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15 Years of Injury Prevention at the Pueblo of Jemez

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The purpose of the Jemez Injury Prevention Program is to improve the health and welfare of the people residing in the Pueblo of Jemez by reducing unintentional injuries. Over the past 15 years, what began as a safety committee has grown to an evidence-based program with three, full-time staff members, a dedicated injury prevention coalition, and an extensive network of partners. Financial support for our work is now provided by both tribal and non-tribal sources.

Background

The Pueblo of Jemez, 50 miles northwest of Albuquerque, New Mexico, in the Jemez Mountains. It is a federally recognized Indian Tribe with 3,500 members, most of whom live in a village known as “Walatowa” (a Towa word meaning “this is the place”).

The Jemez community has a rich traditional and religious life and most members speak the Towa language. The Pueblo of Jemez long predates the U.S. government, as do many homes occupied by local elders. In addition to a secular Tribal Government that includes a Tribal Council and Pueblo Governors, traditional matters are still handled through a separate governing body of spiritual and society leaders that is rooted in prehistory.

The Pueblo of Jemez operates a comprehensive health center, police and fire departments, tribal court system, social services, behavioral health, emergency medical services, and a Head Start program. Injury and safety issues, such as rabies control, had been addressed by a Safety Committee led by IHS sanitarians until 1999. In

that year, Jemez was awarded three years of funding from the IHS Tribal Injury Prevention Cooperative Agreement Program (TIPCAP) to establish an injury prevention program within the Jemez Emergency Medical Services (EMS) Department.

Injury Prevention Coalition, Partnerships, and Sustainability

The Jemez Injury Prevention & Safety Coalition began at the Jemez Health Center in 2001. Members include representatives from the IHS Albuquerque Area staff, tribal court, senior center, and head start, tribal administration, and EMS. The membership has fluctuated from 13 to 20 active members. The injury prevention (IP) coordinator chairs the quarterly meetings; decisions are made by consensus.

The Jemez Injury Prevention Program (JIPP) has maintained partnerships with many individuals and agencies, not all of whom are members of the IP coalition. Table 1 highlights Tribal and non-Tribal partners who have helped build the Tribe’s injury prevention capacity and collaborated in various injury prevention initiatives.^{1,2}

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The Tribal administration has been very supportive of injury prevention, as demonstrated by issuing Tribal resolutions, passing injury-related cords and ordinances, offering assistance in proposal writing, and providing direct funding for the program.

years). Other funding from IHS included the Ride Safe program to support child passenger safety through Head Start;⁴ and the Sleep Safe program to provide fire safety education and smoke alarms, also through our Head Start program.⁵ We also obtained bicycle helmets from the IHS

Table 1 Tribal and Non-Tribal Injury Prevention Partners

Tribal:	
Jemez Emergency Medical Services Department	Current home of the IP program; provides injury data.
Jemez Senior Center	Education sessions monthly; weekly walking program;
Jemez Police Department	Enforce Jemez Tribal traffic codes; provide data IP does seat belt surveys and cps use;
Walatowa Head Start	Safety/ IP education monthly sessions; bike helmets; sleep and ride safe programs
Jemez Clinic	Provides injury data; physician assistant conducts annual geriatric exams, including fall injury risk screening; Pharmacy-Dental-Optometry: receive the referrals for elder falls
CHRs	Prenatal education on IP and car seats Exercise programs for adults, including tai chi
Diabetes program	Screening for foot problems contributing to fall risk; exercise programs
Tribal court	Enforcement of occupant restraint laws; participate in IP coalition.
Tribal administration	Oversees the work of the IP Program, provides funding for IP employees; Assistance in proposal writing
Roads Department	Road safety signage
Housing Department	Home safety inspections and repairs
Non-tribal:	
National IHS Injury Prevention Program	Funding through TIPCAP; Ride and Sleep Safe; data; advanced training in IP for the IP Coordinator (IHS IP Fellowship Program)
IHS Albuquerque Area IP program	mini-grant for car seats, participation in Jemez IP Coalition, project support for TIPCAP, Ride Safe and Sleep safe
New Mexico IP Coalition	Share information about funding opportunities as well as state, university and community resources
St. Vincent’s Hospital, Santa Fe, NM Traumatic Brain Injury Council	Provided bicycle helmets for Head Start Students and youth
University of New Mexico: Prevention Research Center; UNM Hospital Trauma Program; Departments of Emergency Medicine, Pediatrics, Internal Medicine	Helmets and car seats through the EMS department, educational materials, geriatrics consultations and referrals. Information on funding opportunities; Think First Prevention Chapter;
NM Department of Health: Fall Prevention and Pedestrian Safety projects	Information about funding opportunities and effective strategies. Funding for road safety signs.
Safer New Mexico	Car seat clinic protocols
NM Highway Patrol	Cross-deputization of Tribal police officers, enforcement of motor vehicle codes
BIA HW Safety program	Provided car seats
County law enforcement	Works with tribal police to enforce motor vehicle codes

Much of the funding for the Jemez injury prevention program was provided by a series of TIPCAP grants from IHS. Details of the TIPCAP program are provided in a 2007 Provider article.³ The grants for Jemez were awarded in 2002 (for 3 years), 2005 (for 5 years), and 2010 (for 5

Albuquerque Area injury prevention ”mini-grants” program.

In 2005, when further TIPCAP funding had not yet been secured, the Tribal council voted to support two full-time positions for the program. The Council members

were primarily motivated by the desire to continue the injury prevention work at the Pueblo. We had provided yearly reports to the Council on the importance of injury prevention and the initiatives that were in progress. Another factor was the Council's desire to address injuries of community concern that were outside the domain of TIPCAP.

