

TIPCAP NEWS

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



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JBCI's First Year Reflections: Barriers, Successes, and Plans for Improvement

By: Mona Maxwell

Our first year implementing the Jena Band of Choctaw Indians Motor Vehicle Injury Prevention Program (JCBI MVIPP), we have experienced both successful and not so successful moments. We have faced barriers and enjoyed pleasant surprises, all while pushing forward with our goal of providing the support and education needed to result in more of our tribal children being properly restrained in child safety and booster seats **every time** they are a passenger in a motor vehicle.

Our primary objective this past year was to conduct our first child passenger safety check event. This event occurred on October 16, 2021 and brought with it triumphs and areas for improvement.

In year one, we also worked to establish a baseline of data identifying current behaviors regarding child restraint in motor vehicles. While we were unable to gather all the data needed due to COVID-19 restrictions and limited tribal events, we were able to design a survey, implement it on a limited scale, and modify the dissemination and collection processes and tools used for optimization.

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

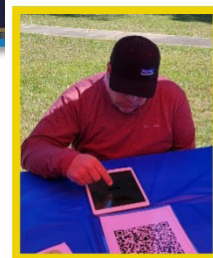
[cont.] JBCI's First Year Reflections

Since then, we have continued to seek opportunities to improve awareness, education, and child safety through appointments, sharing information directly with tribal members through our health and behavioral health programs, and attending tribal events. On April 9, 2022, our tribe was able to host its first event since COVID-related concerns caused cessation in 2019—the JBCI Annual Easter Egg Hunt.

At this event, we were able to represent our program, thereby increasing awareness, providing education, and gathering data through our survey and observations. We provided prizes and incentives for those who participated and ended up being busier than we expected! During our observations of the ve-

hicles as they entered the parking lot, it was determined that the children were not properly restrained in over half of them. This discrepancy signaled to us that while we have made progress, we still have work to do.

In year two, we will be switching our focus to other teaching methods and alternative avenues of information dissemination, pursuing increasing tribal interaction opportunities, and purposefully increasing collaboration with other departments and programs. We are planning to implement a new focus group composed of volunteers from the JBCI staff and our tribal community with the purpose of reaching more tribal members in a more effective way and increasing the proper usage of child safety and booster seats. We will continue participating in tribal events, including observations and survey



implementation, as well as expanding this outreach through other established JBCI departments and programs. Finally, we will reach out to families who have children under nine and who have not participated in or benefited from this program to date.

We made great strides our first year and learned helpful tips for the future. Now, we look forward to implementing the improvements to our program and the new focuses for year two of JBCI MVIPP. ■

QUICK FACTS

- The rates of motor vehicle traffic death among our service population is more than double that of non-Hispanic White persons.
- AI/AN children and youth motor vehicle traffic death rates are 2 to 5 times higher than other racial or ethnic groups.

Unfortunately, it is not surprising to any of us in the injury prevention world to hear these statistics. They have been heard so many times that they are in danger of being normalized. Thankfully, through TIPCAP and all of your incredibly dedicated efforts, we continue to address these disparities in Indian Country by implementing evidence-based effective strategies that will work to reduce the rates of severe injury and death.

In this 2021-2025 cycle, more than half of all our TIPCAP sites are actively addressing motor vehicle crash (MVC) injuries. This includes your implementation of child passenger safety programs and car seat distribution to those who need them. You are observing seat belt use and building partnerships with law enforcement to change Tribal Laws. Some of you are beginning to tackle tougher MVC issues, including impaired and distracted driving. You are identifying the areas needing improvement in your communities and implementing a plan through TIPCAP to make change.

Thank you all for your incredible work. It does not go unnoticed.

LCDR Molly Madson, Indian Health Service

A multifaceted holistic approach to child passenger safety

By: A. Sixtus Dominguez

The Albuquerque Area Indian Health Board, Inc. (AAIHB) and the Albuquerque Area Southwest Tribal Epidemiology Center's (AASTEC) Tribal Injury Prevention Program (TIPP) has built a plethora of successful community collaborations and partnerships that allows TIPP to implement a multifaceted holistic approach while building capacity among the tribal communities' injury prevention-integrated programs. Many tribal communities do not have a dedicated injury prevention program. This is exactly why TIPP is critical in providing injury prevention support to children and community caregivers who need it but don't have other local resources. Additionally, TIPP is able to help address high demand due to the COVID-19 pandemic backlog of child restraints needed and requested. At TIPP, we have continued to provide in-person services to Pueblos, Tribes, and Nations in the Albuquerque IHS Area when invited to lead or support injury prevention activities. TIPP provides educational materials, factsheets, safety equipment, and hands on education, as well as distributes appropriate child seats and booster seats on site and underneath rapid response tents. AAIHB AASTEC TIPP serves 27 communities, each with their own distinctiveness and unique situations, protocols, and needs.

To meet its goal of reducing the rate of motor vehicle-related inju-



Kristin Kaydahzinne, Mescalero Apache Tribe, Sanitarian, IHS Division of Environmental Health Service, Albuquerque Area

ries to children in tribal communities by promoting appropriate car seat and booster seat use, TIPP partners with the Albuquerque Area IHS Service Unit and its officers, Child Development Centers, Early Childhood Programs and Head Start, as well as community health representative programs to implement a multifaceted holistic approach to tribal Child Passenger Safety (CPS). We partner with these programs to conduct CPS clinics at tribal Child Find events. Child Find offers screening and evaluations for preschool-aged children.

