

TIPCAP NEWS

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



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Adapting to the pandemic: CPS program makes it work

By: Lisa A. Herritz

The Ho-Chunk Nation Injury Prevention Program started out the year of 2021 by launching a virtual car seat installation training program. This was a necessity to assist tribal members and those in need of car seats during the Pandemic. While the Pandemic was full of challenges, this was an effective addition to our already thriving program. We were able to offer a series of car seat videos to enhance visual learning. Our Child Passenger Safety Techs (CPSTs) were able to communicate via phone and email and provide personal instruction while maintaining social distance guidelines during the pandemic.

Our virtual car seat program was not our only success. Our Ride Safe program increased the number of car seats given out in a year. The Ride Safe program gives seats to Ho-Chunk Nation Head Start children. This year we expanded the program to include Head Start family members. Every family member that needed a seat received one free of charge.

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

Congrats to the 2021-2025 TIPCAP Sites!

By: LCDR Molly Madson,
Indian Health Service

I want to thank you all for your patience and understanding as we start this first year slowly and virtually. We have all been through some unique challenges and I will continue to remain adaptable as we navigate this new normal. It is my hope to be able to visit all of your sites IRL (hehe) very soon, but I will settle for a zoom call as needed until then.

This cycle, we are welcoming 27 total sites! We have 17 Part 1s and 10 Part 2s. Included in this new round of funding are 16 returning sites, 7 previously funded sites from prior cycles, and 4 first time funded TIPCAP sites.

The goal for this first year of TIPCAP is to build relationships and connections. Not only with your community partners but with the other TIPCAP sites throughout Indian Country. Many of you have similar goals and program objectives, so working together just seems to be a natural fit. We have spent many months alone or isolated in a virtual setting and I'd love to see us start out this cycle working together to prevent injuries in Tribal communities.

It is an honor to work with you and I very much look forward to seeing everything this next 5 years has to offer.

HO-CHUNK NATION

[cont.] Adapting to the pandemic

Currently, our yearly goal for car seat distribution is 200 seats. The Ride Safe program gave out 59 seats. Ride Safe was another virtual success, not even a pandemic could stop this program.

Following the Ride Safe program, we were able to continue to work with our six Head Start locations to provide children with car seat and seat belt instruction from our Buckle Bear program. Buckle Bear visited each location via a ZOOM meeting. Each child received a backpack, color book with crayons, and their very own teddy bear to remind them to use a car seat and buckle up. We reached 126 children. Next year the plan is to visit each site in person.

CPSTs are a very important part of this program. This year we start-

ed monthly meetings to increase support and guidance and to assist with maintaining our current CPSTs. Our goal is to train three CPSTs per year. Currently we are planning to host two in person training sessions one in the summer and other in the fall of 2021. As a result of this training, we will reach our goal of training additional CPSTs and a CPST Proxy to assist the CPSTs with seat check offs, car seat clinics, and other education events in the community. We believe this will allow us to maintain and expand our program. One more benefit for the community is allowing other tribes in Wisconsin to attend these classes at no charge.

As a CPST and Injury program Coordinator, I am excited for the opportunity to complete the IHS



Level I Injury Prevention Training in May, and I am looking forward to Level II training in the fall of 2021. This platform gives the Ho-Chunk Nation the opportunity to decrease injuries and raise awareness on the importance of car seat use. It takes a Nation to make a difference. ■

To meet the needs of their elders, home assessments for fall risk go virtual

The Washoe Tribal Health Center has faced a myriad of challenges throughout the COVID-19 pandemic, with some of these challenges directly impacting the Injury Prevention Program (IPP). As the health center began to focus on COVID-19 screening and testing specifically, the interest for in-home assessments for Elder Fall Prevention showed a rapid decline.

Losing the previous IP Coordinator in spring 2020, the Washoe Tribe had difficulty recruiting for the position to continue the IPP. The program was passed amongst clinic staff through the summer until the position was finally filled by Kristin Wyatt, a Washoe Tribal Member and Army Veteran.

"I came to the program with an extensive background in domestic violence, sexual assault, child abuse, and elder abuse services. As the previous Program Coordinator for the Washoe Tribe Domestic Violence Program, I had built strong partnerships with the Health Cen-

ter and Washoe Tribal Elder Center. I wanted to join the Clinic team to help keep our elders safe. Falling should be the last thing on their list of things to worry about during a pandemic," Kristin stated.

"I have revised and re-designed the program to allow patients and their families to utilize web-based meeting applications to complete their home assessments. That way we are minimizing COVID exposure as much as possible for everyone involved."

Thanks to the virtual home assessments, the program is able to perform a comprehensive screening and home assessment with the patient and their family without ever having to enter the home. Often this was the client's preference, as numbers for COVID positive tests saw a rapid uptick in Washoe County at certain times.

"We are able to document need by taking photos or screenshots of the meeting screen and able

to write instructions in the comments, in case the elder is hard of hearing. It's really been an excellent addition to the program," Kristin explained.

"Through the implementation of the web-based meetings, the Washoe Tribe's Injury Prevention Program has seen an increase of about 200% in home assessments performed since October 2020. There has been tremendous participation from the medical staff as far as referrals go, and great case management by our Case Management Nurse." Kristin explained that having the assistance of labor and installation professionals has been critical to the program's success. "We are VERY thankful for our continued partnership with the Washoe Housing Authority," she said. "The team has been really excellent in assisting with my on-boarding process, and I look forward to continuing to grow and expand our program here at the Washoe Tribe." ■



Through virtual home assessments, the program is able

to perform a comprehensive screening and fall risk assessment without having to enter the elder's home.



Using the chat function of the web-based program, the

coordinator is able to write out instructions, which is helpful if the elder is hard of hearing.



The coordinator is also able to document the elder's needs by

taking photos or screenshots of the meeting screen, which can be further evaluated later.

Community is the Medium and the Message

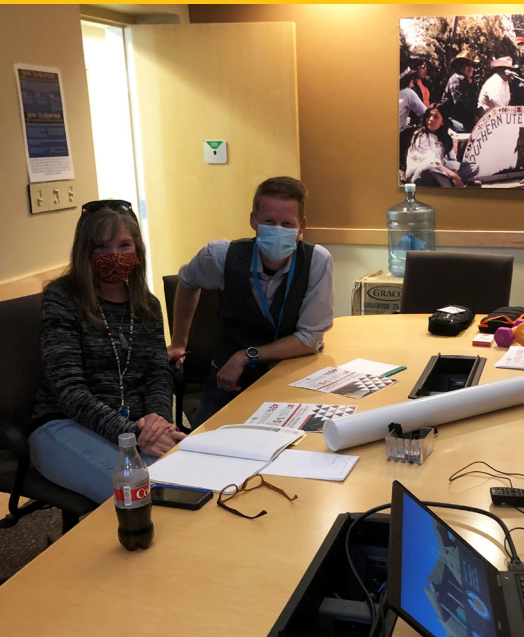
By: Sixtus Dominguez

Hello! My name is Sixtus Dominguez, MCRP. My lines of tribe are Rarámuri and Apache, and I am the TIPCAP Coordinator for the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC), a Part 1 IHS-funded TIPCAP program. Although our program has been highly successful, there is much work that remains to be done and sustained. AASTEC serves all 27 American Indian communities in the Indian Health Service Albuquerque Area (IHS ABQ Area), which spans across New Mexico, Southern Colorado, West Texas, and Southeastern Utah. AASTEC is housed under the Albuquerque Area Indian Health Board, Inc. (AAIHB), which is a tribally designated organization that was established in 1977 and encompasses a consortium of six American Indian Tribes in the IHS ABQ Area, including Jicarilla Apache Nation, Mescalero Apache Tribe, Southern Ute Indian Tribe, Ute Mountain Ute Tribe, To'Hajiilee Navajo, and Ramah Navajo.

