



TIPCAP NEWS

March 2019

Newsletter for the Tribal Injury Prevention Cooperative Agreement Program (TIPCAP)



Save the Date!

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

Bridging Science, Practice, and Culture

July 23-25, 2019 | Denver, Colorado
Registration and hotel information coming soon.



JOIN US!

Annual Workshop for Part I TIPCAP Sites*

July 22, 2019 in Denver, Colorado

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

July 23-25, 2019 in Denver, Colorado

*Part II Sites are invited to attend, but are not contractually obligated. [More information here.](#)

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Community trainings increase knowledge of TBIs in the Hualapai Tribal community

Esther Corbett, Program Manager of the **Inter Tribal Council of Arizona, Inc.**'s Tribal Epidemiology Center (TEC), has been hard at work establishing partnerships and leading injury prevention efforts in the Hualapai Tribal community, located in Peach Springs, Arizona. Esther has been focusing on traumatic brain injury (TBI) prevention through community outreach and training sessions for Hualapai Tribal Government employees.

The main goal of the Traumatic Brain Injury Prevention Project in the Hualapai community is to prevent brain injury among bicyclists and pedestrians. This is not the first time Esther has used her resources from the TIPCAP grant to partner with a tribal community. For each of the three TIPCAP project years, the ITCA TEC has worked with one Tribe in Arizona to plan and implement evidence-based strategies. Foci have included TBI awareness, visibility, bike traffic skill building, and a bike helmet ordinance.

In September 2018, Esther led three customized training sessions for Hualapai Tribal Government employees, the police department, Emergency Medical Services, Health Education and Wellness staff, and Corrections staff. As explained by Esther, "I needed to work with all sectors that work with community members who are at risk." Assisting Esther in leading the trainings were Taylor Johnson, a Tribal Substance Abuse Strategic Prevention Assistant with the Hualapai Health Education

and Wellness Department, as well as Empowerment Research LLC. The trainings aimed to give participants an understanding of brain injury and how it impacts multiple health and social concerns, including substance abuse, violence, illness, and other outcomes in survivors and their family members.

The trainings were a success, with 58 people attending. More importantly, the participants felt that they learned valuable information that would help keep themselves, their families, and their community safe. Esther conducted pre- and post-training surveys with the participants, and the responses indicate that their knowledge of TBI improved as a result of the training. "I think the bar graphs are more evidence of the success of the training than me saying anything about it—the data tell the story," said Esther. "Our conversations were not just academic—we used real life experiences to inform our discussions."

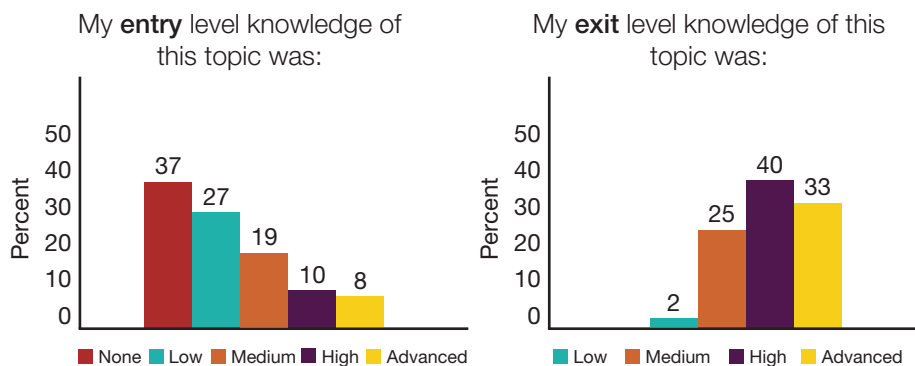
As put by one participant, "I would not have known the recovery time and long term effects of head inju-