TIPP and the local IHS Service Unit were on hand at a recent Child Find event conducting a CPS clinic. The CPS clinic provided and fit children into new CPS seats and checked for proper installation and recalls for existing CPS seats. In total, 24 families were provided CPS support and 18 new car seats were distributed, 4 seats were recalled/expired, and many children arrived without a child restraint system.

TIPP also collaborated with the local IHS Service Unit to conduct a brief paper survey integrated into the Child Find event. The survey is completed by caregivers and

provides insight into the children in their household and the current child restraint method used.

The data collected from these surveys is already helping lay and implement the framework for best practices and further educational and intervention processes to encourage and prevent unintentional motor vehicle injuries. From follow up with several participants from this and other CPS clinics, we are aware of participants who then can become local injury prevention champions. These CPS champions spread awareness to their friends and family who then reach out for support.

Involving community is important and getting involved in existing planned community activities is an approach that can be effective by providing support in the places where communities gather. This exemplifies a multifaceted holistic approach to tribal CPS. Yet again, I want to emphasize the idea that Community is the Medium and the Message. Tribal injury prevention is a critical part of sustaining Indigenous core values of land, culture, sustainability, and community. ■

Successful Car Seat Education Requires Different Approaches

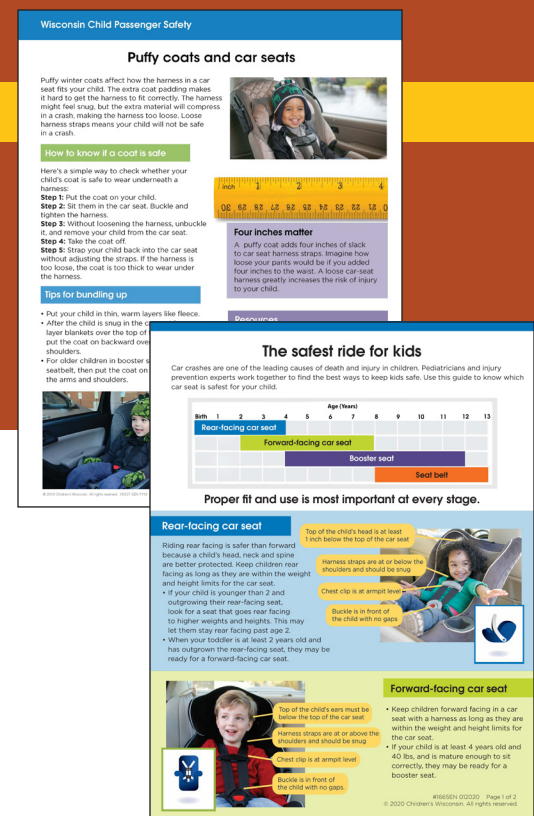
By: Lisa Herritz

The Ho-Chunk Nation Injury Prevention Program started out the year of 2022 by continuing to build off our virtual car seat installation training program. This was a necessity to assist tribal members and those in the community that needed car seats during a two-year pandemic. The program survived illness, shut downs, and many other barriers and still had the ability to exceed annual car seat distribution projections. An accomplishment this year was to address and assist with the current economic crisis, so the program was opened to anyone in need of a car seat at no charge.

While the pandemic was full of challenges, out of this pandemonium came some program changing information. In 2021 our virtual car seat videos launched with the idea of a visual learning tool accompanied by educational pieces of learning focused around proper car seat use. The program later developed a car seat education folder, a low-cost tool to assist in providing up-to-date information on our program and delivering the most important safety facts. The program gives one folder with every seat. These folders are a great source of education for health fairs, at injury prevention community activities, and a friendly reminder to send home to parents through our Buckle Bear program.

How did these folders come to be? The program chose to utilize the Safe Kids Wisconsin website (<https://www.safekidswi.org/>), where there are many tools that are easy to access. Safe Kids provided all of the forms used for our educational folders at no cost to the program. I recommend contacting your state Safe Kids site or the National Safe Kids site for details.

The education idea on the folder contents was to divide the folder in two sections. On one side of the folder contained important training points: 1) a Child Passenger Safety Wisconsin Laws and Statutes card that provided information on seat type, Wisconsin laws information, and the current State Statute; 2) a CPST Technician contact sheet for the programs area coverage; 3) our Virtual Car Seat Video form with YouTube video addresses for the type of seats given out by the program; and 4) a car seat form designed to collect data for the program, which included seat type, jurisdictional service area, date of installation, and a scale rating to provide outcomes on feedback of the car seat program. From the previous year's program, a request was made to modify the video access form to a duplicated form; this allowed parents and caregivers the access to re-watch the videos.



Get Fact Sheets like this from the Safe Kids Wisconsin website: www.safekidswi.org

The other side of the folder contained Safe Kids Fact Sheets. This included Comprehensive Car Seat Fact Sheet, Rear-Facing Car Seat, Forward Facing Car Seat, and Booster Seats. Other helpful education sheets included were Riding Safely when Pregnant, Car Safety for Premies, Keep Younger Children Safe when Riding, Kids and Air Bags, Puffy Coats and Car Seats, Tips for Grandparents, Guide Older Children to be Safe Passengers, Frequently Asked Questions, Car Seat Used When Traveling in Other Vehicles, and Safe Pediatric Transport in Ambulances.