As the Injury Prevention Program Coordinator, I have an undergraduate background in Indigenous studies and graduate background in Indigenous community and regional planning, public health, research, and service to communities. The AASTEC & AAIHB IP program will focus primarily upon two strategies—elder fall prevention and car seat use. The program implements a multicomponent approach to address each of the two selected strategies at both the environmental and individual level. With this broad capacity and experience, the program goals advance the health and wellness of the AI/AN population throughout our service area using evidence-based injury prevention best practices; multi-sector partnership development; tribal public health program implementation; data collection, management and analysis; training and technical assistance delivery to tribes; tribal health program evaluation; and culturally appropriate educational materials development.

Having been blessed and taught by regional elder leaders and scholars in the AASTEC service area and beyond, I have learned that *Community is the Medium and the Message*. I believe injury prevention is a critical part of sustaining Indigenous core values of land, culture, sustainability, and community. So I restate, *Injury Prevention Community is the Medium and the Message*.

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Top: BSN Manager of Community Health Services, Jane Henson, RN, & Stephen Stockhausen, OT, at Southern Ute Indian Tribe site visit.

Bottom: Raylene House, CHR Coordinator at Ute Mountain Ute Tribe site visit.

[cont.] Community is the Medium and the Message

Whether you are beginning an IP program, or have one already established, don't hesitate to earn or maintain your needed certifications as soon as you can. This can only increase tribal public health capacity. Avoid waiting to implement your work plan. There is always something to do in the work of injury prevention. Communities need individuals with IP skills and knowledge. Implementation can only happen when you put the skills to use, and this in turn creates injury prevention wisdom. One learns valuable practical methods by applying one's self. During these times of the pandemic, I have scheduled many meetings, workshops, and activities only to

have to reschedule, delay, and re-adjust many times. As long as you continue fulfilling aspects of your vision and mission, the work gets done. It might not happen exactly as planned, but that is ok. Be flexible (literally and figuratively) and versatile.

In the words of an Apache medicine person, let me see it was said, no let it be. Seeds to success can only sprout when planted. Like Sunuko (corn), one of the sacred plants that needs the human touch to propagate, so to the injury prevention programs. Injury prevention, like corn, can teach one how to live in the world, better, safer, more resilient, sustainably, and longer with more quality. Reach

out to, read, and research successes throughout TIPCAP to find the variety of IP practitioner's ways and means of success and customize it to your community's needs, and plant your corn.

Significant accomplishments in the program at AASTEC have been to become friends with the individuals like tribal program directors, tribal CHRs, other coalitions, partners with our State Department of Health, and IHS officers in and around our designated area. Attending IP events and activities and conferences has been invaluable to see the best practitioners in action, and being able to interact with these Champions has been a remarkable journey. ■

AK-CHIN INDIAN COMMUNITY

Community relationships enable program success

By: Teri De La Cruz

Hello from Arizona! My name is Teri De La Cruz, and I am the Injury Prevention Specialist for the Ak-Chin Indian Community Injury Prevention Program. Our focus for this new cycle of TIPCAP is reducing risk factors related to falls in our elders. In our previous TIPCAP cycle our focus was Seat Belt Usage/

Child Passenger Safety, along with Fall Prevention.

Our goals for the next 5 years are to successfully implement an evidence-based physical activity class for our elders that they will participate in and enjoy, and as a result, become more flexible and mobile, thus preventing falls and/or injuries. With the help of our in-house

elderly liaison, we receive referrals for elders that need emergency assistance. We also have a great relationship with our Maintenance department to help install grab bars, ADA toilets, or modify ramps.

When I came to the Ak-Chin Community in July 2019, there was a need for Child Passenger Safety

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[cont.] Community relationships enable program success

Technicians (CPSTs). With the help of my partnerships from Arizona Department of Health Services, Salt River-Pima Maricopa Indian Community, and Indian Health Services, we were able to certify 12 techs, 8 of which were employees. Having CPSTs has helped the

program's car seat events—curb-side checks have become such a success. Being a Child Passenger Safety Instructor has helped with keeping the CPSTs certified and allows me to offer help to surrounding communities with their seat checks and to stay certified as well.

Having partnerships with non-tribal communities has worked for us, and we value helping our neighbors. I look forward to working with my fellow TIPCAPpers for the next 5 years! ■

CHOCTAW NATION OF OKLAHOMA

Partnerships and certification are key to meeting CPS goals

By: Keosha Ludlow

Halito (Hello) TIPCAP Team.

My name is Keosha Ludlow. I have been serving as the TIPCAP Director for Choctaw Nation of Oklahoma for the last 5 years in the previous cycle, and I am happy to meet you all and to work with you for this next cycle as well. I am a member of the Choctaw Nation, and I have been employed with our tribe for the last 16 years. I grew up in Talihina, Okla. and have spent the majority of my time here in the Choctaw Nation.

Our goal for this funding cycle is to focus on child passenger safety (CPS). In doing so, we will provide car seats to Native American children who live in our 10½ county tribal service area. We will also work with partners to provide seats to children with disabilities and to infants who may be prematurely born. We plan to do observations at local Head Starts and will host car seat check events

to determine if car seats are being properly utilized. We will continue our efforts in keeping CPS technicians certified and will also work to get more technicians certified in our area to make sure our children are being properly restrained. My team here at the Choctaw Nation looks forward to working with each and every one of you in TIPCAP.

In previous years, we focused on distracted and drunk driving in 3 local schools and educated youth through videos and with a hands-on demonstration of the goggles that signify being under the influence of drugs or alcohol. We did pre-tests of the driving-age students at the 3 schools. We then focused on educating the youth on the dangers of distracted driving, followed by a post-test.

The best piece of advice I can give to someone who is focusing on the dangers of motor vehicle-re-



lated injuries in youth would be to make sure to collaborate with any team partners who can help you make contact with the school officials. Getting into the schools and on their calendars as soon as possible is so important because if you're not on their calendar early, it can become a barrier. This can be especially difficult during the COVID-19 pandemic. We all have encountered barriers with this in some way.

