

TIPCAP NEWS

Newsletter of the Tribal Injury Prevention Cooperative Agreement Program of the Indian Health Service



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STOCKBRIDGE-MUNSEE COMMUNITY

Moving Forward with Fall Prevention

By: Cami Miller

Since our last reporting period, we have completed and distributed an elderly falls survey in order to assess the number of falls experienced and the community's beliefs regarding falls. With the help of a University of Wisconsin graduate student, we were able to obtain 82 responses to our survey, all of whom were aged 55 or older. The survey comprised 235 questions, which revealed some very enlightening information on falls in our community. Of the 82 respondents, 33 (40.2%) reported experiencing a fall in the past 12 months, and 26 of the 33 (79%) reported falls resulted in injury. These results indicate there is a need for a fall prevention program in our community.

Two staff members have completed training in how to facilitate the Stepping On Program, which is an evidence-based fall prevention program. We formed a partnership with the community Elderly Center in order to host the Stepping On Program.

continued on page 2



Office of Environmental Health & Engineering
Division of Environmental Health Services
Injury Prevention Program

[cont.] Moving Forward with Fall Prevention

During September-October 2022, the staff members facilitated a 2-month-long Stepping On Workshop (2-hour weekly sessions for 7 weeks) with 8 participants. At each workshop participants received an incentive related to fall prevention such as walking sticks, cane ice tips, ankle weights, fall prevention books, bathmats, reachers, and eye glass cleaner. The Elderly Center also assisted with providing gift cards to participants that completed the workshops. During the first week of the Stepping On Program, we assessed the 8 participants utilizing the STEADI assessment tools (Timed Up & Go, 30-Second Chair Stand, and the 4-Stage Balance Test) and will reassess the participants at the end of the Stepping On Program in order to monitor

their progress. We will continue to work with the Elderly Center to host future Stepping On Workshops.

In the future, we will be working to increase staff and provider participation with the STEADI assessments to generate referrals for education, home assessments, or physical therapy to improve safety and functional mobility among our elders. Our goal is to help the community elders remain in the home and maintain independence with decreased risk of falling. We also plan on continuing to bring awareness to the community through our elderly newsletter and community newspaper. Other plans include administering more STEADI assessments, contracting

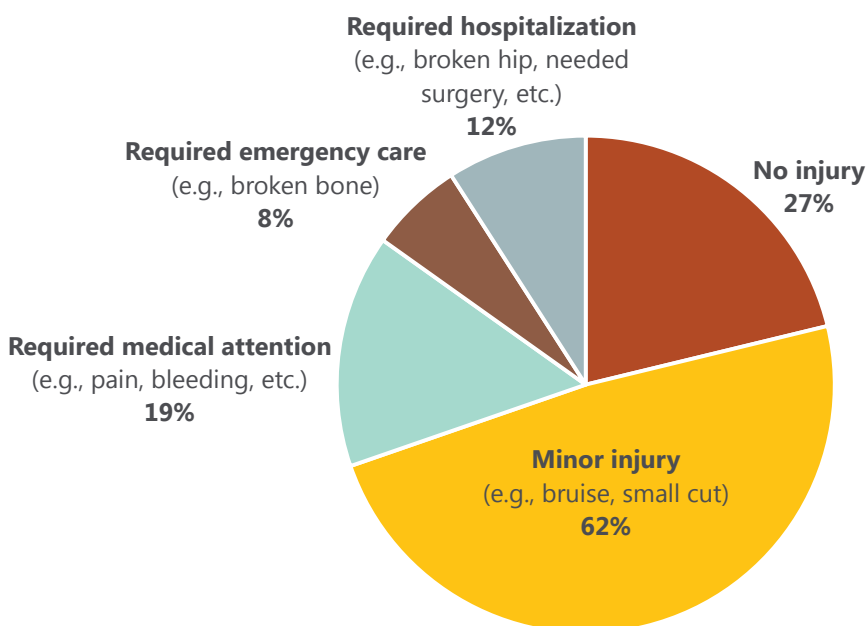


Above: Sande completing the 30-second chair test.

a handyman for installation of medical equipment as needed (e.g., grab bars, handrails, ramps, etc.), and completing home assessments with our community elders in order to decrease home hazards and prevent falls. ■

Stockbridge Munsee Community asked their elders about recent falls. Of the 82 elders who responded, 33 (40.2%) reported experiencing a fall in the past 12 months, and 26 of the 33 (79%) reported falls resulted in injury.

Have you had an injury related to a fall?



Using Our Inner Pharmacy

By: Eric Bailon



Hello everyone. First, I would like to thank TIPCAP for funding Santo Domingo Pueblo Fall Prevention Program to prevent unintentional fall-related injuries among elders. My name is Eric Bailon, and I am the Tribal Injury Prevention Coordinator for the Pueblo of Santo Domingo, which is in the State of New Mexico along the Rio Grande River. I am also a member of Santo Domingo Pueblo and reside in Santo Domingo community.

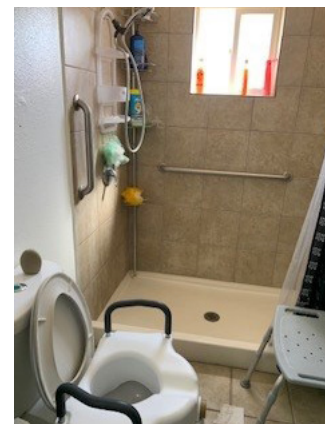
The COVID-19 pandemic has been difficult for all communities throughout the country, but especially in American Indian and Alaska Natives communities. Due to shutdowns and strict health guidelines, conducting assessments, outreach, and activities has been a challenge. In January and February 2022, COVID-19 cases in our community were high, and we were back to full pandemic mode. March–September

2022, the number of cases decreased, and I was able to conduct 25 home assessments and supply patients with home modification safety equipment. I also worked closely with the tribal program partnerships, health providers, the HOPA coalition, and other organizations to ensure patients were getting the resources they need to reduce their risk of falling.