Another program changing enhancement was the development of the Environmental Health website that was linked through the Ho-Chunk Nation's Department of Health site (<https://health.ho-chunk.com/>). The Divisions page allows access to the Environmental Health link and access to the Injury

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[cont.] Successful car seat education requires different approaches

Prevention program information. Any information needed can now be obtained from the website including contact information, forms, and videos.

Perhaps the most important thing that came out of the pandemic

was the introduction of virtual education and unique ways to reach those in need of car seats. As a CPST and Injury Program Coordinator, I am excited for the opportunity to see where virtual education is headed next. This platform gives

the Ho-Chunk Nation the opportunity to decrease injuries and raise awareness on the importance of car seat use. This echoes the programs motto: "It takes a Nation to make a difference." ■

WHITE EARTH BAND OF CHIPPEWA INDIANS

CPS Technicians Make Child Passenger Safety Possible

**By: Bryanna Chilton and Danielle Darco,
White Earth Injury Prevention Coordinators**



The TIPCAP program for the White Earth Band of Ojibwe Tribes consists of 8 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 consists of 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 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. Walk-ins are available Monday through Friday from

8:00am–4:00pm 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. The majority of our technicians 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 with the education and car seat needed and do so 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.

Looking forward to the start of a new cycle, we have many goals that we would like to accomplish

and are very excited about. We completed baseline data collection of our target population, which includes prenatal through 5-year-olds. This has given us information to continuously build from and improve on! Secondly, we hope to start a coalition which will include maternal child health and car seat programs, and we will invite more people to the table who can help build our TIPCAP program. This coalition will meet every 3 months. 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 coming up with 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 that they will continue to do so. ■



Left: Olivia Whiting-Tovar with convertible child safety seat. Middle and right: CPS Technicians conducting car seat use observations at the Shoshone-Bannock Tribes of Idaho.

NPAIHB rolls into Year 2 with wind at its back

By: Olivia Whiting-Tovar

The first year of this TIPCAP cycle is already complete, and the second year is half over! Time sure does fly by. The first cycle year at the Northwest Portland Area Indian Health Board (NPAIHB) had a slow start, but Olivia (TIPCAP coordinator) became fully immersed in the project and got activities rolling as soon as was allowable, even with the lingering constraints that the COVID-19 pandemic has over many tribal communities and the NPAIHB. With the help and support of many colleagues, Olivia has been making connections to carry out the TIPCAP project and plan.

Now that the Northwest (NW) tribal injury prevention (IP) coalition regularly connects throughout the year and continues to grow, the plans and partnerships have begun falling into place.

Similar to the previous NPAIHB [Native Children Always Ride Safe \(CARS\) program](#), our TIPCAP award is addressing child passenger safety (CPS), as well as pedestrian safety. Olivia's goal is to assist NW

tribes in all ways possible to reduce child passenger and pedestrian injury. Through Olivia's journey in discussing these injury issues within tribes and connecting with tribal employees, much like tribes nationwide, a common obstacle has been resources and resource accessibility. The pandemic has played a role in making these resources feel just out of reach.

In recognizing the issue of resource accessibility, it is essential to acknowledge how we, as a regional tribal epicenter, can aid in bridging the gap, which is how a long-anticipated project came to life. Tam Lutz (NPAIHB MCH Director), Nicole Smith (NPAIHB Senior Biostatistician), and Olivia scripted, directed, and debuted in the following videos:

- [Protocol & Procedure](#)
- [Contact Observation](#)
- [No Contact Observation](#)

The intention of these videos is to be used as a tool to help encourage tribal communities to collect and use their own community-specific data. Community-specific

data can help identify areas in need of intervention and focus resources strategically. Additionally, community-specific data can aid in coordinating and planning community-specific health education activities and events, helping others understand CPS seat use at the tribal community level. A few NW IP coalition tribes that Olivia is partnering with have collected and used their data to apply for the BIA Indian Highway Safety Occupant Protection Grant, which requires tribes to collect their own data to demonstrate need and commitment to the cause.

The project has a CPS Technician certification course coming up in summer 2022. Recruitment for the course was done virtually and was made possible by many colleagues at NPAIHB. The goal of this course is to certify as many tribal employees and American Indians and Alaska Natives that are serving tribes in Oregon, Washington, and Idaho as we can. This course is being taught by long-time NPAIHB partners at the OHSU Doernbecher Children's Hospital. ■

Participation in CPS increases post-Covid

By: Skye Holmes

The Injury Prevention Program at Indian Health Council (IHC) in the last year has conducted in-person child passenger safety seat classes, virtual child passenger safety seat classes, and held the first ever car seat check event.

The in-person class attendance is slowly recovering after the Covid pandemic. In-person classes were cancelled during quarantine due to restrictions that were put in place. Once quarantine was lifted, in-person classes resumed, but class attendance was scarce. The interest for both classes is steadily increasing. It is anticipated that attendance should be back to pre-Covid numbers by the end of the year.

Along with child passenger safety seat classes, IHC held their first ever car seat check event called "Jingle Bell Stop." There were two participants and four car seats checked with three being replaced and reinstalled. Parents were educated on the safety of properly fitting children in car seats and ensuring that they were all installed properly.

