Injury and Violence Prevention Program Strategies

Introduction

The following information is a publication outlining several strategies, or interventions, that may be used to reduce or prevent injuries and violence in Tribal communities. This information is recommended by the Indian Health Service, Office of Environmental Health & Engineering, Division of Environmental Health Services, Injury Prevention Program.

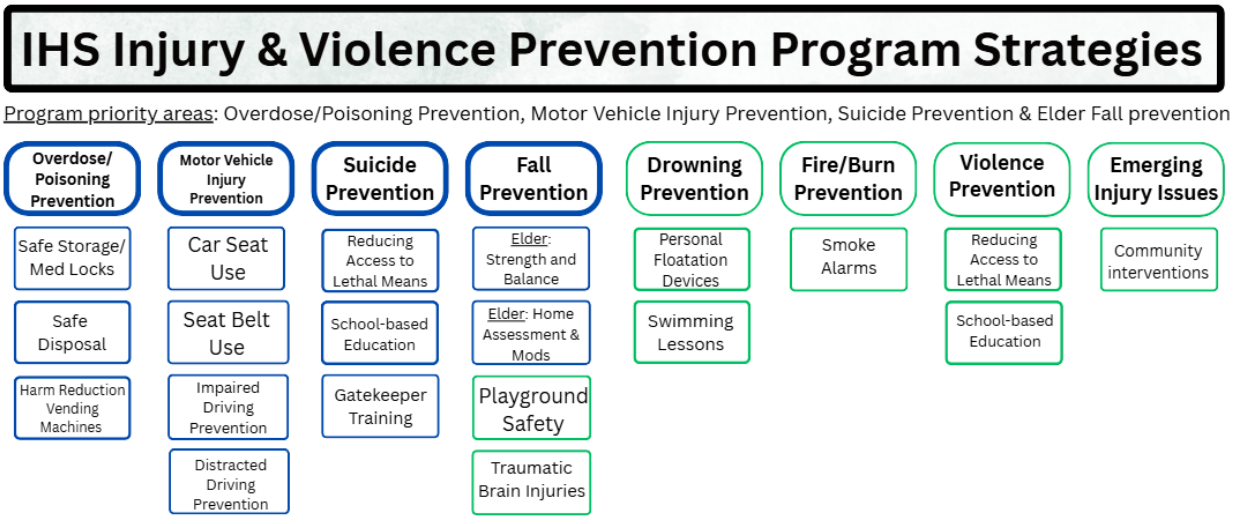
Purpose

The Indian Health Service (IHS) Injury Prevention Program (IPP) supports American Indian and Alaska Native communities in their efforts to prevent injuries and violence. The IPP focus is on prevention, rather than response, treatment, or rehabilitation.

This document outlines strategies and interventions recommended by the IHS IPP in working with Tribal communities. The list of interventions will assist programs to identify, select, and adapt the most appropriate strategies for reducing or preventing injury and violence in their Tribal communities.

TIPCAP – Tribal Injury Prevention Cooperative Agreement Program

Select 1 or 2 strategies (listed below each injury type), each with only 1 or 2 interventions (noted in the following pages). Limiting the number of strategies helps to achieve quality programs and projects that are well-planned, focused, and manageable. Some of the strategies are evidence-based and some are promising, meaning that it is known prior to implementation that these will work. Adapting these strategies to meet the needs of each Tribe is ultimately what will lead to success and sustainability of the program. These are known as evidence-informed strategies.



Evidence-based strategies are prevention methods that have been scientifically evaluated and proven to prevent injuries. This can include strategic changes to the environment (for example, improving roadways, evaluating elder homes for fall hazards, and installing smoke alarms) and strategies to promote behavior change (such as car seat use and floatation devices).

Evidence-informed strategies allow for blending knowledge from science and Tribal community-based practices to prevent injuries. This includes use of evidence-based strategies that are tailored to Tribal communities by adapting language, culture, and context in a way that is compatible with cultural patterns, meaning, and values. These types of approaches allow for well-planned, promising, and innovative injury prevention strategies while adapting to Tribal community needs.