Again, we look forward to working with everyone this grant cycle, and please feel free to reach out to us if we can help you in any way. Yakoke. ■



Preventing falls for tribal elders is a team job

By: Jocelyn Parker

Greetings. I would like to give thanks to TIPCAP for the opportunity to continue addressing unintentional fall-related injuries among our elder population. My name is Jocelyn Parker, the Injury Prevention Coordinator for the Ponca Tribe of Oklahoma, located in White Eagle, Okla. Previously, I was the Community Health Representative Director at White Eagle Health Center. I am also a member of the Ponca Tribe of Oklahoma and reside in Ponca City, Okla. In addition to serving others, I am a wife and mother of five boys and two girls.

During the 2015-2020 TIPCAP funding cycle, one of the lessons learned is there are goals that cannot be reached by any one individual alone. The key to success is building partnerships, both in and outside of the community. Partnerships take many forms, including community members, groups, programs, organizations, and health care providers. The Ponca Tribe of Oklahoma IP Program maintains a successful partnership with a local group that has built over 25 handicap ramps for our elders at no cost. There are other valuable partnerships such as the Community Health Representatives (CHR) whom I like to think of as the eyes and ears of the community. They are a good resource to offer insight on what the community needs and to help increase program awareness. Partnerships have been very beneficial in achieving goals because they bring knowledge, skills, and resources. There is power in numbers. The following quote by Helen Keller sums it up: "Alone we can do so little; together we can do so much." ■

"There are goals that cannot be reached by any one individual alone."



Ponca Tribe of Oklahoma partners with a local group to help build ramps for elders at no cost to the elders. According to Jocelyn, these kinds of partnerships are essential to program success.

INDIAN HEALTH COUNCIL, INC

Words of Wisdom

By: Skye Holmes

Listen to your community. Your program will not be as successful if you do not listen to the community or adapt to fit their needs.

Be prepared to adapt to any situation. COVID-19 taught me that just when you get comfortable in a groove, life will throw you a curve ball. Be ready to adapt your program to fit these curve balls.

Lessen your stress. Create a calendar of when reports/articles are due for the grant.

Be ready to deal with community members. They will challenge your knowledge. Never make up an answer. If you don't know, let them know that, but find out the correct answer and get back to them.

Building on the past, honoring the present, working for a better tomorrow



The Injury Prevention Program (IPP) in the Salt River Pima-Maricopa Indian Community (SRPMIC) works towards brighter futures with their re-awarded TIPCAP funding. Salt River introduced the IPP to the Community in 2015, building interventions that targeted Elder Fall Prevention, Transportation Safety, and Traumatic Brain Injury. The program taught yoga and Tai Chi for Fall Prevention, bringing eight certified yoga Instructors and three certified Tai Chi Instructors for community-based services. The Senior Services program plays a significant source of support in reaching an estimated 150 elders ages 55 years and older from 2015-2020. The IPP also raised the car seat usage rate through community-based interventions like car seat check events, curbside monitoring, and enforcement policy change with partnership from the police department. The usage rate, which began with a baseline

of 30% in 2015, is now a consistent 64% since 2019. The IPP has also organized four Bicycle Rodeos through a partnership with the Salt River Early Childhood Education Center. At this event, families are offered safety education through an obstacle course, tune-ups for their bikes, and free helmets.

Now, with five more years of funding, Injury Prevention Coordinator Monte Yazzie has new plans for the future. Monte explains, "The injury prevention puzzle pieces are organized and ready to be put into place. The Community has so much potential. Partnerships are established and ready to get back to work. It's exciting because of the foundation we have worked to establish. And in the present moment, while we still work our way out of the COVID-19 pandemic, clients and programs have grown to be open to innovation through new intervention methods and

understanding of the potential of using technology. It makes the possibilities for the future so much more exciting."

With the second round of funding, SRPMIC Injury Prevention plans to continue advancing fall prevention classes through a community-tailored, evidence-based and evaluated yoga and Tai Chi curriculum. A new intervention added this cycle concerns Opioid Drug Abuse Prevention. SRPMIC Injury Prevention plans on implementing a multi-faceted intervention plan that focuses on evidence-based strategies, evaluation, and education. Mr. Yazzie states, "Expanding our program is a necessary next step. Focusing on the opioid issue does more than just helping the individual; it helps the Community heal and gets stronger for future generations." SRPMIC IPP is poised to build on its firm foundation.

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[cont.] Building on the past

They are working to honor and help the issues happening within the Community and make stepping stones towards a future with decreased injuries and increased health and wellness.

When asked to share some “words of wisdom” for new TIPCAP sites, Monte stated, “Partnerships. Find the passionate advocates in your Community within the programs

you work with, trying to reach the same goals you are. Share ideas with them, help with events and programs, be their best advocate. You’ll be surprised how many opportunities will arrive from just being an advocate from someone else. We are all trying to reach the same injury prevention finish line, but it’s not a competition; it’s a cooperation.” ■



GREAT PLAINS TRIBAL CHAIRMEN'S HEALTH BOARD

Building community access to child passenger safety education and technicians



By: Christy Hacker

The Great Plains Tribal Chairmen's Health Board (GPTCHB)

TIPCAP Project Director/Program Coordinator, Christy Hacker, MPH, CPST, has directed TIPCAP project activities since 2014. GPTCHB is currently in its fifth cycle of TIPCAP funding, which provides car seat education to families, provides child passenger safety seats (CSS) to families in need, and conducts community car seat checks and Safe Native American Passenger Trainings for community members. GPTCHB partners with the Great Plains Healthy Start program and its Community Health Workers, who are also certified child passenger safety technicians (CPSTs) to

provide education and CSS distribution within the tribal communities they serve.

A major success of the program has been the establishment of strong community partnerships with programs that service children and their families to expand the number of local CPSTs, creating a network of CPST providers who partner to provide community education events, car seat checks, individual education, and CSS distribution.

Building and/or maintaining community access to CPSTs in Tribal Communities in the Great Plains is a major goal of the current funding cycle. In past funding cycles, it was found that maintaining CPST access to provide community education has been challenging, due to staff turnover in community

programs, a lack of access to CPST instructors and instructor proxies to support CPST recertification, and a lack of time and resources to invest in CPST certification or maintaining an education/distribution program.

During this funding cycle of TIPCAP, GPTCHB will assess community CPST capacity and form partnerships within 18 tribal communities in the Great Plains Area to expand and maintain CPST capacity to support child passenger safety education and CSS distribution. ■

Establishing strong partnerships greatly helps to create a network of CPST providers, providing **more community access to services.**

Meeting the needs of individuals means meeting them where they are

By: Bryanna Chilton and Danielle Darco



The White Earth Band of Ojibwe Tribes TIPCAP program consists of 19 active child passenger safety (CPS) technicians. Each technician plays an important role in the success of car seat clinics, installations, education, and most of all, being readily available for individuals needing resources for car seats in a timely manner.