Overall, IHC has been progressing forward. Social media postings, virtual classes, and staying up to date on traffic safety information. ■

"Empowering Native Wellness"

IS YOUR CHILD RIDING IN A RECALLED SEAT?

RESOURCES

-  Register your car seat on your car seat manufacturer's website or www.safercar.gov/parents
-  Find out if your car seat is recalled at <http://bit.ly/recalledseats>
-  Sign up for monthly recall email alerts at www.safekids.org

For more information on car seat safety, contact:
Skye Holmes
Injury Prevention Coordinator
760-749-1410; Ext. 5383





An example of an educational child passenger safety seat social media post. Colors for posts are typically the same to match the Injury Prevention Program logo.

GREAT PLAINS TRIBAL LEADERS' HEALTH BOARD

Integrating CPS in a primary care setting

By: Christy Hacker

The Great Plains Tribal Leaders' Health Board's (GPTLHB) Great Plains Injury Prevention Program (GPIPP) has been working to integrate child passenger safety education into primary care at the Oyate Health Center (OHC) in Rapid City, South Dakota.

Beginning in April 2022, OHC welcomed certified Child Passenger Safety Technicians (CPSTs) to the floor where families receive

primary pediatric or obstetric care. A CPST from the GPIPP and two Community Health Workers/CPSTs from the Great Plains Healthy Start (GPHS) program rotate days to provide office coverage five days per week. GPHS is a program that provides care coordination, case management, and home visiting services to prenatal women, and mothers and fathers of children up to 18 months of age, a service that is also available to families who want to enroll.

Is your child in the right car seat? A Child Passenger Safety Technician can help.



Families receive information on the availability of CPSTs on-site or via appointment during their medical appointments. Dual-sided postcards that ask "Is your child in the right car seat? A Child Passenger Safety Technician can help" with a phone number to schedule

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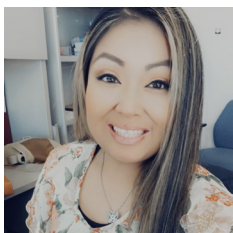
[cont.] Integrating CPS in a primary care setting

an appointment with a CPST are available at the registration/check-in desk and with pediatric and midwife staff. Families can present to the office for on-site education or can call a number on the post-card to schedule an appointment with a CPST at another time that is convenient for them.

Having on-site CPSTs makes child passenger safety (CPS) education more accessible and convenient for families. It also helps to address transportation barriers that are common to accessing services; multiple family members or friends may provide transportation. This option provides a unique opportunity to educate everyone involved

in transporting the children on how to correctly utilize and install car seats. Including easily accessible CPS services in a primary care facility contributes to the movement towards improved early childhood systems of care for families and improved health for communities. ■

HOPI TRIBE



**By: Megan
Rose
Talhaftewa**

My name is
Megan Rose
Talhaftewa,

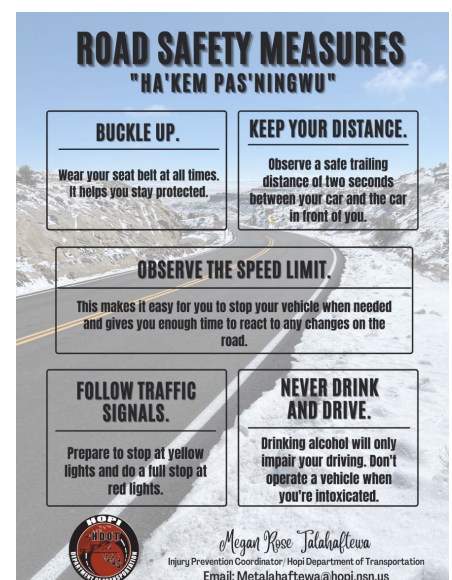
and I am a member of the Hopi Tribe from the Village of Shungopavi and belong to the Bearstrap and Spider clan. I am currently serving my community as a TIPCAP Injury Prevention Coordinator with the Hopi Department of Transportation (HDOT). I previously was with the Hopi Department of Health and Human Services for 8 years where I served my community as a Physical Fitness Trainer and as a Community Health Representative. As a Hopi member, my goal and passion has always been to give back to my community and help make our tribe

a safer and better place by educating and bringing awareness to the Hopi community.

As TIPCAP Injury Prevention Coordinator for Hopi, I will work on the goals to increase occupant restraint use among residents of the Hopi Tribe and to establish a primary seatbelt occupant restraint law on the Hopi Reservation. Being in this position for 3 months now, I have received many learning opportunities to help me along my journey as an Injury Prevention Coordinator. I have completed the IHS Injury Prevention Course I and am looking forward to completing Course II in June. I have also had the privilege of attending my first Life Savers Conference in Chicago, IL in March. It was such an amazing conference and very eye-opening as I had

never attended any highway safety event. I learned a lot and look forward to many more learning and networking opportunities.