A. Overdose and Poisoning Prevention

Strategy 1: Safe Storage/Medication Locks

Background:
Overdoses are the leading cause of injury death in the US among AI/AN people and all races.

Table A.1. Safe Storage/Medication Locks Interventions
1. Lockboxes Properly installed lockboxes in the home can safely store medications, such as opioids, and prevent diversion and theft of the medication.
2. Locking Bags and Combination Controlled Pill Containers A more transportable version of the lockbox, the locking bags and pill containers can prevent medication diversion while allowing use, as prescribed, by the intended recipient.

Strategy 2: Safe Disposal of Opioids and Medications

Table A.2. Safe Disposal of Opioids and Medications
1. Drug Deactivation Bags Unwanted medication can be placed into the provided pouch to be deactivated and disposed of in the regular trash.
2. Drug Disposal Drop Boxes and Take-Back Programs Use or create local drop boxes in the community to allow for safe and anonymous disposal of opioids and other unwanted medication. Create events to promote mass disposal of unused medications to prevent diversion and promote proper disposal.

Strategy 3: Harm Reduction Vending Machines

Background: Vending machines that provide the community access to equipment and supplies that may reduce harm and save lives.

Table A.3. Harm Reduction Vending Machine Items
1. Fentanyl Test Strips Test strips that allow people using substances to check for the presence of fentanyl.
2. Naloxone Medication that can rapidly reverse an opioid overdose and be administered by anyone.
3. Sharps Containers and Sterile Syringes Access to sterile syringes and safe syringe disposal can reduce opioid overdose death while lowering the transmission of HIV, hepatitis and other bloodborne pathogens.
4. Other Public Health or Community-based Wellness Items Injury Prevention Coordinators or Public Health Specialists can choose other items that are relevant to their community to also be available in the machine. These could include: - Educational materials - Cultural information and resources - Safer sex kits - Toiletry and hygiene kits - Alcohol pads

Other Interventions and Strategies:

- **Prescription Awareness and Monitoring**
  Prescription Drug Monitoring Programs (PDMPs) | Overdose Prevention | CDC
  2022 CDC Clinical Practice Guideline at a Glance | Overdose Prevention | CDC

- **Treatment**
  Recovery is Possible: Know the Options | Rx Awareness | CDC

Sources:

- Public Health Vending Machines: Increasing Access to Health and Wellness Supplies in New York City
- Harm Reduction Vending Machines: What are they and do they work? | Opioid Principles
- Vending Machines for Harm Reduction 2025
- Take Back Day
- Safe At-Home Medication Disposal | Deterra Drug Disposal System (we do not endorse any specific product)

B. Motor Vehicle Injury Prevention

Strategy 1: Increasing Car Seat Use

Background

Buckling children in age and size-appropriate car seats, booster seats, and seat belts reduces the risk of serious and fatal injuries.

- Car seat use reduces the risk of injury in a crash by 71%-82% for children when compared to seat belt use alone.
- Boost seat use reduces the risk for serious injury by 45% for children aged 4-8 years when compared with seat belt use alone.

Table B.1. Car Seat Use Interventions
5. **Mandatory Car Seat Use Laws** Car seat laws that require children riding in motor vehicles to be restrained in appropriate car seats, including booster seats.
6. **Distribution Combined with Education Programs** Programs that provide appropriate car seats to parents and caregivers combined with an educational component.
7. **Community-Wide Information and Enhanced Enforcement Campaigns** Enforcement campaigns such as checkpoints and saturation patrols that include mass media, information and publicity, public car seat displays, and other targeted strategies.
8. **Incentive and Education Programs** Programs that offer parents, caregivers, and/or children rewards for properly using car seats, and education that varies in content, duration, intensity and delivery methods.