The White Earth TIPCAP program hosts car seat clinics spaced out throughout the year in each of the six villages on the White Earth Reservation. By doing these car seat clinics, we hope to cover more of the needs of individuals living on the

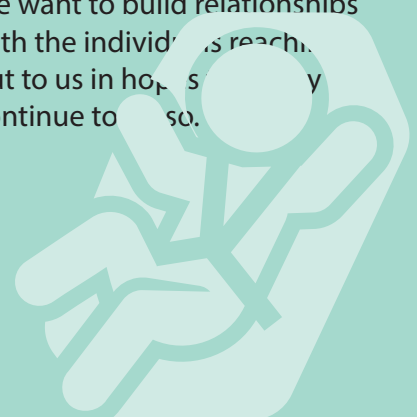
reservation. Not only do we go from village to village distributing and educating on car seats, but we also take walk-ins for car seats Monday through Friday from 8:00–4:00 at the White Earth Tribal Health building, where many of our technicians work. Having a large group of technicians is a huge asset to our program, as this makes taking walk-ins possible. A majority of our technicians are individuals who do home visits as well. If there are family members in need of car seats during these visits, one of the technicians can supply the individual the education needed and the car seat in the comfort of their own home.

Educating and providing car seats during the COVID-19 pandemic was very trying at times, but we are happy to say we still made it possible for individuals in need to receive these resources.

We are looking forward to the start of a new cycle. We have many goals that we would like

to accomplish and are very excited about. The first of which is collecting baseline data during the first year on our target population, which includes prenatal through 5-year-olds. This will give us information to continuously build from and improve on! Secondly, we hope to meet with our coalition every 3 months as well as invite more people to the table who can help build our TIPCAP program. Finally, we are wanting to amp up the number of individuals reaching out to the car seat program by having more billboards for advertising and creating educational, yet fun, incentives for not only the children we serve, but the guardians as well. We want to build relationships with the individuals reaching out to us in hopes they will continue to do so.

Through home visits, child passenger safety technicians can supply the individual the education needed and the car seat **in the comfort of their own home.**



Persistence is the right attitude to reach your injury prevention goals

By: Antoinette "Toni" Short

The Apache Tribe of Oklahoma received the 5-year TIPCAP funding to decrease motor vehicle crash-related injuries among AI/ ANs living in Caddo County, Oklahoma and to reduce childhood injuries and death due to motor vehicle crashes. From 2017-2020, through a 3-year TIPCAP funding cycle, the Apache Tribe of Oklahoma joined forces with Safe Kids Worldwide to become the first Native American Safe Kids (Safe Kids Na-I-Sha) in the state of Oklahoma, serving rural southwestern Oklahoma.

The Apache Health program staff are all trained and certified as Community Health Representatives (CHR), Emergency Medical Responders, and Child Passenger Safety (CPS) technicians. The CHR program director was certified as a CPS technician 10 years ago, then became a National Certified CPS Instructor in 2012. As CPS technicians, we are able to use our knowledge at a variety of community-based activities.

"I have been in injury prevention for the last 19 years, and one of the things I have learned is to be very persistent in your efforts to build partnerships and work with others."

As for words of wisdom, first of all, I want to say "Congratulations!" to all the newly funded TIPCAP Coordinators and offer just a bit of encouragement to all. I have been in injury prevention for the last 19 years, and one of the things I have learned is to be very persistent in your efforts to build partnerships and work with others. Also, participation in conferences and training is important as "learning elevates your education," and documentation celebrates your accomplishments. Also consider becoming a Safe Kids Coalition Worldwide to pursue a relationship with established organizations to access resources. As a coordinator, you may also want to consider expanding your comprehension by taking the 12-month IHS Fellowship Program. I achieved mine to develop a successful program! It was scary! But I did it! Be persistent to reach your goal! ■



Photos from the TIPCAP/Safe Kids Oklahoma "2nd Annual Safe Kids NAISHA Day."

COVID-19 can't stop Apache Tribe of Oklahoma

We started the process to host the TIPCAP/Safe Kids Oklahoma safety education and awareness event in March 2021. I had to reach out to the Anadarko City Manager for his approval to host the outdoor event. Due to the COVID-19 requirements for social distancing and masks, a letter had to be in place to continue the coordination and planning of the event. With the city manager's approval, we were able to go full swing on setting a date and sending out invitations through email to state and tribal organizations to take part in the event and to the public through the newspaper, flyers, and Facebook.

On Saturday, April 10, 2021, we held the "2nd Annual Safe Kids NAISHA Day" for the Anadarko community. The event had an even larger turnout than last year, despite the pandemic and high school proms taking place during the same weekend, with 150 participating children and parents. Booths were set-up outside all around the parking lot of Anadarko First Baptist Church. Oklahoma Sheriffs presented on the effects of a rollover accident without the use of seat belts. Other booths focused on ATV safety, fire safety, bike safety with helmet fitting and distribution, medicine safety/awareness/poison safety, child diabetes health and nutrition education, poisonous snakes/bites, and seat belt education and car seat checks/distribution.

NPAIHB focuses on child passenger and pedestrian safety

By: Nicole Smith

NPAIHB is thrilled to be selected as a TIPCAP site for another five-year cycle. In the last round, our organization focused on Elder Falls, with Luella Azure as the TIPCAP coordinator. Luella has officially retired from her long career in tribal public health, and we wish her well. With this change, we shifted our injury prevention focus areas to child passenger safety and pedestrian safety.

Preventing child motor vehicle injuries has been an ongoing priority for Northwest Tribes. Our Tribal Epidemiology Center spent nine years helping tribes collect and use data to increase child safety seat use in their communities through the Native Children Always Ride Safe study. Together with tribes, the study team created NativeCARS.org to share findings and important work that made such a positive impact in tribes. From this research, we found that if you take time to collect data, you may find important groups of drivers or children who are at particular risk of not using seat belts or child safety seats. The data can help you develop more innovative approaches and to focus and reach those who are most in need.

We also learned that you can have all the information, tools, and funding to address injury prevention, but the most valuable resource of all is a motivated person

to drive the work. This is why we are so excited to be part of TIPCAP. The TIPCAP coordinators are the heart of the program, and are the key to successfully implementing injury prevention plans. Having a designated person that individuals, tribes, and tribal organizations can contact and work with for injury prevention support and assistance is vital to reducing injuries among Native people.

We are also eager to join the TIPCAP network, to learn from other injury prevention programs, and to share what we've learned over the years. If you have questions about anything on the NativeCARS.org website, please contact us because we're ready to help. We are particularly passionate about collecting and using data, and implementing systemic changes including policy

“The most valuable resource of all is a motivated person to drive the work.”

and connecting injury prevention education to electronic health records at tribal and Indian Health Service clinics.

We included pedestrian safety as a TIPCAP priority area because several tribes reached out to our Tribal Epidemiology Center with concerns about pedestrian fatalities in their communities. From death certificate data for our three-state

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NPAIHB is excited to announce Olivia Whiting-Tovar as TIPCAP coordinator!

Olivia grew up in Kyle, S.D. on the Pine Ridge Reservation. She is a first-generation college graduate and recently graduated magna cum laude with a Bachelor of Science degree in Public Health from Fort Lewis College. She has experience conducting research on Adverse Childhood Experiences (ACEs) and implementing trauma-informed care in Native American communities. Olivia has always had a passion for working with and giving back to the Native community, and this was the main reason she wanted to pursue higher education. In her free time, Olivia likes to bead jewelry as a way to relax. Olivia will be supported by our Native CARS team, Lummi Nation tribal member Tam Lutz, Nicole Smith, and Meena Patil.

