
contributions to injury epidemiology are the articles on improving injury data through data linkage and refining methods to better track the usage of child passenger safety devices. In addition to their epidemiologic research regarding both intentional and unintentional injuries, the NPAIHB, Northwest TEC, and their partners have produced numerous resources for

use in American Indian and Alaska Native communities, from “toolkits” to mass media materials; and developed new approaches to collaboration among Tribes, universities, health centers, and state agencies that can serve as models for community ownership of health initiatives.

Building a Regional Tribal Injury Prevention Program: Challenges and Opportunities

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The Northwest Portland Area Indian Health Board (NPAIHB) and Northwest Tribal Epidemiology Center have conducted community programs and research in injury prevention since the 1990s. As the leading cause of death among American Indians/Alaska Natives (AI/AN) aged 1-44 in Idaho, Oregon and Washington between 1999-2010,¹ injuries are widely recognized as a top public health issue, and one that disproportionately affects AI/ANs.² NPAIHB works to promote awareness and knowledge of the leading causes of injury among Northwest AI/AN, and support tribal communities in providing education and developing sound policies to prevent injury and death.

NPAIHB’s current Injury Prevention Program (IPP) is funded through the Indian Health Service (IHS), under the Tribal Injury Prevention Cooperative Agreement Program (TIPCAP). This funding began in September 2010, and continues through August 2015. The TIPCAP program, which is focused on unintentional injury prevention, grew out of collaborative efforts with the California Rural Indian Health Board (CRIHB) and the Oklahoma City Area Inter-Tribal Health

Board (OCAITHB). These three Health Boards and their respective Tribal Epidemiology Centers (TECs) formed the Tribal Epidemiology Center Consortium (TECC). The TECC was funded under by a cooperative agreement with the Centers for Disease Control and Prevention (CDC) from 2006-2012. The TECC partners held a series of injury prevention summits, one in each of their service areas, and together produced the “Injury Prevention in Indian Country Toolkit.”³ The toolkit has been distributed to over 100 tribes across the country, and is being actively used to plan and implement injury prevention activities in many tribal communities.

The TECC Injury Prevention collaborative served as the springboard for launching a comprehensive Injury Prevention Program (IPP) at NPAIHB. With funding from IHS, NPAIHB now supports a fulltime Injury Prevention Project Coordinator, Luella Azule (Yakama Nation/Umatilla). Ms. Azule had previously worked at NPAIHB for the Cancer project and Northwest Native American Research Center for Health (NW NARCH). She also served on the IHS Tribal Steering Committee for Injury Prevention from 2001-2005. She has completed the IHS Level I and Level II Injury Prevention courses, served on the IHS TIPCAP Advisory Committee (2010-2013), and has been a certified Child Passenger Safety (CPS) Technician since October 2011. Ms. Azule serves as the primary contact for tribes seeking information on unintentional injury prevention, delivers regular updates to tribes on recommended resources, and provides training and technical assistance on unintentional topics including child passenger safety, motor vehicle safety, elder falls, and other key issues. She also works closely with other key NPAIHB staff working on injury-related projects. These staff members include Dr. Jodi Lapidus and Tam Lutz (Lummi) of Native CARS (Native Children Always Ride

Safe): and Colbie Caughlin of NPAIHB’s suicide prevention Project THRIVE (Tribal Health: Reaching Out Involves Everyone. Technical support is provided to the project by Sujata Joshi and Janine Dankovchik of IDEA-NW (Improving Data and Enhancing Access – Northwest); Dr. Tom Becker, Director of the Northwest Native Research Center for Health; Dr. Thomas Weiser, Portland Area Office IHS Medical Epidemiologist based at NPAIHB; and CDR Celeste Davis, Portland Area Office IHS Director Division of Environmental Health Services.

Along the path to creating a full-time Injury Prevention Program, there have been several challenges for the NPAIHB. The first challenge was lack of awareness of the impact of injury in Native communities in the Northwest. Unlike other causes of mortality and hospitalizations – such as heart disease or diabetes – injuries are often perceived as unpredictable, unavoidable, and unpreventable “accidents.”⁴ NPAIHB works to change these perceptions through education and training. A major message is that people can make choices (such as wearing seatbelt, installing smoke alarms, and not drinking and driving) that will protect them from injury. At the same time, tribes can enact and enforce policies, and invest in infrastructure, that lead to reduced rates of injury. Collaboration and partnerships are a vital aspect of the NPAIHB’s injury prevention work. The NPAIHB works closely with the Northwest Tribes, the Portland Area Office Indian Health Service Division of Environmental Health Services, the CDC National Center for Injury Prevention and Control, state injury prevention programs, and other local and regional partners.

Underfunding for Indian Health in general is widely noted as a challenge to providing preventive and clinical services in AI/AN communities.⁵ Underfunding of injury prevention programs is especially acute in American Indian and Alaska Natives communities, as recognized by the National Congress of American Indians (NCAI)⁶ and the National Indian Health Board (NIHB).⁷ Few Northwest tribes have access to sufficient funding to support their own Injury Prevention programs. NPAIHB is meeting these challenge by providing Northwest tribes with a steady stream of information and resources; cultivating relationships with key tribal program personnel and tribal leaders; offering training opportunities at multiple levels, from brief introductions to injury prevention topics to funding support for Child Passenger Safety Technician training; providing technical assistance to tribes on injury-related programs and policy development; and generally seeking to provide consistent and reliable access to high-quality and up-to-date information and services. The Injury Prevention Coordinator distributes an average of 35 IP resources per quarter, carefully reviewing websites, articles, toolkits, webinars, and other materials, and sending related information by email to an IP listserv to tribal contacts. The Coordinator also attends most NPAIHB Quarterly Board meetings, hosted by various tribal sites, and other regional meetings, providing opportunities to cultivate relationships and provide information

to the tribes. The establishment of a regional Injury Prevention program at NPAIHB allows us to maximize limited resources, ensure that all tribes benefit from the information, as we work to encourage tribes to seek additional resources to develop their own local programs.

NPAIHB’s IPP program is still growing, but it has already documented many successes. Among these is a steady rise in requests for training and technical assistance from Northwest Tribes. Since 2009, NPAIHB has offered between one to three overview injury prevention trainings per year, both in Portland and at tribal sites. At least four Northwest tribal employees, most of whom have been members of the Northwest Tribal Injury Prevention Coalition, have completed the IHS Level I Introduction to Injury Prevention Training over the past four years, and one also completed Level II. In May 2014, we piloted an abbreviated 6-hour course based on SNAP (“Safe Native American Passengers”) attended by many Washington tribes. This modified SNAP was developed in collaboration with IHS and NPAIHB’s Native Children Always Ride Safe (Native CARS).

Access to high-quality, relevant local data on injury is another challenge for injury prevention initiatives. NPAIHB seeks to provide tribal communities with health data they can use for program and policy development, as well as for supporting grant applications and other funding requests. In collaboration with NPAIHB’s IDEA-NW project, IPP helps guide development and dissemination of injury data to the tribes. IPP worked with IDEA-NW on the injury section of the Northwest American Indian and Alaska Native Mortality report.⁸ Both programs, along with other NPAIHB projects, are involved in the development of state-specific and tribal-specific community health profiles and related fact sheets. These present tribes with the most recent injury data, corrected for racial misclassification.

The continued success of NPAIHB’s IPP will depend on three key factors: program staff expertise and dedication, interest and buy-in from the tribes and tribal leadership, and expanded access to financial and material resources. NPAIHB is working hard to develop all three, and is committed to providing high-quality, relevant, and culturally-appropriate information and services to the Northwest Tribes.

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