Currently, we are working on a community survey to determine support and public opinion for a primary seatbelt law. We are also educating tribal members through infographics and marketing materials on reasons to support a primary seatbelt law and collecting data while partnering with Hopi Law Enforcement (HLES). I am looking forward to my first ride along with the HLES in May! I am also looking forward to doing more collaboration work with HLES, HDOT, and IHS. ■



SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY

The motto rings true even during a pandemic:

*"Leave families
safer than they
arrived"*

By: Monte Yazzie

The Salt River Pima-Maricopa Indian Community Child Passenger Safety Team was recognized in March 2022 by the National Child Passenger Safety Board as the Team of the Year. "The pandemic created challenges, but it also created an opportunity to adapt and embrace new strategies," Injury Prevention Coordinator Monte Yazzie explained. "Our group of technicians took on new roles and worked from home, but when the opportunity to help with check events, curbside education, or assist with clients one-on-one, everyone willingly accepted the opportunity while maintaining COVID-19 safety protocols."

The Salt River team consists of one instructor, one instructor candidate, and nineteen technicians. Representation from the



Police and Fire Department, Social Services, Head Start and Elementary Education, Community Health Nursing, Transportation, and Environmental Health Services compose the Salt River Child Passenger Safety Team.

In 2021, the Salt River team completed more than 350 appointments with parents and caregivers, providing one-on-one and group training. The team conducted ten car seat check events in cooperation with Salt River Schools, each one governed by strict COVID-19 safety protocols. And 45 online instruction sessions were administered to help provide remote transportation safety instruction while safeguarding the Community.

"I've heard it said that coming together is the beginning and keep-

ing together is progress," National Child Passenger Safety Board Chair Mandi Seethaler said. "If that's true, then working together to make such an enormous impact during the pandemic certainly is success. I congratulate the Salt River Pima-Maricopa team for a job well done."

The team motto of the Salt River Pima-Maricopa Child Passenger Safety Team is "leave everyone safer than when they arrived." Yazzie explains, "We have a great group of committed technicians who understand that child passenger safety promotes the capacity to save a life. The people who commit to making a difference in the lives of others will always be the beautiful reward of doing this work." ■

Working towards decreasing TBIs in the Bristol Bay Region

By: Melany Eakin

The Bristol Bay Area Health Corporation (BBAHC) Injury Prevention Program (IPP) is excited to be a Part II TIPCAP site with a focus on decreasing rates of traumatic brain injury (TBI) from motor vehicle crashes during this grant cycle. Rural Alaska is unique when it comes to transportation since most of our communities in the region rely on offroad vehicles like ATVs and snowmachines for daily travel to school and work as well as subsistence activities such as hunting and gathering.

This spring, we teamed up with Alaska Native Tribal Health Consortium (ANTHC) IPP and Trauma Departments to deliver an ATV Safety Toolkit that they modified to be taught in rural Alaska. Two teams made up of staff from ANTHC IP, ANMC Trauma, and BBAHC IPP traveled to the communities of New Stuyahok and Togiak within the Southwest Region School District. The team measured students for helmets and presented the ATV Safety Toolkit to the primary (K-5) students in New Stuyahok and the secondary (6-12) students in Togiak during their exploration week (E-week). After the training, we were able to provide helmets to a total of 66 students in New Stuyahok and 103 students in Togiak.

Throughout the week in Togiak, we had a core group of students that signed up for the class as part of E-week. Since the curriculum delivery didn't take the full 3 hours per day that we were allotted with them, they used their extra time to make posters on what they learned. Students were also taught ATV Junior curriculum to help us teach the 4th- and 5th-grade students later in the week. These students were able to take what they learned throughout the week and each of them taught a section of the material to the 4th and 5th graders.

We plan to work with Village Police Officers in the communities in the coming months to take visual helmet use surveys to measure the impact of the educational activities and helmet distribution. Our long-term goal for the program, aside from reducing the rates of TBI in the region, is to work with school districts to implement the ATV Safety Toolkit into their curriculum. This will help create a sustainable program for years to come and ensure ATV safety is being taught from a young age. ■



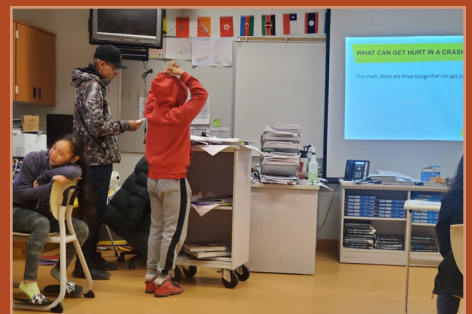
A class of secondary students at the Togiak School after receiving helmets.



Members of ANTHC IP and Trauma instructing students in the Togiak School.



Students in Togiak making "helmets" for the egg drop activity.



Secondary students helping to teach the ATV Safety Jr toolkit to 4th grade.

An update from Choctaw Tribe's child passenger safety program



By: David Jones

Halito, TIPCAP members! My name is David Jones, and I currently reside in Talihina, Oklahoma. I am in my 9th month as the coordinator for the TIPCAP program. I am a member of the Choctaw Nation of Oklahoma, and my program is administered through the Choctaw Tribe.

We are halfway through year 2 of our grant, and we currently have 17 certified technicians after hosting a certification class. In April we had 14 technicians attend the Martha Collar Tech Reunion in Broken Arrow, Oklahoma for some training

and education in order to obtain CEUs. We partner with other Choctaw Nation Outreach Programs to offer services to Native American Tribal members throughout the Choctaw Nation Reservation Area, which consists of 10½ counties in far southeastern Oklahoma.