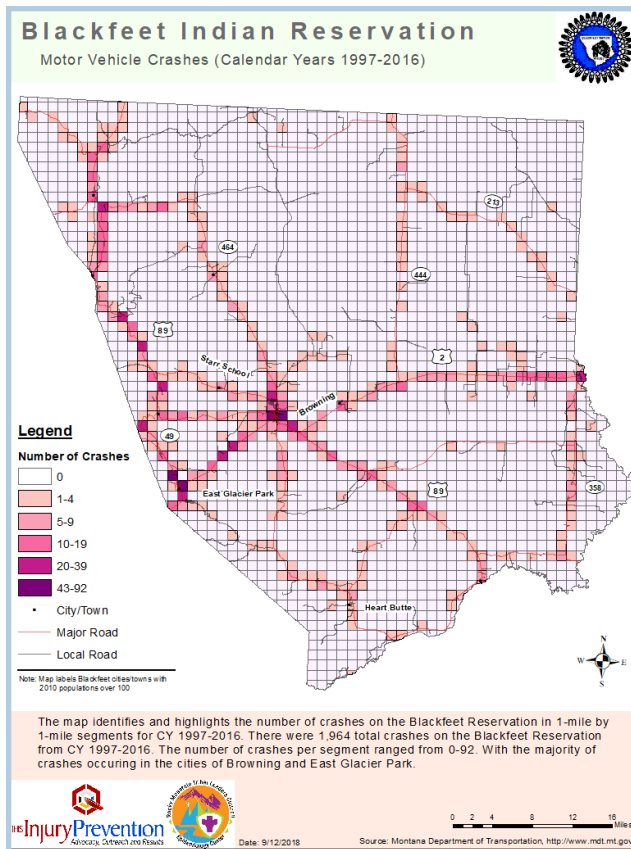
ry if I didn't come to this event on brain injury. This is something I'll use for a lifetime, especially with children." Esther herself reflected on the importance of preventing TBI in Native communities. "The dangerous thing about TBI, especially in children, is that it can lead to problems you wouldn't expect—heart disease and diabetes risks are elevated by head injuries and these are long term consequences that our communities are already at risk for."

“When I am in the community, I'm going to make the most of the resources I have,” Esther says.

Esther says that her work is far from done—she is working to disseminate information about TBI to more groups who are working on the ground in the community, presenting to groups ranging from Juvenile Detention to Transportation and Public Works to Health and Human Services.

Participant Survey Responses from TBI Training Sessions





Student Practicum Uses ArcGIS Software to Put Motor Vehicle Crashes on the Map

In November 2017, Jordan Vandjelovic, then Injury Prevention Program Epidemiologist at the **Rocky Mountain Tribal Epidemiology Center** (now the IHS Billings Area Injury Prevention Specialist) began the process of establishing a practicum project for Master of Public Health (MPH) students. The project's aim is to map motor vehicle crashes (MVC) in surrounding American Indian communities. Jordan distributed a description of the practicum to various universities. Out of multiple student applicants, Jordan selected Cera Cantu of Emory University, Rollins School of Public Health. It quickly became clear that Cera's dedication and experience with geospatial analysis would allow RMTEC to lead new efforts to document the issue of MVCs in Indian Country.

The project took place from January 2018 to August 2018 and focused on creating MVC maps for each Tribe in Montana using the ArcGIS software. Jordan and Cera worked with Darcy Merchant, the Billings Area Injury Prevention Specialist at the time, to develop a work plan for the project. Through data agreements with the appropriate agencies, Jordan obtained crash data from the Departments of Transportation in both Montana and Wyoming, and Cera performed data cleaning, analysis, and the write-up of the report. The maps were completed remotely and displayed a visual representation of the burden and potential spatial factors of motor vehicle-related morbidity and mortality on each reservation. In August 2018, Jordan and Cera visited the Blackfoot Reservation and the Flathead Reservation of the Confederated Salish and Kootenai Tribes to present their work.

The project's reach went beyond the initial maps—the team wanted to be sure that the project could be replicated in other tribal communities, so they created a manual, “Motor Vehicle Crash Mapping: Directions for ArcGIS,” detailing the methods and procedures of the MVC mapping process. As explained by Jordan, the manual “serves as a guide for each step of our process, from recruiting, inputting, and analyzing data. This ensures that the methodology will be consistent.” Jordan hopes the manual will serve not only the Injury Program at RMTEC, but also IHS, Tribes across the country, and other TIPCAP grantees.