[cont.] NPAIHB focuses on child passenger and pedestrian safety

region (Idaho, Oregon, and Washington), we found that the rate of American Indian pedestrian deaths was 3.4 times the rate of non-Hispanic White deaths, and the rate ratio was especially high in Washington state (5.0).

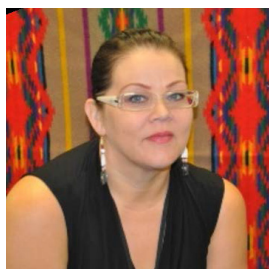
One tribe in our area has been intensively working to address

pedestrian safety through both infrastructure changes and educational outreach, and our team has provided technical assistance and learned so much in these efforts. We are motivated to expand and extend this same support to other tribes in our area who want to conduct a community pedestrian safety evaluation and implement

work to increase pedestrian safety in their tribe.

The first year of TIPCAP, we will focus on staff injury prevention training and child passenger safety technician certification, updating the Native CARS community child safety seat observation form, and helping tribes collect data. ■

CALIFORNIA RURAL INDIAN HEALTH BOARD INC.



A CPS Lead Instructor offers solutions to common problem areas

By: Julie Villa

Hello to all. I am a citizen of the Yurok Tribe, mother of six fabulous humans, and Injury Prevention Coordinator at the California Rural Indian Health Board Inc. (CRIHB) in sunny Sacramento, Calif. I have had the pleasure of working across California with many Tribes and Tribal Health Programs (THPs) for the past 20 years. Child passenger safety (CPS) is my focus for the next five years by increasing the number of CPS technicians, increasing the number of children properly restrained in motor vehicles, and establishing collaborative partnerships with the California Department of Public Health, California Highway Patrol, local hospitals, Tribes, and THPs within an identified service area. I am a certified CPS Lead Instructor, trained in transporting children with special needs, able to provide continuing educational units and mandatory seat signoffs, and provide instructors with teaching hours to maintain certification. As a previous TIPCAP grantee, I'd like to share some insights from the previous cycle.

Challenges:

- Data collection
- Completion of car seat checklist
- Technicians delaying certification requirements

Solutions:

- Request car seat observations before delivery of car seats
- Survey all families requesting car seats (car seat knowledge)
- Submit one car seat checklist for every car seat provided to a family (by fax/email)
- Provide reminders of certifications/recertification dates for CPS techs (keep an Excel spreadsheet to track)
- Request car seat program staff to track all seats disseminated (using an Excel spreadsheet)
- Provide educational materials to families
- Provide training on completion of forms

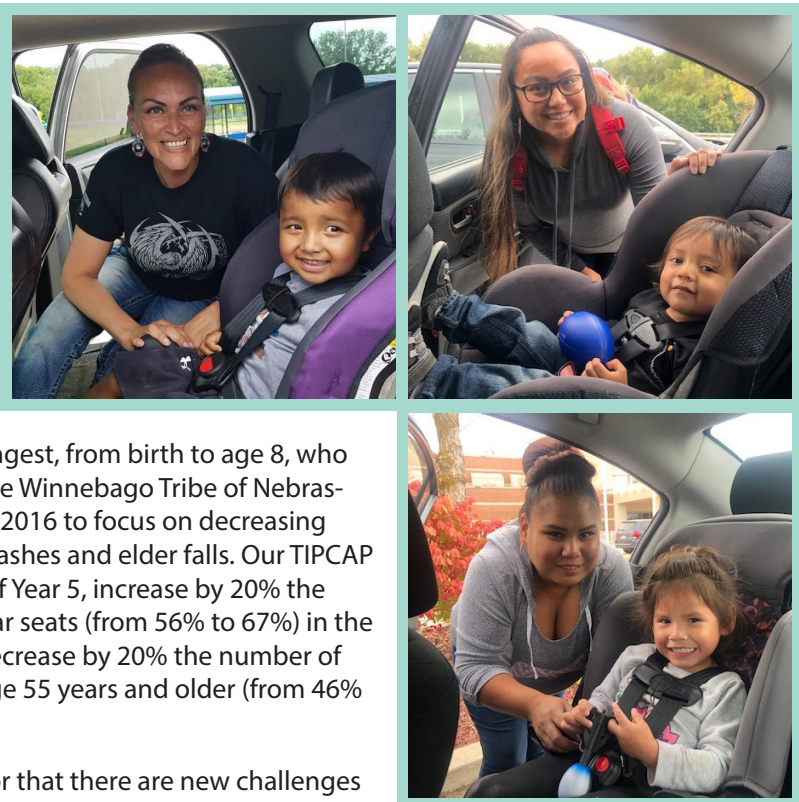
In addition, the COVID-19 pandemic has posed other challenges to the way CPS programs are operating, and it is unknown when car seat educational programs will return to normal. Modifications to how we provide education virtually is an option to most areas of California, but this is still a challenge in some of our very rural areas that struggle with internet access.

Looking for partnerships in all the right places

By: Jennifer Barta

Unintentional injuries in Winnebago, Neb. affect two vital indigenous populations: our elders, the story tellers of culture, tradition, and language, and our youngest, from birth to age 8, who will carry on the story telling, culture, and language. The Winnebago Tribe of Nebraska's Injury Prevention Program (IPP) was established in 2016 to focus on decreasing unintentional injury and death due to motor vehicle crashes and elder falls. Our TIPCAP goals for 2021-25 funding are two-fold: 1) by the end of Year 5, increase by 20% the percentage of children under 8 years of age riding in car seats (from 56% to 67%) in the Winnebago community; and 2) by the end of Year 5, decrease by 20% the number of clinic visits and hospitalizations due to falls in adults age 55 years and older (from 46% to 37%) on the Winnebago reservation.

I've learned in my time as Injury Prevention Coordinator that there are new challenges as well as wins every day; you just have to look in the right direction in your program! I list below some of our partners in the hopes that maybe (just maybe!) you will find a partner for your program in a place you may not have thought of. I am learning every day of new opportunities for IPP growth.