Most recently, we held a community meeting in Smithville, Oklahoma where we offered education and installation of car seats to Native American members who were in need. We are in the planning phase of hosting car seat checks and education on how to properly install car seats to keep our children safe throughout our reservation area. I can be reached at dejones@choctawnation.com. ■



Top: David installing a car seat. Bottom: David with community members at a car seat installation event in Smithville, OK.

NAVAJO DEPARTMENT OF HIGHWAY SAFETY

Returning to in-person safety education

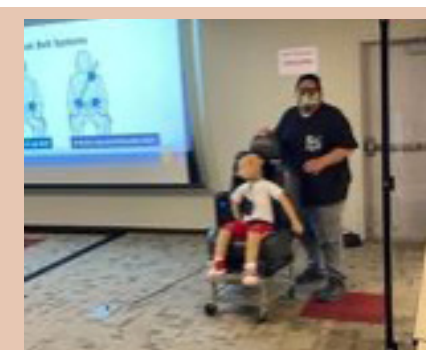
By: Norma Bowman

The Navajo Department of Highway Safety was severely impacted by the Covid-19 pandemic and did its best to ensure that traffic safety and child passenger safety education continued.

Some alternatives that the Department relied upon was virtual presentations and marketing elements, including newspaper and radio advertisements. Fortunately, the estimated audience for both print and radio are 50,000-100,000 people.

The Department was happy to begin in-person training, utilizing safety protocols and mandates issued by the Navajo Nation.

On May 18-19 and 25-26, 2022, the Department held its first Child Passenger Safety Technician's (CPST) course (in-person) and trained a total of 9 new CPSTs. Additionally, on June 3, 2022, a CPS re-certification course was held. It was great to begin this teaching once again. ■



Educating Child Passenger Safety Technicians and caregivers

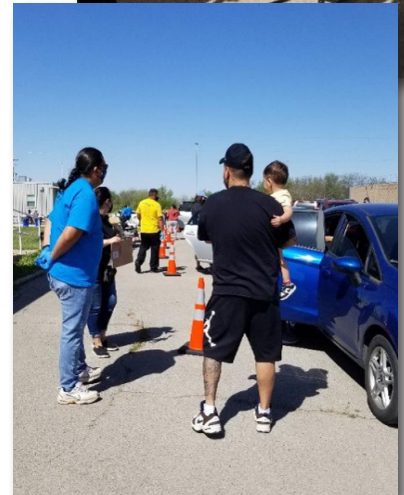
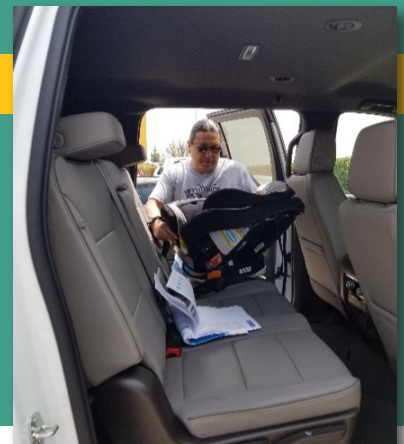
By: Toni Short

One of the Apache Tribe of Oklahoma Tribal Injury Prevention Program's goals is to increase child safety seat use in its service area. The rural southwestern (mostly Indigenous communities) child passenger safety seat usage is low compared to all other usage in the state of Oklahoma. These communities need Child Passenger Safety Technicians (CPST) to work together and educate parents, caregivers, and grandparents how to select the proper car seat for their child according to the child's development level. Many families are not aware of the safety features of their vehicles, and we have to make sure that we educate on the importance of reading the vehicle manuals and car seat manuals to keep their children safe during transport. Caregivers often make the common mistake of purchasing something, but not always reading the instructions for how to install it. When communicating with caregivers, we try to point out just how important it is to pay close attention to labels and manuals. We get so many parents that say they never knew how important it is to pay more attention. In addition to talking to caregivers about child safety seats, we talk to them about the vehicle's air bags, projectiles, heat stroke, and how fast the temperature raises in a

vehicle and the danger to children and elders as well as pets.

One thing I've learned recently from Dr. Julie Mansfield at the Martha Collar Tech Reunion is that if we share a little bit of child anatomy and development and why a safety recommendation is made when educating caregivers, then the caregiver will be more likely to remember that recommendation and be more diligent about following it! I've already put this idea to the test when recently educating a caregiver who stopped in at our check station, and it worked! The parent arrived with her child in a front facing child safety seat. I explained to her that an infant's cervical spine/neck are still developing and lower extremities/legs are more flexible during the development, and this is why a baby can't keep its head up. The parent's response was amazing as she had no idea of the growth and the development rate. Now the parent walked away knowing the importance of keeping a child rear facing for as long as possible. She arrived with her child face forward and left with her child rear facing. Mission accomplished!

As part of TIPCAP, the Tribal Injury Prevention Program hosts one or two National CPS Certification Course for the southwestern rural communities. This year's class was



hosted in Comanche County, Lawton, Oklahoma at the Fort Sill Apache Casino Hotel. Most of our students were employed with tribal programs, such as the Kiowa Tribe Head Start, Kiowa CHR Program, Caddo Child Care, Caddo CHR Programs, Wichita and Affiliated Tribes CHR Program, Awards for Children Program, and Wewoka IHS. Congratulations to all the new CPSTs for the Oklahoma and Texas area working with children and educating caregivers how to safely transport children! ■

How did Safe Kids Worldwide accommodate CPST/CPSTI during the pandemic?