Jordan and Cera hope that more practicum students may be sponsored at the Rocky Mountain Tribal Leaders Council in the future. Jordan says that Cera's work was invaluable to the success of the project—“Cera's public health practicum was an incredible opportunity for us as a Tribal Epidemiology Center to bring on a talented new team member who is highly trained without having to procure funds. We all learned a lot from one another and from the experience.”

Cera, too, has high hopes for the project's reach and the ability of the MVC maps to make a difference. “I hope that the mapping process and the maps can be useful for the Tribes by highlighting areas in need of resources.”



Indian Health Council Seeks Community Feedback at Fall Festival

On a sunny Thursday in October, Skye Holmes, the Injury Prevention Coordinator for the **Indian Health Council (IHC), Inc.**, joined other departments from the IHC and outreach organizations to showcase her work at the Annual Fall Festival in Valley Center, California. Participating in the Fall Festival were Tribal members from the nine consortium Tribes serviced by the Indian Health Council.

As emphasized by her Batman-inspired costume, Skye was at the Fall Festival with an important mission—to improve the timing and locations of her Child Passenger Safety Seat class, as well as increase community participation. At her shady booth on the perimeter of the festival, Skye conducted a community feedback survey to determine members' preferences. The responses aided her in scheduling and planning classes to fit participants' busy schedules.

The Fall Festival event, which was funded by the Prevention Early Intervention Grant, was a prime opportunity for Skye to “tailor programming to fit the needs of the target group and attempt to accommodate rea-

sonable requests,” she says. Indeed, attendees were eager to stop by Skye’s booth to offer their opinions—Skye estimates that she reached about 125 community members that day. “I learned that there were community members that wanted a wider variety of options for the Child Passenger Safety Seat Class. This was not something that was vocalized by community members previously,” she explained.



Above: Skye Holmes, dressed in costume for the fall festival, asks community members for feedback.

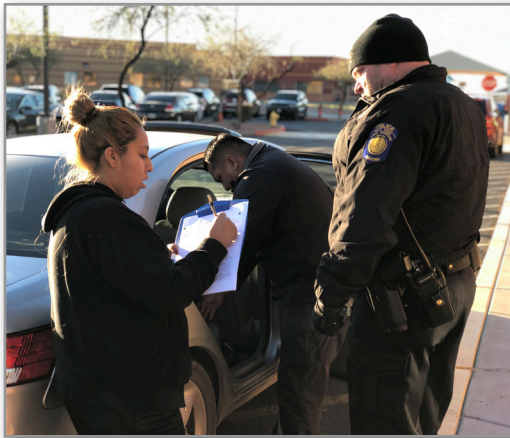
Based off of this feedback, Skye switched the times and dates of her scheduled monthly classes. The team also made one-on-one classes available based on of the feedback gathered at the event. Skye reports that she has seen a slight increase in participation at the classes.

Given the success of the Fall Festival booth, Skye has been on the lookout for other opportunities to connect with the public through community events. “Personally as a community member and an employee of IHC, I find these types of community events very effective. We get to reach the community and talk with them about the types of services we provide. It also helps community members put a face to the name of the provider that they might encounter in the future,” she says.

On February 20, 2019, Skye hosted a booth at a chair volleyball tournament. She is also eager to host her own events. “I am in the process of securing funds to hold a bicycle rodeo, where I can pass out safety information about both car seats and bicycle safety,” she says.

Making the Invisible, Visible

Monte Yazzie, SRPMIC



“I can’t make it during that time.”

“I didn’t hear anything about this event.”

“I wish you did these events on the weekend.”