I am also a certified instructor for Tai Chi for Arthritis for Falls Prevention, and one of my main activities is aiding Elders to build up their confidence, strength, and balance through engaging in Tai Chi. Tai Chi is an art and an exercise originated from ancient China. The movements are gentle, graceful, and effortless. Imagining a river beneath the calm surface is a current of immense power for healing and inner strength. It is based on Chinese traditional medicine and on

the laws of nature and is a holistic way to achieve better health and harmony within oneself.

Traditional practices and medicine are part of our Pueblo way of life and are used in gatherings with dance, rhythm, songs, and trance. Beliefs are deeply in tune with nature and are rich with the symbolism of seasons, weather, plants, water, sky, and fire—the principles of an all-embracing universe and The Great Spirit as a way of connecting to Earth and as a way of connecting within ourselves. From there, we distribute the positive energy throughout our mind, body, and spirit. I call this “Using Our Inner Pharmacy.” Incorporating Tai Chi and our traditional practices, medicines, and beliefs together we can build up our confidence, strength, and balance and reduce the risk of falls. ■



Left: Erin Bailon delivering supplies to elders. Middle: Meals are also delivered. Right: Shows safety equipment installed in an elder's bathroom.

Highlighting TCRHCC's Year 2 Accomplishments

By: Tina Billy

Ya'teeh! My name is Tina Billy, a Navajo, residing on the Navajo reservation in Tuba City, AZ. I started in my new position in February 2022 as an Injury Prevention Coordinator for the TIPCAP program, with two main focuses, Elderly Falls and Suicide. My public health education has prepared me well to pick up where needed. I work under Tuba City Regional Health Care Corporation (TCRHCC), with the Environmental Health Services (EH)/Injury Prevention Program. TCRHCC serves the communities within the Western Navajo Agency surrounding Tuba City, about 7,000 square miles and serves Navajo, Hopi, and San Juan Southern Paiute tribes within Coconino County.

Unintentional falls remain the first leading cause of injury within the Tuba City Service Area (TCSA) followed by Suicide. It is pertinent fall prevention stays an intuitive part of daily planning for the EH/Injury Prevention Program. Some of our activities since January include:

Home Assessments

- 8 home assessment visits;
- 2 walk-in showers and 4 grab bars were delivered to elders' homes

Referrals/Resource Applications (for ramps, flooring, and threshold repairs)

- 7 Assisted Living to Independence

- 2 Office of Environmental Health Service for water/wastewater
- 2 Home Improvement for a new house or a bathroom addition
- 2 Chapter House home improvement
- 1 Local Church request was submitted for a Tuba City resident to replace water pipes

Community Outreach Activities

- 4 outreach events attended and provided brochures and community member education
- 209 participants at my booth at the Western Navajo Agency Fair in October 2022; disseminated brochures and educational information on Elderly Falls
- 250 "Leaves Fall Not People" brochures were delivered to 5 Senior Centers. Another 250 were disseminated at health fairs

Accomplishments & Highlights

We hosted a student internship from May-June 2022. Mr. LeDaniel Gishie Jr. completed 160 hours for his Master's in Public Health. Mr. Gishie made several home assessments with me, which helped meet performance goals and complete tasks in a timely manner. Mr. Gishie will be coming on board to assist me in Nov. 2022 as a contract worker. Mr. Gishie also assisted with completing a TCSA School Suicide Prevention Guideline draft.

One of the biggest accomplishments is getting water running inside a home of an elderly couple. A local church referral was made to

continued on next page



Top: Tina Billy. Next: Elder with Tina at a home visit. Next: Tina presenting elder fall info at fair. Next: LeDaniel Gishie Jr. delivering a walk-in shower. Bottom: Meeting of the case management team.

[cont.] Highlighting TCRHCC's Year 2 Accomplishments

Tuba City Church of Christ. The summer group helped the couple by replacing old water pipes and installing a new water heater. Before the completion, the elderly couple did not have running water to shower or use the toilet inside. The elder male patient is wheelchair

bound, and it was always challenging to go to the outhouse. It was rewarding to see they have inside running water and a functioning bathroom/toilet.

Short-term Goal Plan

Out next goals are to train Matter of

Balance (MOB) coaches and apply the MOB exercises at our local senior centers and at home assessment visits. We also anticipate continuing to build partnerships that are affiliated with Elder Falls and suicide prevention. ■

WASHOE TRIBE OF NEVADA AND CALIFORNIA

The Future of Fall Prevention for the Washoe Tribe

By: Charisse Wallace



The Washoe Tribe Injury Prevention Program (IPP) has had its share of difficulties in Year 2. The IPP Coordinator position had been vacant for some time. Home safety evaluations proved difficult as the pandemic still made people nervous about having strangers enter their homes, and the Elder Centers were not open to hold exercise classes. Even with these challenges, our Wellness Diabetes Program Manager took care of our elders' needs, providing them with necessary safety devices and equipment. With the pandemic restrictions lifting and having a new IPP Coordinator, the Injury Prevention Program is ready to grow.

Year 3 has a lot of exciting things in store for our IPP. The community has just opened up a beautiful Wellness Center for the Washoe Tribe. It is complete with cardio machines, weight machines, dumbbells, kettlebells, and a studio to hold exercise classes. Our Elder Centers have opened back up for activities again, too. Due to the pandemic, our elders have felt isolated, so we are looking forward to having in-person exercise classes start up in early 2023. We will also be expanding our outreach program to educate our elders about our services and conduct more home safety assessments.

Left: The new Wellness Center for the Washoe Tribe. Right: The exercise room at the Wellness Center where elders can take fitness classes.

We've started working to establish relationships with the Health Clinic, the Behavioral Clinic, Housing, and the Elder Centers to help better serve the needs of our elders. We've also created fliers and brochures to be distributed to educate the community about fall prevention and our services. We look forward to networking and collaborating with the other IPP Coordinators from the TIPCAP community. ■



Collaborating Continuity of Care



By: Joseph Anderson

Our team at Bakersfield American Indian Health Project believes fostering collaborative relationships is critical to success. Our TIPCAP Program has been our core instrument in collaborating with our community to build better relationships and to enhance continuity of care for our elder population.