By: Julie Villa

As of September 2020, the overall number of technicians and instructors decreased due to the pandemic. Safe Kids Worldwide had a very good understanding that staying current with certification might be challenging. Safe Kids created many opportunities to retain Child Passenger Safety Technicians and Instructors (CPST/ CPSTI) by making modifications such as:

- CPST/ CPSTI could submit up to 5 additional CEUs in place of seats being observed and signed off by a certified instructor or Tech Proxy.
- CPST/ CPSTI could submit any combination of reviewed seat checks and CEUs to total 5.
- One CEU will be equivalent to one reviewed seat check.
- CPST/ CPSTI would acknowledge by check box, the confidence in their technical skill; and confidence in the ability to communicate with parents/ caregivers.
- CPST/CPSTI could submit additional Community Education hours to meet the teaching hours

CRIHBs Challenges During the Pandemic

The goal of increasing car seat usage by 10% above baseline of children riding in motor vehicles properly restrained in four service areas across California seemed very S.M.A.R.T. Hosting four car seat fitting stations, increase the

number of trained CPS technicians in the four service areas, and to maintain their certification no problem! Then the pandemic happened, travel was put on hold, staff was working from home virtually, social distancing, and masking became a part of our everyday lives so providing the required in person trainings, car seat fitting station, and CEUs seemed impossible.

CRIHB's Solutions

NHTSA struggled scheduling CPS technician training due to COVID-19 related travel restrictions. This challenge was overcome by the Injury Prevention Coordinator setting up the NHTSA course, coordinating with collaborating partners, such as the Tribal Injury Prevention Resource Center, Department of Public Health, Law Enforcement, First Responders, and engaging subcontractors that were able to travel.

Car seat fitting stations continued by partnering with local Community Health Reps (CHRs). CRIHB ordered car seats and had them delivered directly to the clinics upon receipt of car seat observation forms. CHRs were trained virtually to complete all car seat checklist. Families attended drive through fitting stations and received COVID education and PPE.

Many CHRs and Clinic staff were redirected to COVID Clinics, so



Graphic showing the number of CPS Technicians and Instructors in California.

drive through clinics that tested for COVID, provided PPE, taught families to self-monitor health, provided injury prevention resources, and toolkits.

CRIHB Injury Prevention Coordinator (IPC) shared CEU webinar links and encouraged all technicians to maintain certification online.

Success Can Happen Even During The pandemic

- Twenty-two (22) new technicians were trained. The importance of building partnerships and networking to meet similar goals.
- Car seat fitting stations were completed by modifying delivery methods and tools provided for both in person and virtual platforms.
- Mandatory two-year certification for CPS technicians continued virtually, and our communities increased their personal capacity by learning and teaching families a variety of virtual platforms. ■



TIPCAP ANNOUNCEMENTS

Semi-annual progress reports are due in 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 **Sunday, July 31, 2022**.

Attend the TIPCAP webinar on using the data reporting forms

The webinar will provide a review of the reporting process and reminders on how to use the data forms, checklist, cover sheet, and more. Join us **Tuesday June 28, 2022 at 1pm Mountain** (3pm Eastern, 2pm Central, 12pm Pacific, 11am Alaska).

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

Upcoming Events

2nd National Conference on American Indian/Alaska Native Injury and Violence Prevention

Join the virtual conference July 26-28, 2022

Link: <https://injuryconference.vfairs.com/en/>

KidzInMotion National Child Passenger Safety Conference, 17th Annual Conference

Join the conference in Champions Gate, FL Aug. 24-26, 2022

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

Safe States Alliance 2022 Conference: "Destination Safer States"

Join the conference in Orlando, FL Aug. 31-Sept. 2, 2022

Link: <https://www.safestates.org/page/AnnualConference>

14th World Conference on Injury Prevention and Safety Promotion

Join the conference in Adelaide, Australia Nov. 27-30, 2022

Link: <https://www.worldsafety2022.com/>

Featured Resource

The **Colorado School of Public Health's Injury & Violence Prevention Center** works to drive evidence-based prevention of injuries and violence through research, training and education, and dissemination. The center regularly hosts webinars focused on injury prevention and even accepts suggestions for future topics. They also will be offering student scholarships in the fall. Be sure to check out this amazing resource!

Link: <https://coloradosph.cuanschutz.edu/research-and-practice/centers-programs/ivpc>

Also, keep an eye out for announcements via the IP listserv.

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



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 [Holly McKinney](#).

How can my program go about evaluating the work of our coalition?

First of all, you need to think about why you are evaluating the coalition. Is it to assess its functioning or to look at what it has achieved over a certain period of time? Or both?

To assess both, consider pulling together information about the workings of the coalition and then asking the members how well they think it is working. Some specific questions you might consider:

Who has participated since the coalition began and how often?

■ HOW — Review meeting minutes/logs:

- » Who is a member?
- » What has attendance been for specific members?
- » Are there gaps or trends in lack of attendance for individuals or specific groups?
- » Were any groups invited who chose not to participate, and, if so, why?
- » Who is missing who should be invited?

What sort of processes have been developed to help guide the work of the coalition?

■ HOW — Review documents and consider leadership structure:

- » Who leads the meetings?
- » How are decisions made?
- » Are there written guidelines/procedures about how things work?
- » Are there specific plans for what the group is trying to accomplish?