Strategy 2: Increasing Seat Belt Use

Background

The most effective way to prevent injury or death in crashes for adults and older children is by wearing a seat belt. There is strong evidence that seat belt use laws, especially primary enforcement laws, and enhanced enforcement campaigns are effective in increasing seat belt use.

- Seat belts reduce the risk of serious injury and death in a crash by about 50%.

Table B.2. Seat Belt Use Interventions
1. **Laws Mandating Use** Seat belt laws that require motor vehicle occupants to wear seat belts.

2.	**Primary Enforcement Laws** Primary enforcement laws allow police to spot motorists because someone in the vehicle is unbelted. These are more effective than secondary enforcement laws.
3.	**Enhanced Enforcement Programs** Increasing citations in combination with increasing the number of officers on patrol or issuing more citation during an officer's patrol.

Strategy 3: Preventing Alcohol Impaired Driving

Background

Someone is killed by impaired driving every 45 seconds in the United States, but there are a wide range of effective interventions that can reduce those numbers.

- At sobriety checkpoints, police stop drivers to judge if they are driving under the influence of alcohol. More widespread, frequent use of these checkpoints could save about 1,500 to 3,000 lives on the road each year.
- Minimum legal drinking age laws prohibit selling alcohol to people under age 21. Keeping and enforcing 21 as the minimum legal drinking age helps keep young, inexperienced drivers from drinking and driving.

Table B.3. Impaired Driving Prevention	
1.	**0.08% or Lower Blood Alcohol Concentration (BAC) Laws** Laws that declare it is illegal for a driver's BAC to reach or exceed 0.08% (0.08 g/dL) for drivers aged 21 years and older, with strong evidence indicating a BAC of 0.05% in all states could save nearly 1800 lives annually.
2.	**Maintaining Minimum Legal Drinking Age Laws** Laws that specify an age below which the purchase or public consumption of alcoholic beverages is illegal (21 years old).
3.	**Publicized Sobriety Checkpoint Programs** Programs that involve high visibility enforcement conducted by law enforcement stopping drivers systematically to assess alcohol impairment.
4.	**Ignition Interlocks** Devices that are installed in motor vehicles, often belonging to DWI offenders, to prevent an impaired person from starting the vehicle by measuring alcohol on the driver's breath (usually <0.02%).
5.	**Zero Tolerance Laws** Laws that make it illegal for people under the age of 21 to drive with ANY measurable amount of alcohol in their body.
6.	**Community-Wide Efforts** Providing affordable and alternate transportation options; Using taxes, price increases, and retail locations of alcohol to be less convenient to purchase; training in responsible serving; education and awareness
7.	**Mass Media Campaigns** Campaigns that are designed to educate individuals to avoid drinking and driving, or to prevent others from drinking and driving
8.	**School-Based Instructional Programs** Programs that address the problem of riding with alcohol impaired drivers. There is insufficient evidence to determine the effectiveness of these programs on reducing alcohol impaired driving by the drivers themselves

Strategy 4: Distracted Driving

Background

Distracted driving is doing anything that takes the driver's attention away from driving, including using cell phones, eating, and adjusting the radio.

- Over 420,000 people were injured and 3,100 people died in crashed involving a distracted driver in 2019.

Table B.4. Distracted Driving Prevention
1. Distracted Driving Laws These laws include banning texting and driving; hands-free calling, and passenger counts for young drivers. Put devices into Do Not Disturb or other distraction-free settings.
2. High-Visibility Enforcement Increased police enforcement of distracted driving laws and media saturation of distracted driving awareness.
3. Graduated Driver Licensing Improves experience and knowledge in young and new drivers.
4. Engineering Controls Rumble strips can be effective at reducing certain types of crashes by notifying drowsy or distracted drivers of the road's edge.