This year we began a partnership with our county's Aging and Adult Services and their Healthy Living Program to help seniors improve their well-being as they engage in fun activities with other seniors. Our Bingocize wellness program lasts for 10 weeks and then we transition right into Aging and Adult Service's Staying Healthy through Education and Prevention (STEP) exercise program, which is evidence-based and focuses on walking and strength training for seniors. After the program ends, we transition right back into our Bingocize wellness program for another 10 weeks, and then again back to the STEP program. This partnership complements our continuity of care services by providing variety and a consistent

reliable wellness schedule all year around, twice a week.

We also coordinate with a Registered Dietitian to provide nutritional classes in between each wellness class to better contribute to the quality of life for our clients. Helping to maintain a healthy body weight and reducing the risk of overweight and obesity not only helps to protect against infections, but it reduces the risk of disease and chronic conditions that could contribute to elderly injuries associated with falls.

With the help and support of our TIPCAP Project Team, we have issued various weight training equipment, nutritional items, and clothing to keep our seniors motivated and educated about the benefits of healthy living. Their motivation has evolved into having a high sense of camaraderie for one another, resulting in many of them attending community walking events together. ■



Helmet Observations in the Norton Sound Region after Typhoon Merbok

By: Katie Hannon

Katie Hannon, Injury Prevention Program Coordinator for Norton Sound Health Corporation, traveled to two communities after they were hit by Typhoon Merbok. One of the communities, Koyuk, Katie's hometown, had a house that had drifted onto the road. Water pipes had been damaged during the storm, so the community had to turn the running water off for a few days. People had to evacuate their homes before and during the storm. The storm was a lot worse than many had anticipated.

As Katie did helmet observations on the main road, she also observed community members cleaning the village after the storm. There was a lot of debris, including from fish racks that were on the beach, from people's belongings that were thrown from their yards or their boats, as well as water pipes, old buildings, broken down vehicles, and a lot of loose gravel from the roads. The roads were not safe to be driving on.

During the helmet observation, Katie counted nine all-terrain vehicles (ATVs), seven driven by adults, two by youth. Zero of the drivers wore helmets. Koyuk does not have a helmet law.

In the last year 4 helmets have been distributed to community members in Koyuk, but those 4 were not included in the observation.

It was very heart breaking to see that a lot of families lost their subsistence fish camps and fish racks. Many lost all their subsistence foods that they had gathered from the summer months. One of the main sources of subsistence foods in the villages is drying fish. It does cost a lot of money gathering the resources to rebuild their fish camps and fish racks, but the dried fish and subsistence foods are difficult to replace. People also lost their subsistence foods that were in their freezers when they had power outages.

A lot of the coastal communities were affected by Typhoon Merbok. Flooding, damaged homes, loss of power, and debris littering the roads were some of the effects of the storm. Communities were focused on cleaning up the storm's aftermath, and because we wanted to be respectful of this process, we postponed some of the injury prevention activities. ■



Koyuk after Typhoon Merbok with debris strewn across roadways.



More of the devastating effects of Typhoon Merbok in Koyuk, Alaska.



An example of fish racks for drying fish. Many Koyuk residents lost the fish they had gathered as it was blown away in the storm.

STANDING STRONG ON YOUR FEET

By: Amanda Holley



Hello from sunny California! My name is Amanda Holley, and I am Northern Valley Indian Health's Injury Prevention Program Coordinator. With continuous support from the TIPCAP grant, Northern Valley Indian Health (NVIH) was able to continue expanding their "Standing Strong on Your Feet" Fall Prevention Program. This program was established to address unintentional fall-related injuries among the elders.

One of the biggest focuses for Year 2 was to offer more strength and balance workshops to the elders in the communities NVIH serves. Restrictions and precautions from the pandemic were still in place as NVIH went into Year 2 of TIPCAP. This did not stop the program

from progressing. The Fall Prevention Program offered A Matter of Balance classes virtually. This provided the ability to have multiple patients, from different clinics, participate in a safe environment. The virtual class did present some challenges though. Technology was a barrier for some of the elders, such as camera placement, muting their microphones, logging in, and being able to see and understand the instructor. In mid-spring, the program offered in-person Tai Chi classes in four different communities. These classes took place once a week for 12 weeks. Once Tai Chi ended, NVIH offered two additional A Matter of Balance sessions to encourage the elders to continue moving through the summer months. In the fall, NVIH

offered Chair Yoga and Healthy Steps to continue supporting the elders in fall prevention.

Going into Year 3 of the TIPCAP cycle, Community Health and Outreach will start the year off with a program called Working on Wellness (WOW). This program will work closely with the Standing Strong on Your Feet Program to encourage families to work together in strength and balance classes, which will offer additional support to the elders in their communities. The Fall Prevention Program will adopt Bingocize to offer classes in 2023. NVIH will continue to offer previous strength and balance courses, home safety assessments, and support fall-related referral to specialists in Year 3. ■



Left: Tai Chi class in action with instructor Chico. Middle: Chair Yoga with Amanda. Right: A Matter of Balance Class with Brian and Liz.

Ending Year 2 with many accomplishments promoting child passenger safety

By: LaVina Clark

Ha'we (Hello) everyone! I have been in my position as Coordinator for the Kaw Nation for little over a year now. I love working in injury prevention and with my IHS project officer, David Bales, and the TIPCAP team. Here is a list of a few of the activities we've accomplished this year:

- I completed the IHS Injury Prevention Courses 1 and 2.
- We brought Buckle Bear into the program, and he has made his first appearance! We are booking several more appearances with area child care centers and schools. Our child care center implemented the 1-week curriculum with 3- and 4-year-old children.
- We've held two car seat events.
- We have certified 4 more car seat technicians, for a total of 7.
- We have started having car seat checks the last Thursday of each month in the bay area of our building.
- We partnered with Newkirk High School Stepp-Up club and brought Chance Rush, Motivational Speaker, MC, Actor and Life Coach in to speak about drinking and driving before the April prom. He was well received, and we plan on partnering with them again and working with Chance in the future as well.