Potential partnership ideas:

- Public Health Nurses with home visits and referrals of clients to IP Fall Prevention Program
- Winnebago Housing Director for home assessments needs
- Senior Center for Tai Chi classes, medication reviews, balance testing, and referrals for elder home assessments
- Enrollment office for elder address listing
- Whirling Thunder for a fitness educator to co-teach and substitute-teach Tai Chi classes
- Winnebago Village housing for home assessments and home visits to elders in need of more services
- Police department for ticketing of seat belt and car seat violations
- Physical Therapy department for balance testing for the elders at the Senior Center every 10 weeks
- Pharmacy department for planning monthly medication reviews for the elders 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 Community Health Representatives for the referral of home life alert systems for the elders to wear in their home and in the community in case of falling or sustaining other possible injuries
- Public health educators for community events
- Human Resources or Safety/Training director for safety committee or tribal safety documents
- Vision clinic for screening opportunities
- Educare, Early Head Start, or Head Start for car seat lunch-and-learns
- Jennifer Booge, Child Passenger Safety Technician (CPST) instructor, who has helped us immensely with keeping our CPSTs certified
- Fellow TIPCAP injury prevention coordinators
- Dr. Paul Lam of the Tai Chi for Health Institute
- Winnebago Tribe of Nebraska Tribal Council for continued support
- Twelve Clans Unity Hospital for space to hold events for child passenger safety as well as fall prevention medication reviews

Today, I find myself in a position to influence positive changes in behavior in current environments that are socially and culturally acceptable. I am humbled to be the Injury Prevention Coordinator for the Winnebago Tribe of Nebraska's IPP, and I look forward to the remaining years as a returning TIPCAP site. I want to thank you for reading this today, and I look forward to meeting you in person and enjoying the wealth of learning opportunity from each and every one of you. ■



ASK AN EVALUATOR

The monitoring contractor team at CAIANH answers some commonly asked questions from TIPCAP sites about collecting data and program evaluation. If you have any additional questions, please reach out to [Jenn Russell](#) or [Eliza Filene](#).

How do we collect and report data for multiple communities?

Collection: It is best to keep data for multiple communities separate as it is easier to combine later, if appropriate, than to separate later.

Reporting: This depends on the objective. All data involving change over time, such as observational surveys (car seat, seatbelt, and helmet), functional assessments (before and after exercise classes), and community data (falls, crashes, citations, etc.), need a separate data form for each community. For counts (number of cars seats distributed, number of home assessments, number of individuals trained, etc.), it is OK to combine communities for reporting if your evaluation does not involve comparing communities to each other.

What are baseline data and how do we get it?

Baseline data are the data about whatever you are trying to change with your intervention, but measured before the intervention takes place. These data will help you observe if there was a change from before the intervention to after the intervention to determine if your intervention made a difference. For example, if you were trying to determine if a program helped prevent injuries in children due to motor vehicle crashes, you would want to know how many children of a certain age sustained injuries in motor vehicle crashes because they were not properly restrained *before* the program intervention (baseline) and then measure the same thing *after* your intervention (or potentially at several points along the way).

You need to first decide what you are trying to measure as your outcome, consistent with your logic model and SMART objectives. Then, figure out if you can measure that before and after the intervention. Measurements should be done at baseline and after the intervention in exactly the same way in order to be able to show that the intervention made a difference.

If the thing you want to measure is not going to be possible because of difficulty in making measurements or obtaining data from a community source, then you need to rethink your intervention so that you conduct an intervention you can evaluate. The monitoring contractor team can help you think that through if necessary.

Your team may already have baseline data from before the start of the project; you may have access to baseline data through clinic or community partners; or you may plan to collect it in the first year of the program. If using pre-existing data, it is important to make sure that you can continue to collect that exact data consistently throughout the project, whether that means working with community partners, conducting observations, querying clinic data, or other means. If collecting baseline data in Year 1, it is important to do so before beginning your activities. You will need to be able to collect this data consistently throughout the project to measure the impact of your program interventions.



ASK AN EVALUATOR

How do we evaluate the effectiveness of Tai Chi exercise for our community?

CDC STEADI **functional assessments** are recommended to measure participants' improvements in strength and balance as a result of a Tai Chi or other exercise intervention. It is important to conduct one round of functional assessments before participants begin classes (called a pre-test) and another round of the same functional assessments immediately following participants' last class (called a post-test). The results of the pre- and post-tests can be reported in the fillable PDF data reporting form provided to you by the monitoring contractor.

Be sure to also record how the intervention is being delivered as part of your process evaluation. For example, if you aren't holding classes in person, make sure this is recorded in the comments section of the data reporting form or in the narrative of your semi-annual progress report(s). Also, if not holding classes in person, try to obtain functional assessments using one-on-one appointments with participants in the clinic or at another location. Functional assessments should be conducted by someone trained in STEADI, such as a clinician, physical therapist, or TIPCAP coordinator. Functional assessments should not be conducted by the participant themselves or over the phone. Ideally, they should all be done the same way, and the name of the person who administered the intervention and who administered the assessment should be recorded to help you determine if there are differences in results. If possible, the person delivering the intervention should NOT do the assessment but rather have an independent person do it.

How can we see if more people are wearing seat belts in our community?

The first way would be through conducting **seat belt observations**, using a specific protocol such as the IHS protocol. Information on this protocol can be found on the [TIPCAP Resources webpage](#). You could additionally track seat belt citations through a partnership with local law enforcement. When using citation data, it is important to make sure you will have access to the data consistently throughout the project; that you know the time period(s) for which the data were collected; that the process for collecting the data has not changed; and that the data are actually representative of your community. It would be important to know if police are giving citations on a routine basis in order to assess if this is a good measure of usage.

As with any aspect of evaluation is important that what you measure is done consistently every time and that it is, in fact, measuring the change you are trying to make happen with the intervention.



ASK AN EVALUATOR

How do we pick times and locations for observations?

That depends on whether there is a particular population you are trying to target with the intervention. For example, if you are targeting teenagers, then measuring at 7 AM Saturday morning at a grocery store is probably not going to be a good spot. Instead, observing teenagers going to or from a high school sporting event and/or going to or from school may be a better choice, or watching from a favorite hangout (e.g., a fast food restaurant). Better yet, choose several different locations at times you think you will be able to get a good number of observations that represent the population you are trying to reach – not just a specific subset.

If the target population is families with young children, then entry to child care facilities or kindergartens or elementary schools might be good locations and perhaps also on weekends at local events where young families congregate (e.g., soccer games). Pick several places and times when this population is likely to be driving and be sure you find locations where you can easily see into cars (e.g., standing on a hillside out of easy view by the driver, sitting by a parking lot entrance). You need to be safe where you are located and also not create a distraction for drivers.

Again, the actual location matters less than that it is consistent and makes sense in terms of the population you are trying to observe as having been influenced by your intervention.

The important considerations for observational surveys are:

