be a person with a Tribal appointment (such as a tribal health board member or program director) and some background in health or injury prevention. The letter should state:

- why she or he supports your participation in the fellowship
- why she or he supports your project idea
- that she or he will be available to assist you in working with Tribal leaders and community members.

5. Resume: Please provide a current c.v. or resume, listing your educational and work background.

6. Project form (form 2, page 9): Please submit a separate form for each topic idea you are considering for your year-long project..

- November 15, 2011: Deadline for receipt of applications by 5 PM MST
- January 15, 2012: Program participants notified
- April 30- May 4. 2012: First course in Rockville, MD.

Please email your application to:

Nancy Bill, MPH, IHS Injury Prevention Program Manager, OEHE-EHS-TMP 610, 801 Thompson Ave, Suite 120, Rockville, MD 20852. Phone: 301-443-0105; Fax: 301-443-7538; email: nancy.bill@ihs.gov

Form 1: Program Development Fellowship 2012 Application Cover

Name: _____

Position: _____

Tribe/Organization/Agency: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Fax: () _____

Email Address: _____

Are you an enrolled member of a tribe?

No Yes: Name of tribe(s): _____

I have completed the IHS "Introduction to Injury Prevention" course (Level 1): Yes ___ No ___

I have at least 12 months experience in community injury prevention activities: Yes ___ No ___

Computers:

	<u>Yes</u>	<u>No</u>
I am willing to learn new computer skills:	___	___
I have regular access to a computer at home or work:	___	___

Application Checklist: Enclosed are the following:

1. _____ Letter of interest from applicant
2. _____ Applicant's education and job summary (resume)
3. _____ Fellowship project form
4. Letters of support from:
 - a. _____ IHS Area Injury Prevention Specialist
 - b. _____ Supervisor
 - c. _____ Tribal health representative (not needed if you are working for a tribe, or you are a member of a Tribe in your Service Area)

Please email your application for receipt by 5 PM MST on November 15, 2011 to:

Nancy Bill, MPH, IHS Injury Prevention Program Manager
Phone: 301-443-0105; Fax: 301-443-7538; email: nancy.bill@ihs.gov

Form 2: Proposed Fellowship Project

Please submit a separate form for each topic idea you are considering for your year-long project..

Name of Fellow: _____ Area: _____

A. What might be the title of your year-long Fellowship project?

B. Why might you would choose this project?

C. What methods or activities might you perform during the year on this topic?

D. If you done any previous work related to this topic, please describe what you've done:

E. With whom have you discussed this project idea?

a. No one yet _____

b. IHS Area Injury Prevention Specialist: Name: _____

c. Tribal person(s): state names and titles:

d. Other key informants: state names and titles:

F. Who might serve as the local project mentor?

IHS Area IP Specialist (name) _____

Other person (name, title): _____