- We have two billboards in the area with a picture of one of our Kaw children in her tribal clothes. One is located on I-35 and the other is on the highway between Ponca City and Tonkawa.
- We partnered with Ponca Tribe of Oklahoma's White Eagle Clinic at their back-to-school health fair to do car seat checks and installations. David Bales, my project officer, Toni Short, and her 2 technicians also came to help that day.

We have some exciting news for Year 3! Starting January 2023, we are adding Elder Fall Prevention and Suicide Prevention to our program. I am looking forward to working with our elders in the Kay County area and promoting the 988 Suicide and Crisis Lifeline. I have met with Jocelyn Parker, Injury Prevention Coordinator for the Ponca Tribe. She gave me some helpful tips and explained her program to me and answered my questions. I've been working on the forms and meeting with our clinic staff on getting a referral system in place before January. ■

Top: CPS Technicians of the Kaw Nation Child Care Clinic. Middle: CPS Techs installing a car seat. Bottom: Buckle Bear's first appearance!



Growing Partnerships Across the Winnebago Community

By: Jennifer Hardeman



Hello fellow TIPCAP coordinators and others interested in tribal injury prevention (IP) activities. My name is Jennifer Hardeman. I am an enrolled member of the Winnebago Tribe of Nebraska, and I am the IP coordinator for TIPCAP at the Winnebago, NE site. The current Winnebago Comprehensive Healthcare System (WCHS) fall prevention project enhances fall prevention services for the elderly by conducting home assessments and providing modifications by installing safety devices that serve as safety precautions to reduce injuries due to falls. Elders have access to fall prevention screening, Tai Chi, chair yoga, and senior fitness class to help build strength and balance. The fall prevention project has a strong presence in Winnebago and could not operate as proficiently as it does without the following partner relationships:

- Public Health Nurses who conduct home visits and referrals of seniors to the fall prevention project
- The Winnebago Housing Director for home assessments needs, including the maintenance department for safety device installations
- The Senior Center for Tai Chi classes, medication reviews, balance testing, and referrals for home assessments
- The Enrollment Office for access to the address list of seniors
- Whirling Thunder for a fitness educator to co-teach and substitute teach the Tai Chi classes in the Ho-Chunk Hope Classroom
- Winnebago Village housing for home assessments and home visits to seniors in need of more services
- Physical Therapy Department for balance testing for the seniors at the Senior Center every 10 weeks
- Pharmacy planning for medication reviews for the seniors who visit the Senior Center, as well as the seniors who are part of the fall prevention home assessment monitoring
- Emergency Medical Services Director and CHRs (community health representatives) for the referral of home life alert systems for the seniors to wear in case of falling, or other possible injury for seniors in their home and in the community
- Public Health Educators for community events and their assistance at public health events
- Village Housing Director for the senior housing complex fall prevention fitness classes, (we will plan to offer a class to the residents)
- Human Resources Safety/Training Director for safety committee documents and tribal safety documents

Our partnership list continues to grow! In our community, many programs interact with seniors who could benefit from fall prevention services, so I encourage other programs to continue networking and advocating for seniors. We have come a long way with the support of TIPCAP and have much work to do as our population of 500 seniors continues to grow.

I am humbled to be the IP Coordinator for the Winnebago TIPCAP site. I want to thank you for reading this today, and I look forward to the wealth of learning opportunities from each and every one of you. I know that reading the other articles in the newsletter will help expand our list of community partnerships for fall prevention for the Winnebago community. ■



Elders at the Senior Center practicing Tai Chi to improve strength and balance.

GAME NIGHT



By: Teri De La Cruz

The Ak-Chin Injury Prevention Program hosted a game night for our elders featuring O’odham Bingo, Uno, and musical chairs. These games all came with a twist though. O’odham Bingo used jumbo-size dice and the rule of “rolling doubles.” The Uno game had oversized Uno cards. Our musical chairs game was more like hot potato.

The goal was for the games to be fun, challenging, and competitive. For musical chairs, our elders had to use speed by moving the ball around before the music stopped. For Uno, elders had to use cognitive thinking to match numbers or colors, while being quick to call out Uno! Our O’odham Bingo game asked elders to roll dice and use their physical skill to play.

Having a great time socializing, laughing, and sharing a meal together was much needed. We had such great feedback and comments on how much they enjoyed the night! ■





Left: Kiana, Alaska is a remote village in northern Alaska with no road access.



Maniilaq Association Teams Up with OPT-In Kiana

By: Livia Bracker

Maniilaq Association has been working to reduce falls in older adults across all 12 communities in Northwest Alaska. Our primary focus in Year 1 and 2 of the grant has been starting an exercise program to improve the strength and balance in the older adult populations. However, finding the instructors and staff needed has been challenging due to the COVID-19 pandemic.

One of the communities we're currently working on starting an elder exercise class in is the Native Village of Kiana. It's made up of 447 residents, 94% of which are Alaska Native/American Indian. Similar to the other communities in the Maniilaq service area, Kiana is a remote village with no road access. Kiana has a local clinic, but it does not have the staffing or resources that are needed for a hospital. This is true for all the

villages except Kotzebue, which acts as a hub community for the region. If a serious injury does occur, residents must travel almost 60 miles by bush plane to the nearest hospital in Kotzebue. In more severe cases, they may have to get medevac'd over 500 miles to Anchorage. Both options are costly and require long travel time before receiving treatment. This makes the prevention of injuries in Kiana and the surrounding communities all the more important.

We originally partnered with the Kiana Tribal government to get the exercise classes started, but the impact of the COVID-19 pandemic along with recurring staff turnover has put a lot of stress on tribes in the last few years. This impacted our program too by making it harder to find staff available and willing to lead an exercise class during such a difficult time.