Other Strategies for Motor Vehicle Crash Prevention

- Speeding and Speed Management
- Motorcycle Safety
- Young Drivers
- Older Drivers
- Pedestrian & Bicycle Safety

Sources:

- Seat Belts | Seat Belts | CDC
- Motor Vehicle Safety: Rural Policy Brief | Rural Health | CDC
- Proven Safety Countermeasures | FHWA
- Distracted Driving Dangers and Statistics | NHTSA
- Distracted Driving | Distracted Driving | CDC
- Preventing Impaired Driving | Impaired Driving | CDC
- MV PICCS Intervention: Alcohol Ignition Interlocks | Transportation Safety | CDC

C. Suicide Prevention

Strategy 1: Reducing Access to Lethal Means

Background:

More than 48,000 people died in 2022 in the US from firearms, or more than 130 each day. Over half of those deaths were suicides. Suicides by firearms are the most common and lethal method. Suicide is the 9th leading cause of death among AI/AN and the 3rd leading cause of injury death.

Table C.1. Reducing Access to Lethal Means
1. Safe Storage for Firearms Safe storage can include gun cable locks and gun safes. These provide a barrier between a suicide impulse and an action.

Strategy 2: School-Based Education

Background:

Suicide is a significant health concern and can create an immense impact on schools and the community.

Table C.2. School-Based Education
1. **American Indian Life Skills Curriculum** This curriculum empowers students to take more control of their lives and better handle situations that arise. Students learn coping skills and suicide prevention skills that will help them support each other in the community.

Strategy 3: Gatekeeper Training

Background:

Gatekeeper training teaches the identification of warning signs for suicide and how to respond to individuals in crisis. There are a variety of different types of training available.

Table C.3. Gatekeeper Training
1. **Applied Suicide Intervention Skills Training (ASIST)** ASIST is a 2-day interactive workshop to recognize someone who may be thinking about suicide, intervening, and develop a plan to provide connections for further support.
2. **Question, Persuade, Refer (QPR)** Recognize the warning signs of suicide, talk with someone who may be at risk, and persuade them to get help.
3. **Connect** Trains professionals and members of the community to prevent and respond to suicides effectively.

Sources:

- GKT_ProgramComparisonTableTrainingsAvailableOnline.pdf
- Choosing a Suicide Prevention Gatekeeper Training Program: A Comparison Table – Suicide Prevention Resource Center
- QPR Institute | Practical and Proven Suicide Prevention Training QPR Institute (en-US)
- The Connect Program – Welcome to The Connect Program
- LivingWorks ASIST - LivingWorks.
- Suicide Prevention is Everyone's Business: A Toolkit for Safe Firearm Storage in Your Community
- Fast Facts: Firearm Injury and Death | Firearm Injury and Death Prevention | CDC
- Firearm Suicide Prevention & Lethal Means Safety - REACH

D. Elder (Older Adult) Fall Prevention

Strategy 1: Strength and Balance Exercise

Background:

Numerous fall prevention exercise programs exist and have been proven to improve strength and balance. A few of the programs recommended include: CAPABLE, Falls Talk, A Matter of Balance, Tai Ji Quan: Moving for Better Balance, Bingocize, and Fit & Strong!

Table D.1. Strength and Balance Exercise
2. **Tai Ji Quan: Moving for Better Balance** Controlled movements to improve strength, balance, mobility, and daily functioning.

• Duration: 60 minutes, 2x/week for 24 weeks • Instructor Certification: Required
3. Bingocize Combines a bingo-like game with exercise and health education. Bingocize increases functional fitness, health knowledge, and social engagement in a variety of settings. • Duration: 60 minutes, 2x/week for 10 weeks • Instructor Certification: Required
4. Fit & Strong Combines flexibility, strength training and aerobic walking with health education for sustained behavior change. • Duration: 90 minutes 3x/week for 8 weeks. • Instructor Certification: Required
5. Matter of Balance Reduces the fear of falling while also increasing activity levels among older adults. • Duration: 2 hours 2x/week for 4 weeks or 2 hours 1x/week for 8 weeks • Instruction Certification: Required

Strategy 2: Home Assessments and Modifications

Background: Falls are a leading cause of injury death for older adults, with 1 in 4 people over 65 reported falling every year. Making a safer home can reduce fall risk.