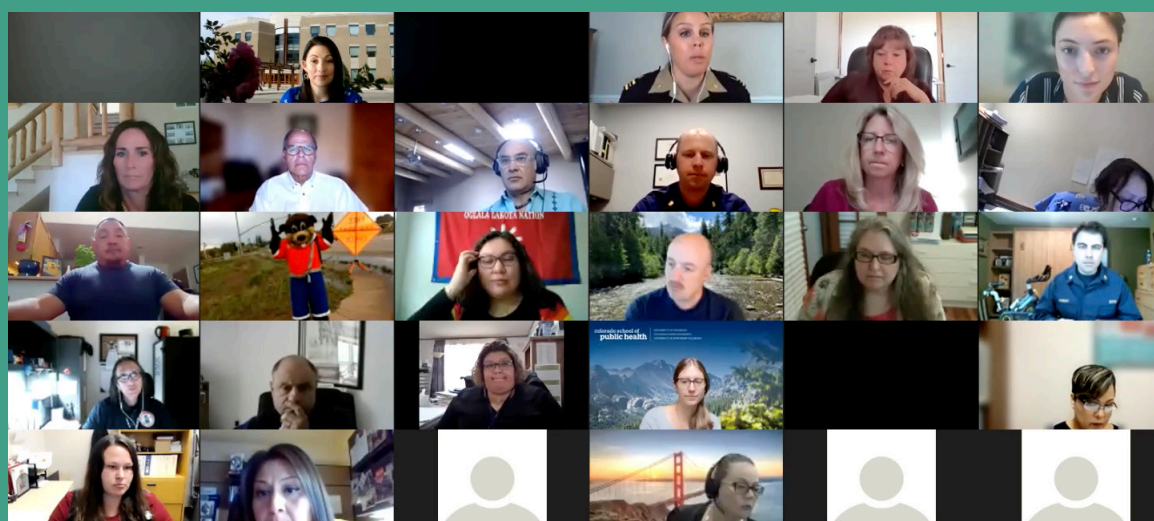
- the people observed should be representative of the target community
- you need to obtain enough observations to have a meaningful estimate of what you're trying to measure -- if your target population is small and you can directly observe most of your target population then this number does not have to be very large
- you should try not to count the same people twice in the same survey -- sometimes this cannot be avoided
- the follow-up surveys should duplicate as much as possible the conditions in the baseline survey – consider school holidays, seasonal patterns in employment, construction disruptions, etc.

For **seat belt observational surveys**, the established protocol explains how locations and times (and directions) should be chosen.

For **helmet observations**, your program will need to adapt the concepts of a seat belt observational survey or a car seat observational survey depending on your target population. Are your target bicyclists/motorcyclists/skateboarders/ATV users all over, or can you observe most of them at various schools, parks, and fields? If you need assistance with your protocol, please contact the monitoring contractor.

TIPCAP Annual Workshop

June 9-10, 2021



First of all, thank you to everyone who participated in this year's annual workshop! We wish that we could have been together in person (and based upon the evaluation results, many of you agree!), but we at IHS and the monitoring contractor team appreciate everyone's participation in the virtual format. We enjoyed very much seeing so many faces (new and familiar) during this year's workshop.

Based on feedback we received from the kick-off meeting earlier this year, TIPCAP sites told us they wanted to get to know their fellow TIPCAP grantees and establish connections with programs working on similar injury prevention goals. We dedicated much of the two-day workshop to doing just that! Each day TIPCAP sites were assigned to a small group during "breakout sessions," where each site was given the opportunity to describe their program and its injury prevention goals and to discuss their successes or challenges so far. The sessions were monitored by area Project Officers and other TIPCAP staff. Based upon feedback in the survey, more than half of respondents strongly agreed that these sessions provided a valuable opportunity to brainstorm strategies with similar programs and to generate ideas that will be helpful in their work. We hope that you made connections that will continue to be fruitful for all of your TIPCAP experience.

We also presented two information sessions during the workshop, one on how to use the Program Reporting & Evaluation Forms and the other on best practices around using Social Media/Marketing. We are working on uploading those sessions to YouTube so that programs can watch at a later date or for use with new hires. We'll send those links via email soon.

As always, don't hesitate to reach out with questions or with requests for resources discussed during the workshop. Contact [Jenn Russell](#) or [Eliza Filene](#) with any requests.

Oh! And don't forget that semi-annual progress reports are due at the end of July!

You should plan to submit your progress report to your Project Officer for review by **Friday, July 16**. The approved and finalized report should then be submitted to IHS via www.grantsolutions.gov by **Saturday, July 31, 2021**.

If you have any problems accessing or using the reporting template, reach out to [Jenn Russell](#) or [Eliza Filene](#).

SAVE THE DATE

Introduction to Injury Prevention

Offered through IHS, this course introduces the core components of the public health approach to preventing injuries among American Indians/Alaska Natives

Learning Objectives: interpret injury data; identify causes of injuries; describe the process to work with injury coalitions to plan for the implementation, evaluation, marketing and advocacy of injury prevention programs

Length: 3 or 3 1/2 days

This course will be held the week of Aug. 23.

Intermediate Injury Prevention

Offered through IHS, this course reviews the basics of data interpretation, coalition building, program planning, evaluation, marketing and advocacy

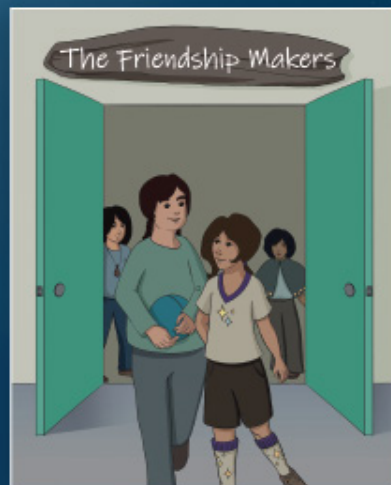
Learning Objectives: characterize the complex causes of injury; describe strategies for coalition maintenance; demonstrate web-based data identification tools; describe basic data collection techniques; outline process/impact evaluation methods

Length: 3 or 3 1/2 days

This course will be held Nov. 15-19.

Keep an eye out for announcements via the IP listserv for when registration will be open.

[Sign up for the listserv if you haven't already.](#)



INTRODUCING Star Collection



The Friendship Makers and *Stars that Connect Us* are part of The Star Collection developed for young AI/AN readers by the Centers for Disease Control & Prevention and in partnership with the Indian Health Service. *The Friendship Makers* uses a strengths-based approach to model upstander behavior or how to be a good friend. *Stars that Connect Us* is about how AI/AN children are connected to one another and protected by tribal communities. This book also encourages children to identify people in their life and community they can turn to for support.

<https://www.cdc.gov/injury/tribal/starcollection/index.html>

The books are available for free and in multiple languages, including English, Cherokee, Lakota, Navajo, Ojibwe, and Yupik.



GOOD LUCK ELIZA!

*from all of us at TIPCAP,
IHS, and CAIANH*

The Indian Health Service Injury Prevention Program would like to thank Eliza Filene for the dedication and enthusiasm she brought to TIPCAP over the last 2.5 years. Her innovative and creative approach to problem solving through the use of technology has been instrumental in building comprehensive injury prevention programs and developing trust within the communities. She led the efforts in creating usable and versatile data collection tools that were unique to each individual site based on their needs. Her skillset was not only valuable to us as a government agency, but to each tribe and community member that received her assistance.

It has personally been an absolute pleasure to work with Eliza. During quarantine, my daughter Lucy (6) would often join us on our planning calls with the UCD team. In her free time, Eliza created an Excel spreadsheet for Lucy to categorize and quantify her stuffed animals. It takes a very special person to be able to teach data collection and evaluation to a 6-year-old. Lucy loved it and loved being included.

Please send Eliza all the well wishes she deserves as she will be leaving TIPCAP to attend medical school in North Carolina. We hope her time with TIPCAP and working in injury prevention will assist in making her an exceptional doctor.

We will miss her terribly, but are so proud to have had her be part of the Team!