In June we connected with One Positive Thing in Kiana (OPT-In). They are a health-oriented organization, led by Jeanne Gerhardt-Cyrus, a former Maniilaq employee. Their organization created an inclusive youth group in Kiana, intended to empower the youth and younger adults in the community. They had heard about the elder fall program through the tribe and wanted to be involved. With their help, we've been able to identify OPT-In staff members who are willing to act as class instructors, and they have offered up their building as a class location. Moving forward, we plan to work with OPT-In to start the first Bingocize class by the beginning of next year. This partnership will be a template for fostering other partnerships and classes in our region. ■

Promoting and Assisting Injury Prevention Efforts within Tribal Communities

By: Elaine Cummins

My name is Elaine Cummins, and I am the TIPCAP Project Coordinator for RMTLC. I was introduced to the field of injury prevention last year. Working with the different tribes and communities has been very fulfilling. COVID restrictions have created a challenge for us in introducing fall prevention strategies due to restrictions on the elder community. We have been holding meetings virtually and shipping supplies directly to the tribes. This coming year, we hope to be more involved with face-to-face interventions and planning. We also got a new Injury Epidemiologist, Aishitha Chembeti, in March 2022. She works closely with me to interpret the data and requests that each tribe may have.

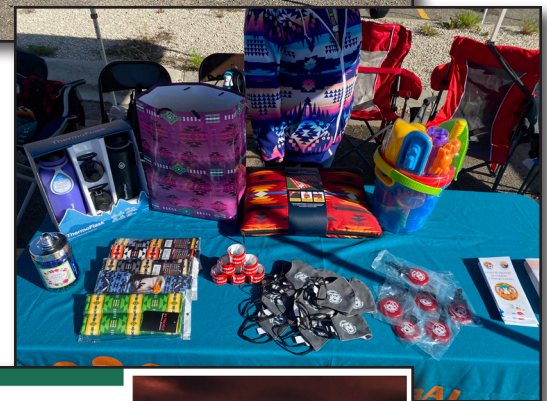
Our program works to promote and assist injury prevention efforts within tribal communities in Montana and Wyoming. Our goal was to collect and report injury data to each tribe so that we may assist in planning their injury prevention activities. Morbidity, mortality, and cost-analysis reports were disseminated to each tribe. We have assisted with child passenger safety efforts by providing car seats to each service unit for educational purposes such as car seat check events or individual car seat checks in the community. We support each tribe with ongoing advice and training guidance requests through our tribal epidemiology center.

We have developed a gap analysis survey to help us better assess injury prevention efforts in each tribal community. We look forward to hosting our Annual Strategic Planning meeting with the sanitarians and tribal health directors this winter to get updates from each tribe. Building partnerships and collaborating with the programs has been a great tool for ideas to use in intervention planning. We have distributed injury-related promotional materials like multi-purpose flashlights, different types of pedestrian reflectors, and car seat belt covers during the health fairs. We also created flyers for National Injury Prevention Day (November 18th) and uploaded them to RMTLC social media pages. ■



RMTLC works with Tribal communities in Montana and Wyoming and serves the following tribes:

- Blackfoot Tribe
- Chippewa Cree Tribe
- Confederated Salish & Kootenai Tribes
- Crow Tribe
- Eastern Shoshone Tribe
- Fort Belknap Tribe
- Little Shell Tribe
- Northern Arapaho Tribe



Preventing and Reducing Unintentional Falls in our Elderly Population

By: Jocelyn Parker

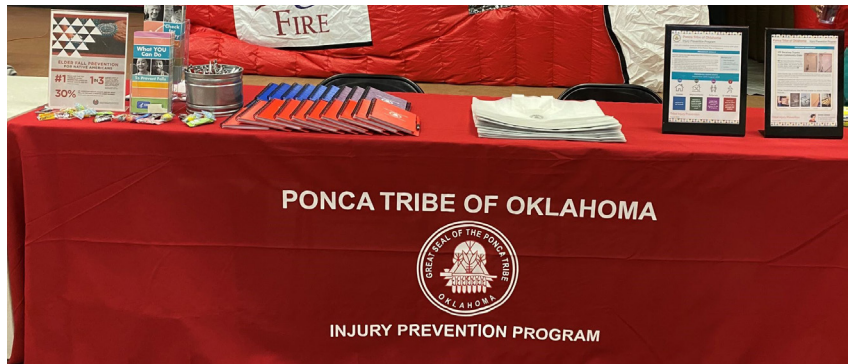
The Ponca Tribe of Oklahoma Injury Prevention Program (IPP) is focused on one main activity: Elder Fall Prevention. The IPP promotes fall prevention through education, home assessments with environmental modifications, encouraging annual eye exams, and providing a balance and strength exercise program.

The IPP understands the importance of creating and maintaining strong partnerships within the healthcare system and the community. As the coordinator of the IPP, one of the key roles is

to bridge gaps between clinical and community programs in fall prevention. The program success has been made possible by a cohort of professionals and advocates. Having the IPP referral form available in the Health Center has been a vital tool to reach high risk elders.

Year 2 has been challenging. Many elders still have a fear of contracting COVID, and they are not comfortable attending in-person functions. To overcome this many of the in-person events and aspects of the program will be

done virtual. The second program challenge is ongoing changes in departmental staff, tribal council, and accounting procedures. This is not uncommon within sovereign nations, so to overcome this challenge, the IPP coordinator will host an Injury Prevention Program Informational meeting to address three key components: 1) program introduction, 2) current program success, and 3) future program goals. This will be scheduled at the beginning of 2023, due to an upcoming tribal election. ■



The IPP staffed an information table at the Ponca Tribe Community Program Fair in April 2022.