If you are working in the world of child passenger safety, these comments are far too common. Many Tribal Injury Prevention Programs are spreading themselves over large areas, some programs may have a lack of resources when it comes to accommodating the need for education and distribution, and some may be the lone technician trying to stretch the 8-hour day to fit 10-hours worth of service. It’s a never-ending task keeping children traveling as safely as possible.

The **Salt River Pima-Maricopa Indian Community (SRPMIC)** Injury Prevention Program in Arizona encountered many of these same comments at the beginning of the re-development of the car seat distribution program in 2015. With a 35% Community usage rate, changes needed to happen.

Over the course of 4 years, the car seat program in Salt River has grown to a bustling 25-person child passenger safety (CPS) team. The Salt River Police Department, Fire Department, Social Services, Health and Human Services, High School, Elementary, and Early Childhood Education are dedicated partners towards injury prevention safety efforts. Car seat check events occur quarterly, individual distribution appointments can be made Monday-Friday, and seat checks can happen every single day of the year. And still, the comments concerning time, location, and convenience are being heard.

Wanting to become more visible within the community, among Community members, and with Tribal leadership, the CPS Team in Salt River developed a “curb side checkpoint” aimed at “increasing availability, visibility, and accountability for child passenger safety.” During pick-up and drop-off times at the Early Childhood Education Center (ECEC), CPS technicians organized educational materials and provided training sessions right at the doorstep of the school. CPS Technician Melinda Hansen, Health and Nutrition Coordinator at ECEC, explains that “it’s a great way to catch the attention of parents and guardians and let them know that they have direct access to safety team members and technicians specialized in car seat use. Being visible and available to assist [with] concerns is just another step we are dedicated to take in order to increase proper usage rates within the Community.”

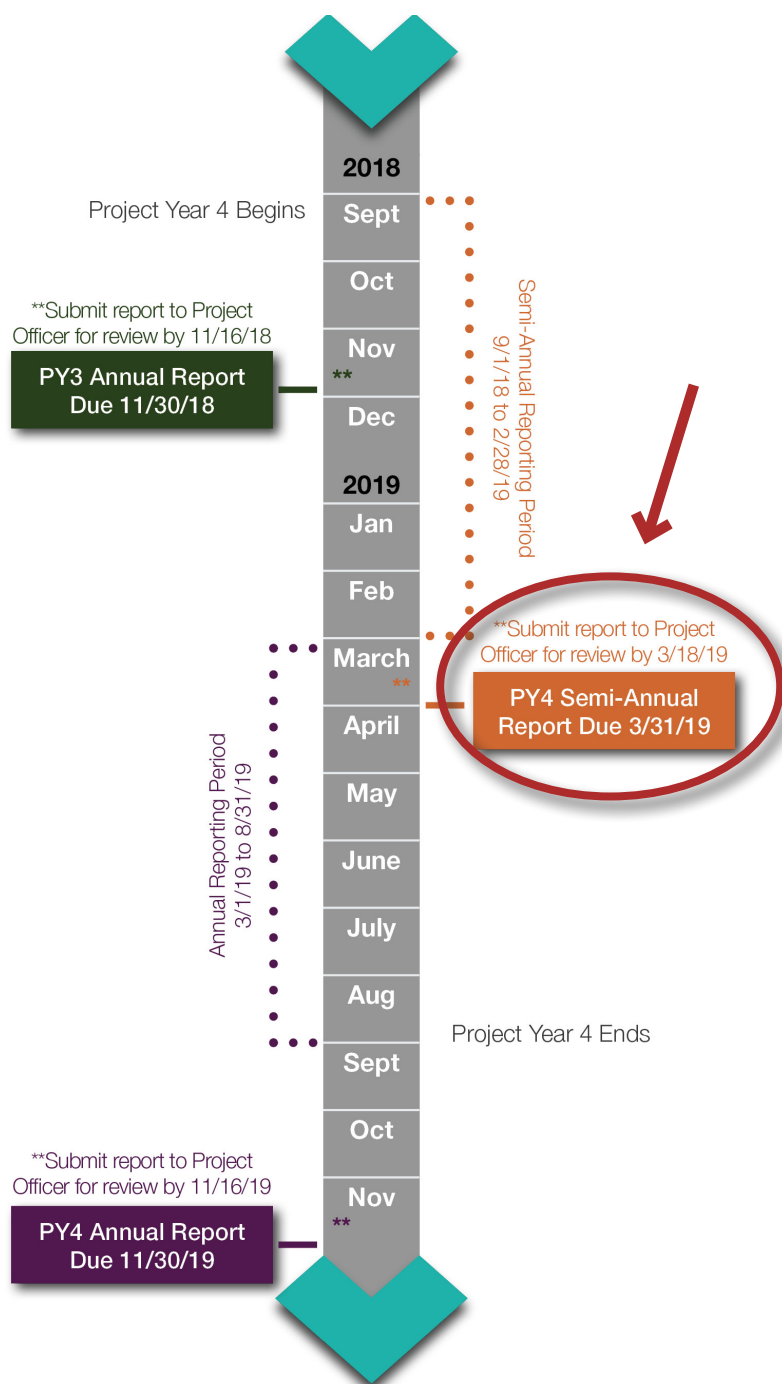
The implementation of the curb-side checkpoint has had an impact in Salt River. During the last observational survey conducted at a curb-side check event, the Salt River CPS Team recorded a 62% Community usage rate over a 90-minute observation time. The increase in usage is a positive sign but also shows that there is much more work to be done to make sure children are traveling as safely as possible.