Table D.2. Home Assessments and Modifications
1. Home Assessments Conduct safety assessments to identify fall hazards in the home, including tripping hazards and low lighting
2. Home Modifications Making the home safe through simple modifications such as removing tripping hazards, increasing lighting, making stairs safe, and installing grab bars in key areas

Sources:

- Check For Safety A Home Fall Prevention Checklist For Older Adults
- Preventing Falls: How to Develop Community-based Fall Prevention Programs for Older Adults
- The National Council on Aging (NCOA)
- Falls Compendium | Older Adult Fall Prevention | CDC
- Tai Ji Quan: Moving for Better Balance
- Bingocize®
- Fit & Strong! | University of Illinois Chicago
- Fall Prevention | A Matter of Balance | MaineHealth

E. Fall Prevention - Other

Playground Safety

Almost 80% of playground injuries are caused by falls. Checking playgrounds for safety hazards, such as surfacing material, entrapment spaces, strangulation hazards, sharp edges, and equipment height may prevent injuries.

Playground Safety - National Safety Council

Traumatic Brain Injuries

Falls are the leading cause of TBI and concussions among children. Bicycle helmet laws reduce serious head injuries by 55% and ATV helmet use reduces the risk of death by 40%.
Preventing TBI | Traumatic Brain Injury & Concussion | CDC
HEADS UP | HEADS UP | CDC

F. Drowning Prevention

Personal Floatation Devices

Life jackets or personal floatation devices reduce the risk of drowning while boating and swimming for people of all ages.

Swimming Lessons

Formal swimming lessons can reduce the risk of drowning.
Preventing Drowning | Drowning Prevention | CDC

G. Fire/Burn Prevention

Smoke Alarms

Smoke alarms should be installed and functional in each bedroom, outside sleeping areas, and on every level of the home. Consider installing dual smoke/Carbon Monoxide detectors with a 10-year battery for additional home safety.
Smoke Alarms
Carbon Monoxide Poisoning Basics | Carbon Monoxide Poisoning | CDC

Other Burn Prevention Strategies:

- Develop an emergency escape plan
- Use safe cooking practices
- Lower water temperatures

H. Violence Prevention

Reducing Access to Lethal Means

One in 3 children in the US live in a home with a firearm. Safe storage of firearms can include gun cable locks and gun safes. These provide a barrier between an impulse and an action.
ask-me-3-safe-gun-storage-english.pdf

School-Based Education

Shifting Boundaries is a middle school curriculum that teaches students about interpersonal/dating violence, sexual harassment, and promoting healthy relationship norms.
Shifting Boundaries | Prevent IPV

Adverse Childhood Experiences

Potentially traumatic events in children's lives (0-17 years old) that can affect the child's environment, sense of safety and stability. These experiences have lasting implications well into adulthood and increase the risk of injury and other health issues. Reducing the risk of ACEs and promoting protective factors can result in reduced violent behavior and injuries.
Risk and Protective Factors | Adverse Childhood Experiences (ACEs) | CDC

Missing and Murdered Indigenous People (MMIP)

More than 4 out of 5 AI/AN women have experienced violence in their lifetime. For decades, AI/AN communities have struggled with high rates of assault, abduction, and murder of Tribal members. Laws in 5 different US States (Washington, Colorado, California, New Mexico, and Arizona) have been passed to enhance public safety and missing persons response for Indigenous People. This is called the Turquoise Law.

Missing and Murdered Indigenous People Crisis | Indian Affairs

Turquoise Alert Bill Passes in Senate,Enhancing Public Safety and Missing Person Response – New Mexico Senate Democrats

Additional Sources:

CDC's Violence Against Native Peoples Fact Sheet

I. Emerging Injury Issues

Community Developed Interventions

Research on community priorities and changing needs can potentially lead to safer and healthier communities. This research should guide injury prevention specialists toward identifying solutions and innovative strategies to address the emerging injury and violence issues.

Research Priorities | Injury and Violence Prevention | CDC