Ponca Tribe of Oklahoma promotes elder fall prevention through:



Education



Annual Eye Exams



**Home Assessments
with Modifications**



**Balance & Strength
Exercise Program**



TIPCAP ANNOUNCEMENTS

Annual progress reports are due March 31, 2023

You should plan to submit your annual progress report to your Project Officer for review by **Thursday, March 16**. The approved and finalized report should then be submitted to IHS via www.grantsolutions.gov by **Friday, March 31, 2023**. And remember, there is no harm in submitting your progress report before the deadline. 😊

REMINDER: Be sure to use the same narrative report that has your Semi-Annual Report information on it. You will add your updates to the same document to create a comprehensive record of the year's activities (use the cells labeled 'Annual' for July–December reporting or make sure to use a different font color). Data reporting forms and checklist documents can be found on your program-specific page on TIPCAP.org.. If you have any problems using the reporting template, reach out to [Jenn Russell](#) or [Holly McKinney](#).

2023 TIPCAP Annual Workshop & SAVIR Conference

Exciting news! The 2023 TIPCAP Annual Workshop will be in **Denver, CO from April 19-20, 2023**. Please save the date! The Project Officer meeting will take place on April 21 in the morning. More details on location, hotel, and agenda will be coming soon. The 2023 Annual Workshop will be held parallel to the Society for Advancement of Violence and Injury Research (SAVIR) conference, taking place April 17-19, 2023, at the Hilton Garden Inn Union Station in downtown Denver.

The keynote address will be provided by Dr. Debra Houry, Acting Principal Deputy Director of the CDC. The plenary presentation on **Innovation in Dissemination: Reaching Beyond Publications** will include Shani Buggs, University of California Davis, John Daley, Colorado Public Radio, Tracy Mehan, Nationwide Children's Hospital, and our esteemed TIPCAP colleague, **Monte Yazzie, Salt River Pima-Maricopa Indian Community**.

We encourage you to take advantage of this opportunity by attending the SAVIR conference before our TIPCAP workshop. Visit their website to learn more: <https://www.savirweb.org/aws/SAVIR/pt/sp/conference-23>.

Other Upcoming Conferences

On Aging Conference (hosted by the American Society on Aging)

Join the conference in Atlanta, GA | March 27-30, 2023

Link: <https://www.asaging.org/on-aging>

Lifesavers

Join the conference in Seattle, WA | April 2-4, 2023

Link: <https://lifesaversconference.org/>

Kidz in Motion

Join the conference in Oklahoma City, OK | August 24-25, 2023

Link: <https://kidzinmotion.org/>

Program Profiles:

Be sure to get Holly McKinney feedback on your program profiles by December 14! She sent the profiles on December 2. If you can't find the email, let her know and she can resend.



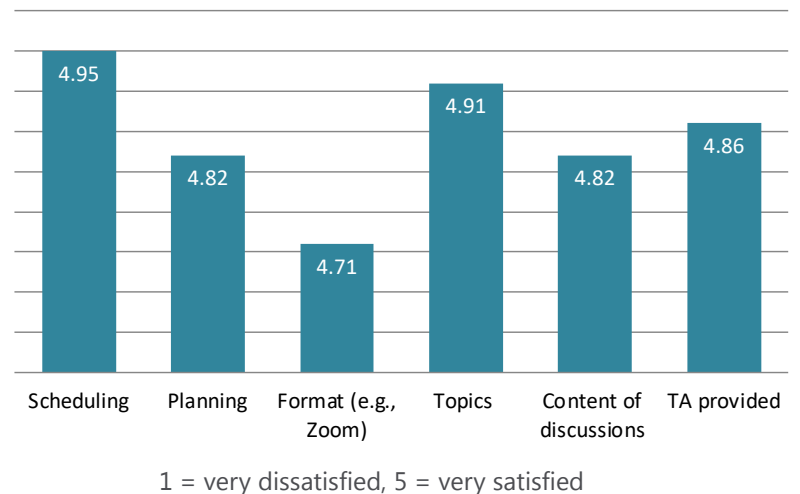
TIPCAP ANNOUNCEMENTS

Year 2 Virtual Site Visit Re-Cap

By: Jenn Russell

Thank you to the Part I Programs, Project Officers, IHS Staff, and presenters who participated in the virtual group site visit on October 13, 2022. It was another positive gathering where the ideas, suggestions, and camaraderie were abundant. The agenda included time for introductions and networking, sharing experiences and struggles via Jamboard, and great breakout sessions, including: suicide prevention with Dr. Spero Manson; Bingocize® with Dr. Jason Crandall; Traumatic Brain Injury with Hillary Strayer and Allison Olsen from the Alaska Native Tribal Health Consortium (ANTHC); National Digital Car Seat Check Form with Jennifer Booge; Home Assessments Best Practices with CDR David Bales; and Opioid Misuse and Overdose Prevention with CDR Jason Hymer.

Participant satisfaction with the following aspects of the site visit (n=20)



The evaluation survey showed that the site visit was overwhelmingly successful, and 100% of respondents said that they liked the group format and appreciated hearing from, and sometimes commiserating with, their peers. The breakout rooms with our expert facilitators and presenters were extremely well-liked, but most weighed in that they were too short; therefore, we are working with the presenters to schedule dedicated webinars to the topics in the coming year. The evaluation showed the most disliked thing about the meeting was that it had to be virtual. Trust us, we wanted to see you all in person, too, and we look forward to seeing you in April for the Annual Workshop!

You can find the recording of the site visit and accompanying materials on TIPCAP.org (breakout rooms were not recorded). Thank you to everyone who participated!



Welcome to **Shelby Billie**, Research Program Coordinator with the TIPCAP Monitoring Contractor

Shelby is a member of the Navajo Nation and a recent Brigham Young University graduate with a degree in Public Health. She joins the University of Colorado as a Research Program Coordinator, working half-time with the monitoring contractor team for TIPCAP and half-time with the Injury & Violence Prevention Center.

Shelby has always had an interest in public health and is excited to join the team. She sees this as an opportunity to learn and grow in a field that she is so passionate about. Some of her personal interests are crafting (beading, knitting, sewing, paper crafts) and enjoying music and film. She looks forward to continuing to get to know everyone!