What are the perceptions of members (or potential members) about the functioning of the coalition?

■ HOW — Review meeting minutes and any files of correspondence:

- » Were there any conflicts or major issues among members or persons who chose not to be members?
- » How have funds been used?
- » Are there any descriptions of major accomplishments and roadblocks?

■ HOW — Do a survey of members (and perhaps others in the community whose work is closely related) to understand how the group feels about the functioning of the coalition and ask:

- » What does the group feel is going well?
- » What do members believe should be done differently?
- » What are the areas of conflict?

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ASK AN EVALUATOR

How can my program go about evaluating the work of our coalition?

What has the coalition achieved?

- **HOW — Review the original stated goals/objectives of the coalition:**
 - » Have the objectives been achieved? If not, why not?
- **HOW — Using a survey or a series of meetings with key informants, ask the larger community:**
 - » Are they aware of the efforts of the coalition?
 - » Are they supportive of the goals/objectives of the coalition?
 - » What is their assessment of the success of the coalition in making progress in achieving its goals?
- **HOW — Consider larger impacts by thinking beyond the coalition itself:**
 - » What has happened (positively or negatively) in the community as a result of the coalition? In other words, were there unintended consequences, outcomes or findings?

Resources that might help further:

- Community Tool Box — [Section 1. Measuring Success: Evaluating Comprehensive Community Initiatives](#)
- Ohio State University — [Evaluating Coalition Progress and Impacts](#)
- Healthy People 2020 — [Coalition Self-Assessment Tool](#)

I am interested in getting more training in how to do evaluation. What are some resources for this?

- Safe States Alliance has a [free training program on injury prevention](#) that includes several sessions on evaluation.
- Safe States Alliance also provides a [guide to evaluation of pedestrian injury](#).
- The [American Evaluation Association](#) has multiple learning opportunities through their conference. Also listed on their website is an [online self-paced course](#).
- The CDC also has evaluation training materials on their [website](#). This includes a [fellowship program](#) for people with master's degrees.
- The Great Lakes Inter-Tribal Epidemiology Center created an evaluation course specific to evaluation in tribal health called, "[Weaving Success: Evaluation in Indian Country](#)" and is available free of charge.



ASK AN EVALUATOR

Our group is sharing reports with our tribal communities, but we are not sure if they are being read, understood, or how they are being used. How might we evaluate how well this process is working and whether continuing to provide them is a good use of our time?

The first thing to determine is what the *intent* of the report. For example, was the information requested by the community? Is it intended to help the community think together, as stakeholders, about what problems are most important for the community to tackle? Or perhaps it is a way to get community support for the priorities your team has already identified? Or is your intent to educate the community about the nature of the problem and things they can, as individuals, do to improve safety? All of these purposes are valid, but depending on what they are, you may want to shape your evaluation differently.

To start, you may want to ask the intended recipients about their expectations using individual interviews, small group discussions, or brief surveys. There may be different ways of gathering information for some of these questions, but here are some important questions to consider.

Are the people you are sending the report to even receiving it?

- Sometimes an organization's firewall will block large attachments or messages from external senders, so your intended audience may not have even received the report. Or your message may end up in someone's junk or spam folder. Follow-up calls after an email is sent to confirm the reports were received might be a good start. Find out if they got the email and if they were able to open it. Consider posting the report on a website, if possible, so you can send a link to the report in case recipients have an issue with attachments.

Are the reports accessible in a way your audience prefers?

- We each have different preferred ways of receiving information. You could ask in follow-up communications about what form they most like to receive information (e.g., text messages, links to information, email, printed material, etc.). Try to be accommodating so that your efforts in reaching out aren't wasted.

Are the reports getting to the right people to accomplish your purpose?

- Maybe you made a judgment on who would be interested in the report, but were you right? Again, follow up with a few individuals to see if they felt the report was relevant to them. If not, ask if they might know who would be interested and respect individuals if they request to not receive communications in the future.
- A follow-up survey might also be a good idea to gather insight on how the reports will be used in the community and whether the report was disseminated beyond the original recipient.

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ASK AN EVALUATOR

Our group is sharing reports with our tribal communities, but we are not sure if they are being read, understood, or how they are being used. How might we evaluate how well this process is working and whether continuing to provide them is a good use of our time?

Are the reports being received, but not read?

- Asking recipients for feedback on the readability of the report can be very informative. This might be best done in a survey so that people feel more comfortable providing constructive feedback. You may ask if the material is too complicated or too simplistic. Is it interesting and did it capture their attention? Does it answer the questions they have about the issue? Are the graphics easy to follow and engaging? Do they feel the information is relevant to them?

Are you communicating too often or not enough?

- We each have different preferred ways of receiving information. You could ask in follow-up communications about what form they most like to receive information (e.g., text messages, links to information, email, printed material, etc.). Try to be accommodating so that your efforts in reaching out aren't wasted.

Are the reports getting to the right people to accomplish your purpose?

- You might want to assess whether the amount of information you are sending is right for the intended group. Ask people how often they would like a report. If you're overcommunicating, you may start to lose your audience. On the other hand, if you're under-communicating, people may forget who you are and why you're reaching out.

If you have more questions or need further assistance, please reach out to the monitoring contractor by emailing [Jenn Russell](#) or [Holly McKinney](#).

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