Thank you, Eliza.
Molly

With Gratitude: An Open Letter to Eliza

Dearest Eliza,

The monitoring contractor team at the Centers for American Indian and Alaska Native Health and the TIPCAP program are truly blessed to have had you as our Technical Assistance Coordinator for the TIPCAP contract. It has been amazing to watch as you soaked up this experience like a sponge, learning from each interaction, conference call, assignment, and challenge you have been faced with. You meet every task and person you encounter with excitement and enthusiasm and your drive to take the initiative to learn new things never ceases to amaze me.

The contributions you have made to our team and to TIPCAP are unmeasurable, but to name a few: using technology to assist sites with data collection and reporting; interviewing sites for newsletter articles; helping programs to create their one-page profiles and presentations for local activities; creating countless numbers of spreadsheets, graphs, reports, and more; and most of all, listening to each person and program with intent, making genuine connections, and doing whatever it takes for everyone around you to succeed. Not only do you inspire others, but you took inspiration from the many TIPCAP communities we work with, and on your own time, became certified in Tai Chi, Moving for Better Balance, and Bingocize®, and even started teaching classes to older adults for fall prevention in our community. I know that you will take your experiences from TIPCAP with you on your journey to become a physician and will allow them to serve you in your career as you care for patients.

Thank you, from the bottom of my heart, for making every day of working with you a complete joy. While you are leaving us soon, I look forward to watching your career, and your life, blossom into everything you deserve and more.

With gratitude,
Jenn

TIPCAP Sites and Project Officer Contact Information

IHS Area	TIPCAP Site	Contact	Part	Project Officer
Alaska	Bristol Bay Area Health Corp	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@aaahb.org	Part I	Debby Chavez-Bird Deborah.Chavez-Bird@ihs.gov
Albuquerque	Santo Domingo Pueblo	Iris Reano Iris.Reano@kewa-nsn.us	Part I	Debby Chavez-Bird Deborah.Chavez-Bird@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
Billings	Rocky Mountain Tribal Leaders Council	Elaine Cummins, Elaine.Cummins@rmtlc.org & Kalu Onwuchekwa, Kalu.Onwuchekwa@rmtlc.org	Part I	Jordan Vandjelovic Jordan.Vandjelovic@ihs.gov
California	Bakersfield American Indian Health Project	Carrie Smith CSmith@bakersfieldaihp.org	Part II	Alyssa Bernido Alyssa.Bernido@ihs.gov
California	California Rural Indian Health Board	Julie Villa Julie.Villa@crihb.org	Part II	Tim Shelhamer Tim.Shelhamer@ihs.gov
California	Indian Health Council, Inc.	Skye Holmes SHolmes@indianhealth.com	Part I	Brian Lewelling Brian.Lewelling@ihs.gov
California	Northern Valley Indian Health, Inc.	Teresa Martens Teresa.Martens@nvih.org	Part I	Carolyn Garcia Carolyn.Garcia2@ihs.gov
Great Plains	Great Plains Tribal Chairmen's Health Board	Christy Hacker Christy.Hacker@gptchb.org	Part II	Timothy Wildcat Timothy.Wildcat@ihs.gov
Great Plains	Winnebago Comprehensive Healthcare System	Jennifer Barta Jennifer.Barta@ihs.gov	Part I	Timothy Wildcat Timothy.Wildcat@ihs.gov
Nashville	Jena Band of Choctaw Indians	Mona Maxwell MMaxwell@jenachoctaw.org	Part II	Michael Hiles Michael.Hiles@ihs.gov
Navajo	Navajo Nation-Department of Highway Safety	Norma Bowman NBowman@navajodot.org	Part II	Zoey McKenzie Zoann.McKenzie@ihs.gov
Navajo	Tuba City Regional Health Care Corp	Susie Hernandez Susie.Hernandez@tchealth.org	Part I	Zoey McKenzie Zoann.McKenzie@ihs.gov
Oklahoma	Apache Tribe of Oklahoma	Antoninette Short ApacheTribe_CHR@yahoo.com	Part II	Tim Arr Timothy.Arr@ihs.gov
Oklahoma	Choctaw Nation of Oklahoma	Keosha Ludlow Keosha.Ludlow@choctawnation.com	Part I	David Bales David.Bales@ihs.gov
Oklahoma	Kaw Nation	Robin Jensen RJensen@kawnation.com	Part I	David Bales David.Bales@ihs.gov
Oklahoma	Ponca Tribe of Oklahoma	Jocelyn Parker Jocelyn.Jackson2@ihs.gov	Part I	James Isaacs James.Isaacs@ihs.gov
Phoenix	Ak-Chin Indian Community	Teri De La Cruz TDeLaCruz@ak-chin.nsn.us	Part II	Isaac Ampadu Isaac.Ampadu@ihs.gov
Phoenix	Hopi Tribe	Gregory Sehongva GSehongva@hopi.nsn.us	Part I	Andrea Tsatoke Andrea.Tsatoke@ihs.gov
Phoenix	Salt River Pima-Maricopa Indian Community	Monte Yazzie Monte.Yazzie@srpmic-nsn.gov	Part I	Isaac Ampadu Isaac.Ampadu@ihs.gov
Phoenix	Washoe Tribe of Nevada & California	Kristin Wyatt Kristin.Wyatt2@washoetribe.us	Part I	Martin Stephens Martin.Stephens@ihs.gov
Portland	Northwest Portland Area Indian Health Board	Olivia Whiting-Tovar OWhiting@npaihb.org	Part II	Chris Fish Christopher.Fish@ihs.gov

TIPCAP Monitoring Contractor Contact Information

Team Member	Organization	Title	Email	Phone
Eliza Filene	Centers for American Indian and Alaska Native Health, University of Colorado Denver	Research Assistant	Eliza.Filene@cuanschutz.edu	303-724-0734
Ann Johnson, MS	Centers for American Indian and Alaska Native Health, University of Colorado Denver	Technical Assistant for Data Management	Ann.Johnson@cuanschutz.edu	303-724-0691
Spero Manson, PhD	Centers for American Indian and Alaska Native Health, University of Colorado Denver	Director	Spero.Manson@cuanschutz.edu	303-724-1444
Sara Mumby, MA	Centers for American Indian and Alaska Native Health, University of Colorado Denver	Media Coordinator	Sara.Mumby@cuanschutz.edu	720-341-9131
Carol Runyan, PhD	Program for Injury Prevention, Education, & Research, University of Colorado Denver	Consultant	Carol.Runyan@cuanschutz.edu	
Jenn Russell, MHA	Centers for American Indian and Alaska Native Health, University of Colorado Denver	Project Director	Jenn.Russell@cuanschutz.edu	303-724-1422

Indian Health Service Staff Contact Information

Team Member	Organization	Title	Email	Phone
Holly Billie	Division of Environmental Health Services	Injury Program Manager	Holly.Billie@ihs.gov	301-443-8620
Andrew Diggs	Division of Grants Operation	Senior Grants Management Specialist	Andrew.Diggs@ihs.gov	301-443-2241
Molly Madson	Division of Environmental Health Services	Injury Prevention Specialist	Molly.Madson@ihs.gov	301-945-3189