If you'd like to reach out to Shelby, her email is shelby.billie@cuanschutz.edu.



TIPCAP ANNOUNCEMENTS

CDC Report Highlights Persistent Disparities in Suicide Rates and Risk Factors Among American Indians & Alaska Natives

- QUICK FACTS**
- Nearly 75% of AI/AN suicides were among people 44 years and younger (vs. 46.5% among non-AI/AN suicides)
 - The greatest proportion of AI/AN suicides (46.9%) were people 25-44 years (compared to 35% of non-AI/AN suicides were people 45-64 years)

This data is the latest from the CDC and was published in the recent *Morbidity and Mortality Weekly Report*, ***Suicides Among American Indian/Alaska Native Persons — National Violent Death Reporting System, 2015–2022***. It underlines the enduring disparities in suicide rates for American Indians and Alaska Natives. As injury prevention advocates, suicide is one of the most heartbreaking intentional harm outcomes we encounter. We encourage all of our TIPCAP colleagues to read the report and share widely with their networks. We include some key takeaways for injury prevention below.

What is added by this report?

Comparison of 2015–2020 suicides among all AI/AN and non-AI/AN decedents in 49 states, Puerto Rico, and the District of Columbia found that AI/AN suicide decedents had higher adjusted odds of a range of relationship and alcohol or other substance use problems, and reduced odds of known mental health conditions and treatment than did non-AI/AN suicide decedents.

What are the implications for public health practice?

Culturally relevant comprehensive public health approaches to suicide prevention are needed to address systemic and long-standing inequities among AI/AN persons. Prevention strategies may include strengthening access and delivery of care, promoting community engagement and cultural traditions, increasing coping and problem-solving skills, increasing training to recognize and respond to suicide risk, promoting the new 988 hotline, and expanding access and availability to postvention programs for survivors of suicide loss. Additionally, new evidence-based programs, evaluation of existing AI/AN programs, and adaptation of other programs, is needed. Programs can benefit from holistic Indigenous evaluation that takes into consideration AI/AN cultural values and practices.

Resources

- Read the report, *Suicides Among American Indian/Alaska Native Persons — National Violent Death Reporting System, 2015–2020*
 - » https://www.cdc.gov/mmwr/volumes/71/wr/mm7137a1.htm?s_cid=mm7137a1_w
- Tribal Suicide Prevention
 - » <https://www.cdc.gov/suicide/programs/tribal/index.html>

Suicide & Crisis Lifeline

Call
"988"

Visit
988lifeline.org



APPROACHING ORGANIZATIONS FOR HELP

The monitoring contractor team at CAIANH offers some guidance on approaching foundations, corporations, universities, and other groups for funding or other resources.

Implementing community-based injury prevention can be challenging with limited resources. This column provides suggestions on approaching foundations, corporations, universities/colleges, and other groups. Reaching out or partnering with these groups could result in monetary assistance, or human resources, to help carry out your injury prevention program goals. This also provides an opportunity for you to help foundations and corporations fulfill their obligations for community assistance or provide great experience for college students. The following are suggestions and considerations for exploring these partnerships. If you want to discuss any of these ideas with TIPCAP team members at the Colorado School of Public Health, don't hesitate to ask.

Foundation Funding Sources

Foundations can be an excellent resource for smaller community-based organizations as they may be able to provide less restrictive funding. To start, find a foundation that shares similar goals and values with your program. When researching foundations, read their website carefully to find their mission and funding interests, who is on their board, and what they have funded in recent years and for how much. You may need to tweak your ideas a bit to match the funder's way of approaching their funding. For example, your goal may be to fund a program for youth suicide prevention, and their mission may include an interest in community mental health or youth development. Their mission is clearly compatible with your goal, but you may need to frame your pitch in a way that makes this obvious.

Be aware that some foundations only fund projects in a certain geographic area or that address specific populations. Knowing this can save you time so you can focus only on those that better match your situation.

Many funders like a personal approach and prefer to talk to prospective grantees about their ideas. Call and talk to them once you are clear about what you have in mind. Even if you are not awarded, it can still be helpful to meet with a funder to help prepare future proposals. They will help you decide if they are a good fit and, if they are not, may be able to suggest other foundations that you should approach.



APPROACHING ORGANIZATIONS FOR HELP

Other Funding Sources

- **Corporations.** Many corporations have giving programs (e.g., Walmart, Kohls, Kroger, Home Depot, CVS, McDonalds). Consider asking managers of local businesses that are part of large chains to see if they can put you in touch with the public giving officers in the corporation.
- **Local Businesses.** Local businesses, like restaurants, hardware stores, or toy stores, have giving programs and, as a result, get publicity and build good will in the community through their support of local programs.
- **Insurance Companies.** Some insurance companies like State Farm and Allstate have helped support injury prevention activities and may support your program.
- **Hospitals.** Many hospitals also have community-benefits requirements as part of maintaining their non-profit status. They may be a resource for funding or supplies.
- **Safety Product Companies.** Consider companies that produce safety products, like bike helmets, smoke detectors, grab bars, or gun locks. They may sponsor programs or events related to their products and might provide free or low-cost products as part of the program.
- **State Health Departments.** Communicate with the state health departments in your area and explore whether they have found good foundation, corporate, and community-based partnerships and if by working together you can each improve your level of support.

Both Safe States and Children's Safety Network have produced helpful materials that you may want to consult.

Approaching Organizations About Funding

When preparing for a meeting about funding or new partnerships, consider these questions:

- What are their organization's funding priorities?
- What is a typical size award?
- What do they expect in the way of a proposal? Is there a specific format and length?
- Are there specific eligibility requirements for you or your organization (e.g., some will only give to non-profit and non-governmental organizations)?
- Do they accept unsolicited proposals and, if so, what is their timetable for considering applications?
- Do they have specific deadlines throughout the year when they consider applications or new partnerships?
- How do they evaluate proposals (e.g., do they do site visits before making funding decisions)?
- And, most importantly, does your idea fit with their interests?