Reports & Continuation Applications Due!

Part I and Part IIA Sites:

- Semi-Annual Reports due for Project Officer review **March 18**
- Continuation applications for Year 5 funding due **May 3**

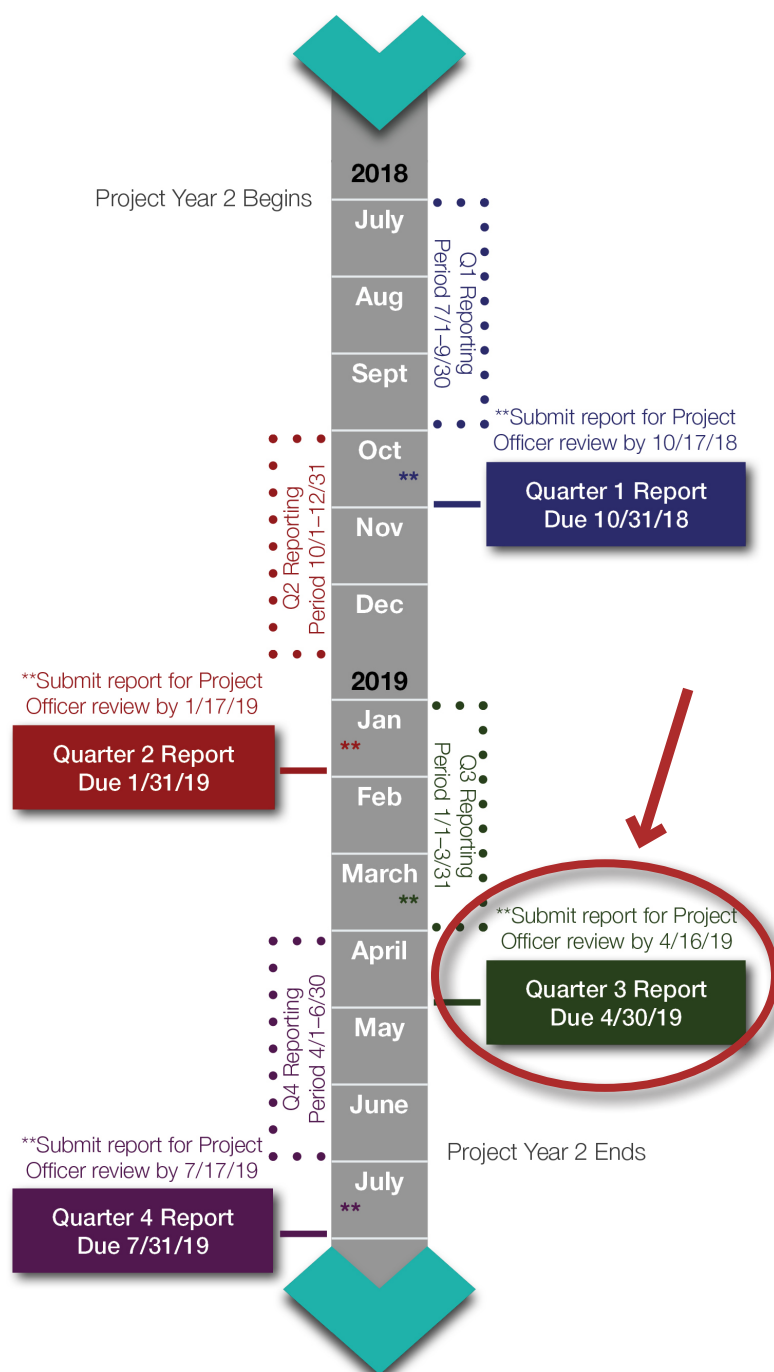
TIMELINE: Part I & Part IIA Sites



Part IIB Sites:

- Quarter 3 Reports due for Project Officer review **April 16**

TIMELINE: Part IIB Sites



Safety, Dignity, and Independence



Preventing Elder Falls Through Bathroom Upgrades

Kurt Buttelmann of the **Bristol Bay Area Health Corporation (BBAHC)** has worked to improve safety in Native communities in rural Alaska for many years. Over time, he began to notice a pattern—village elders were falling in the bathroom with unnerving frequency. What's more, he knew bathroom falls pose tremendous danger to both elders and their caretakers—when an elder loses their balance, the caretaker may hurt themselves trying to catch the elder, brace their fall, or in helping them up.

With TIPCAP funds, Kurt has worked closely with elders, caretakers, and home health aides across the communities served by the BBAHC to address the issue of bathroom safety. “We have gone through a big learning curve,” Kurt says. The team experimented with stools, different chair models, and bath benches to prevent falls in the restroom. “Listening to the elders’ feedback helps us make changes based off of their experiences,” Kurt explained.

These days, Kurt and his team distribute a home safety package to elders in need that includes a bath bench fitted with a grab bar; a handheld shower head that changes color to reflect the temperature of the water

to prevent burns; battery-powered motion-sensitive magnetic/stick-on lights to prevent falls; and toilet safety frames to allow elders to more easily lower and raise themselves onto the toilet without help.

Community Response