Injury prevention initiatives

Motor vehicle safety:

A major goal of the JIPP has been to reduce motor vehicle-related injuries and fatalities by increasing the utilization of occupant restraints. Child safety seat use has been promoted through car seat distributions, car seat inspection clinics, certification of Child Safety Technicians, prenatal and Head Start educational sessions. In 2010, Tribal Traffic Codes were adopted, including a primary seat belt code. Traffic laws are enforced by both the Jemez Police Department and the New Mexico Highway Patrol through a cross-deputization agreement. The JIPP conducts quarterly occupant restraint surveys. The Jemez police provide data on citations for non-use of restraints, while the Jemez clinic and EMS Department supply data on motor-vehicle injuries. This information is used to monitor the effectiveness of our motor vehicle safety interventions, and to encourage continuing enforcement of the traffic codes by the Jemez police and continuing support from Tribal leaders. In 2010, the seat belt usage rate was 65% (drivers and front-seat passengers); most recently (Spring 2015), the rate was 86%.

Prevention of injuries from falls among older adults:

The elder falls prevention efforts at Jemez Pueblo involve a close collaboration between community health workers and clinical providers.⁶ When an older adult is identified in the community (e.g., at the senior center or during a home visit by a Community Health Representative or CHR) as being at risk of a fall, they are referred to the clinic. Conversely, medical providers make referrals to the injury prevention program for home assessments and modifications to prevent falls. The physician assistant often makes visits to the homes of elders at risk of falls accompanied by an IP program employee or a CHR. Comprehensive geriatric exams include screenings for fall risk factors. Providers from nursing, nutrition, physical therapy, audiology, dental, behavioral health, social services, optometry, pharmacy, and the IP program work together to address the medical and emotional needs of the elders.

Among the home modifications the IP program has helped provide are grab bars for bathtubs, toilets, and

doorways; night lights; "grabbers" to get things on high shelves without climbing step ladders; toilet seat risers; walk-in showers; and ramps for elders with impaired mobility. Tribal social services and the tribal housing authority locate resources for these modifications. Education sessions on falls and home safety are offered at the Jemez Senior Center. The Tribe, which operates the clinic under a PL 93-638 contract with IHS, allows educational leave for providers to update their clinical skills, including training in geriatrics and fall prevention. In 2010, the Tribe received a one-year, IHS fall injury prevention grant that provided enhanced services in geriatric care and physical therapy.

Home fire safety:

Homes at the Pueblo of Jemez are made of adobe, are frame/block HUD homes, or are mobile trailers. Jemez Comprehensive Health Center statistics identified 22 fire-related burn injuries in 2003. The Jemez EMS Department and County Sheriff data showed response time to fires ranging from 30-45 minutes. Our community survey found that only 10% of Head Start students' homes contained smoke alarms and half of the alarms were non-functional.

Photoelectric smoke alarms with long-life lithium batteries were obtained for both elders' and Head Start students' homes. The alarms for Head Start homes were provided by the Sleep Safe Coalition funded by the U.S. Fire Administration. The alarms for the elders' homes were provided by the Albuquerque Area IHS as part of a \$10,000 multi-tribal project grant from the U.S. Consumer Product Safety Commission. A total of 83 smoke alarms were installed in 41 homes of Jemez Elders and 411 smoke alarms were installed in the homes of Head Start Children.

Other injury prevention efforts:

The JPIP Program presents monthly educational sessions to Head Start students and staff and quarterly sessions at our kindergarten through eighth grade charter school. The topics include school bus safety, bicycles and helmets, pedestrian safety, playground safety, stranger danger, poison prevention, and ditch safety. We have distributed both bicycle and ATV helmets in conjunction with these presentations. We also provide safety education to older students, teachers, parents, and grandparents through community presentations, articles in the Tribal newsletter, and emails to tribal employees. Educational sessions are conducted in Towa, our native language.

Sharing expertise with other Tribal programs has been mutually beneficial. For example, an individual from the Navajo Nation has helped us train child passenger safety technicians. In turn, the Jemez Injury Prevention Program has provided consultations and advice to a number of

Tribes planning their elder fall prevention programs; and served as a pilot site for a new child passenger safety curriculum, SNAP 2.0.⁷

Lessons learned

As a long-standing, comprehensive, Tribal program in injury prevention, we would suggest several keys to success. First, it is essential to keep Tribal leadership informed of your activities, challenges, and progress. Annual reports, news articles, and emails containing both data and personal stories will reinforce the message that injury prevention needs to be a priority and that effective strategies are available to prevent injuries.

Partnerships with tribal and non-tribal individuals and agencies are essential to expand the reach of injury prevention activities, implement multiple prevention strategies (education, enforcement, environmental modification), identify resources to promote sustainability, and enhance community ownership. Also, a Tribal Council is more likely to support a program that involves multiple agencies and meets the needs of many individuals and segments of the communities.

Resources for injury prevention, especially money and staff time, will always be limited. It is therefore essential that initiatives utilize evidence-based strategies to address specific problems.^{2,8,9} Programs should seek the advice of IP specialists at universities, the IHS, and in the literature to develop their IP action plans.

Obtaining reliable data is necessary to set priorities, evaluate interventions, and support requests for funding.⁹ In a small community this can be very challenging.^{10,11} However, having even one objective measure of program success, such as the driver seat belt usage rate or the number of fall injuries treated in a local emergency department, is of enormous value.

Finally, respecting and promoting traditional customs and language not only enhances the effectiveness of the injury prevention program, but allows the program to advance a fundamental community goal: to strengthen and preserve traditional culture and values.

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