APPROACHING ORGANIZATIONS FOR HELP

Student Worker Opportunities with Universities & Colleges

Remember – money is not the only resource that can help your program and getting assistance for free is equally important.

Local colleges and universities have students who need experience and often need to accrue a certain number of hours of community service. Consider whether some of what you need done (including writing a proposal to a foundation) could be a student project while at the same time helping them learn (and possibly become future employees).

Graduate students in applied fields like public health, nursing, medicine, and social work usually have requirements to do community projects. Typically, you will want to have a specific project in mind (e.g., creating a community survey, data collection, conducting observation surveys, data analysis, graphic design for a community campaign, etc.) that a student can accomplish within a period of a few months (e.g., a semester or over the summer) that would be mutually beneficial for your program and the student.

Sometimes, if you can pay even a small amount (travel expenses, lunch, supplies), you can recruit a student more easily. However, for some types of learning experiences, students are not allowed to accept money. You need to ask how it works at a particular institution.

Finding the Right University/College and the the Right Contact

- If there is an Injury Control Research Center in your region, that would be a good place to start. Explore the [list of these centers](#) to see if there's a good fit.
- Go to the websites of local colleges or universities and contact the leader of a specific program (e.g., public health) to see what kinds of placements they may be looking for to engage their students. View a [list of all accredited public health programs](#) in the US.
- At other types of colleges, try to find the person who is in charge of service-learning opportunities.
- Consider joining [Handshake](#), a website that links employers with students interested in both internship and employment opportunities.

TIPCAP Sites and Focus Areas

PART I SITES

TIPCAP Site	Focus	Car Seats ¹	Seat Belts ²	Helmets ³	Exercise Classes	Home Assess/ Mods ⁴
Albuquerque Area Indian Health Board	MVC/ Falls	X	X		X	X
Choctaw Nation of Oklahoma	MVC	X				
Great Plains Tribal Leaders Health Board	MVC	X				
Hopi Tribe	MVC		X			
Indian Health Council, Inc.	MVC	X	X	X		
Kaw Nation	MVC/ Suicide	X				
Maniilaq Association	Falls				X	
Northern Valley Indian Health, Inc.	Falls				X	X
Northwest Portland Area Indian Health Board	MVC	X				
Norton Sound Health Corporation	Falls/ TBI			X		
Ponca Tribe of Oklahoma	Falls				X	X
Rocky Mountain Tribal Leaders Council	Data Profiles					
Salt River Pima-Maricopa Indian Community	MVC/Falls/ Opioid	X			X	
Santo Domingo Pueblo	Falls				X	X
Tuba City Regional Health Care Corp	Falls/ Suicide				X	X
Washoe Tribe of Nevada & California	Falls				X	X
Winnebago Comprehensive Healthcare System	MVC/ Falls	X			X	X
Ak-Chin Indian Community	Falls				X	X
Apache Tribe of Oklahoma	MVC	X				
Bakersfield American Indian Health Project	Falls				X	X
Bristol Bay Area Health Corp	TBI			X		
California Rural Indian Health Board	MVC	X				
Ho-Chunk Nation	MVC	X				
Jena Band of Choctaw Indians	MVC	X				
Navajo Nation - Department of Highway Safety	MVC	X				
Stockbridge-Munsee Community	Falls				X	X
White Earth Band of Chippewa Indians	MVC	X				

PART II SITES

¹ Car seat observation and distribution. ² Seat belt observations. ³ Helmet observation and distribution. ⁴ Home assessments and modifications.

TIPCAP Sites and Project Officer Contact Information

IHS Area	TIPCAP Site	Contact	Part	Project Officer
Alaska	Bristol Bay Area Health Corporation	Melany Eakin MEakin@bbahc.org	Part II	Chris Fehrman Christopher.Fehrman@ihs.gov
Alaska	Maniilaq Association	Livia Bracker LiviaBracker@gmail.com	Part I	Chris Fehrman Christopher.Fehrman@ihs.gov
Alaska	Norton Sound Health Corporation	Katie Hannon KHannon@nshcorp.org	Part I	Chris Fehrman Christopher.Fehrman@ihs.gov
Albuquerque	Albuquerque Area Indian Health Board	Sixtus Dominguez ASDominguez@aaiahb.org	Part I	Amanda Parris Amanda.Parris@ihs.gov
Albuquerque	Santo Domingo Pueblo	Eric Bailon Timothy.Bailon@kewa-nsn.us	Part I	Jay Wyatt Jamie.Wyatt@ihs.gov
Bemidji	Stockbridge-Munsee Community	Judy (Vera) Heubel Vera.Heubel@mohican.com	Part II	Casey Crump William.Crump@ihs.gov
Bemidji	Ho-Chunk Nation	Lisa Herritz Lisa.Herritz@ho-chunk.com	Part II	Casey Crump William.Crump@ihs.gov
Bemidji	White Earth Band of Chippewa Indians	Danielle Darco, Danielle.Darco@whiteearth-nsn.gov & Bryanna Chilton, Bryanna.Chilton@whiteearth-nsn.gov	Part II	Casey Crump William.Crump@ihs.gov
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California	Northern Valley Indian Health, Inc.	Amanda Holley Amanda.Holley@nvih.org	Part I	Carolyn Garcia Carolyn.Garcia2@ihs.gov
Great Plains	Great Plains Tribal Leaders Health Board	Christy Hacker Christy.Hacker@gptchb.org	Part II	Timothy Wildcat Timothy.Wildcat@ihs.gov
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Navajo	Tuba City Regional Health Care Corp	Tina Billy Tina.Billy@tchealth.org	Part I	Zoey McKenzie Zoann.McKenzie@ihs.gov
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Phoenix	Washoe Tribe of Nevada & California	Nick Brown Nick.Brown@washoetribe.us	Part I	Martin Stephens Martin.Stephens@ihs.gov
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