Kurt says that the feedback from elders, caregivers, and health aides has been overwhelmingly positive. Elders who once could not use the bathroom or take a shower without assistance can now do so alone or with minimal supervision. “People can be warm and relax in the shower now,” he says. “Even the caregivers are saying, ‘This is great!’ It’s giving everyone just a whole lot more mental peace.” According to Kurt, bathroom safety is not just about protecting elders’ physical safety. “I would hate to need someone to help me to the toilet. I want to help people preserve their dignity and independence. We want to prolong people’s independence for as long as possible.”

Kurt’s work is not limited to the bathroom, nor is he close to calling it quits. “I check the whole house,” he says. Kurt locates trip hazards and makes improvements on the spot—from cutting linoleum to stapling down carpet to replacing carbon

monoxide detectors, Kurt seems to do it all. During these home visits, he tries to connect personally with both the elder and the caretaker.

Moving forward, Kurt wants to continue taking feedback from elders and find creative ways to make cost-effective safety improvements, as shipping supplies to Alaska is often expensive. For example, elders have requested bath mats to prevent falls inside the tub. While normal rubber mats cost too much to ship to Alaska, Kurt is exploring high-traction decals to stick on the tub floor.

Partnerships

While Kurt himself does the equipment installation in elders’ homes, he says that he cannot do this work alone. Kurt emphasizes how invaluable his partnerships with the village home health aides are to the success of the project: “[In most of the villages,] the streets aren’t named and the houses aren’t numbered. There often aren’t grocery stores or hotels. I have to fly into each village if I want to visit, and then I will need someone to take me to each home... if it weren’t for the health aides, this project simply wouldn’t be possible.”

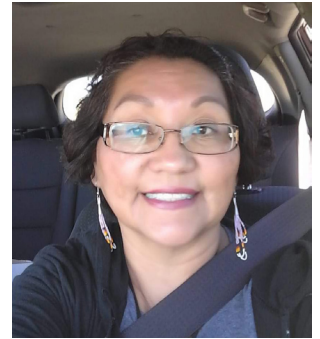
Please
welcome

TIPCAP's newest Tribal Injury Prevention Coordinators



Charlita Thacker (Sho-Pai)

Charlita Thacker is a **Shoshone-Paiute** tribal member living on the Duck Valley Indian Reservation, which straddles the Nevada/Idaho border. She is the new TIPCAP Coordinator for the Elder Injury Prevention Grant for the tribe and the Administrative Assistant for the Owyhee Community Health Facility/Community Health Department. Charlita has over 30 years of clerical experience and has worked in many departments within her Tribe, including as the Tribal Chairman/Business Council Secretary, Tribal Planner's Secretary, Finance/Travel Coordinator, Duck Valley Housing Authority Secretary, Head Start Teacher Assistant, and Substitute Teacher at the Owyhee Combined School. She has a certificate from Boise State University in Office Occupations, has taken computer and medical terminology classes with Great Basin College, and in 2017, she became a Certified Personal Trainer with the Native American Fitness Council.



Charlita is a mother of five (4 daughters; 1 son), who range in age from 25-34 years old, and a proud grandmother of three grandsons (aged 2-11 years). In her spare time, she likes to travel with her significant other and spend time with her children and grandchildren, working on craft projects. She and her staff look forward to completing the last year with TIPCAP.



Sixtus Dominguez (AASTEC)

Sixtus Dominguez, MCRP is Jumano Apache from his maternal side and Rarámuri from his paternal side. He was born in Southeastern New Mexico and raised there as well as in Southwestern Texas and in Chihuahua, Mexico. Sixtus is married into the Coahuiltecan people of Coahuila, Mexico and South Texas and is a father to a son. He obtained a bachelor's degree from the University of New Mexico (UNM) in Native American Studies, Magna cum laude, with a minor in Studio Art. In 2018 he earned a master's degree from the UNM School of Architecture & Planning in Community and Regional Planning with a concentration in Indigenous Planning. He has professional experience in community service, education, and research. Sixtus is the Tribal Injury Prevention Program Coordinator funded by the Indian Health Service at **Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC)**. His goal is to build capacity in public health within personal, professional, and tribal interests to decrease the burden of unintentional injuries related to falls and motor vehicle crashes among American Indian communities in the AASTEC service area.



Skye Holmes (IHC)

Skye Holmes (Cherokee) is the Injury Prevention Coordinator at **Indian Health Council (IHC)**. She holds certificates as a Family Spirit Educator and Child Passenger Safety Seat Technician. Skye has been employed with Indian Health Council since September 2015.

Skye is a Cherokee Nation citizen. She is a single mother of a seven year old daughter. Skye has lived on one of the nine tribal lands served by Indian Health Council since 2004 and is familiar with the tribal community.





Each year, TIPCAP sites complete dozens of home visits. Sometimes, a community member in need stands out. Steven B. Cook, a Saint Regis Mohawk Tribal member, has had Parkinson's disease for ten years. Parkinson's disease occurs when a person's nerve cells in the brain break down, causing tremors, muscle stiffness, and speech changes, among other symptoms. There currently is no cure, but treatment can slow the progression of the disease.¹

Steven lives in his own split-level home in the St. Regis Mohawk Reservation in Franklin County, New York. Modifications to the structure and use of his home have been critical to his ability to live there and serve as a reminder of the power of home

“Listen to your people. Sometimes they have ideas and solutions that they've adapted in their day-to-day activities. Think outside the box and let them teach you,” Lynne says.

Safety & Friendship:

Saint Regis Team Learns from Tribal Member with Parkinson's disease

modifications. As Lynne Thompson, Injury Prevention Specialist with St. Regis explains, “[Steven] has adapted his home to accommodate his limitations.” Steven primarily uses the top level of the house. Various equipment is installed in the home, including a chair lift, a Lifeline medical alert system, a security system with cameras, handrails down the stairwells and hallway, a board near the bedside to aid in getting out of bed, and a voice-activated system that helps Steven navigate lights, door locks, and more. Personal help is also important to Steven's wellbeing: he receives 2 hours of home care every day, and home health aides visit to assist with personal care and household tasks.

Despite this assistance, Steven's Parkinson's disease poses great barriers to his safety. “Steven has fallen numerous times due to his Parkinson's,” Lynne says. But Steven and his team are determined. Steven keeps up a rigorous daily exercise routine, attends a Parkinson's disease support group based at Clarkson University, plays the piano to help with his dexterity and upper body strength, and even composes music.

Most importantly, Steven's attitude and outlook on life remain bright—after every fall, Steven troubleshoots to figure out the root cause of the fall. He says that each fall has taught him something about how to modify his

surroundings to prevent future falls. Lynne has been inspired by Steven's innovativeness and dedication to his own safety. The Injury Prevention Program is excited to be assisting Steven by installing a ramp in his home, as his sidewalk is uneven and there is no handrail for him to hold onto when he walks to his vehicle. Lynne is looking forward to being able to continue learning from Steven. “Listen to your people,” Lynne says. “Sometimes they have ideas and solutions that they've adapted in their day-to-day activities. Think outside the box and let them teach you.”

Top left: Steven Cook working with home health aide on balance. Bottom right: Steven plays piano to help with dexterity and upper body strength.



¹ Mayo Clinic. (nd). *Parkinson's disease*. Retrieved from <https://www.mayoclinic.org/diseases-conditions/parkinsons-disease/symptoms-causes/syc-20376055>



Connect, learn, and advance in injury and violence prevention with Safe States

The Safe States Alliance offers unparalleled opportunities to discover, connect, empower, and grow as leaders in injury and violence prevention. Safe States is the only national non-profit organization and professional association comprised of public health injury and violence prevention professionals representing all U.S. states and territories. From the student just starting out to the seasoned professional, Safe States members specialize in a variety of areas, including program coordination, management, data analysis, and public policy. Safe States offers an array of interactive tools, publications, and special reports to help you with everything from identifying best practices to structuring an evaluation, to developing strong policy. Here are a couple of our most popular features:

INJURY PREVENTION AND VIOLENCE PREVENTION INVENTORY

The Inventory is designed to connect you to a variety of prevention strategies, sample distal (direct) and proximal (indirect) measures, and related resources across 17 different injury and violence topic areas.

<https://www.safestates.org/general/custom.asp?page=InjPrevInventoryHome>

INJURY AND VIOLENCE PREVENTION TOOLKIT

This free, online resource assists IVP program managers and staff establish a foundational skill set in the IVP practice using online assessments and recommended trainings.

<https://training.safestates.org/ivp-toolkit/>

TRAINING CENTER

Free access to trainings and other learning opportunities that can raise awareness, increase knowledge and build skills for preventing injuries and violence. These opportunities include those offered by Safe States Alliance, as well as other diverse organizations and agencies at national, state, tribal, and local levels. Earn CHES and CPH credits.

<https://www.safestates.org/page/ContinuingEducation>

Introducing the newest TIPCAP Project Officers



Isaac Ampadu

IHS Area: Phoenix

TIPCAP Site(s):

Ak-Chin Indian Community

Gila River Indian Community

Salt River Pima-Maricopa Indian Community



Tim Arr

IHS Area: Oklahoma

TIPCAP Site(s):

Wichita and Affiliated Tribes



Travis Bowser

IHS Area: Albuquerque

TIPCAP Site(s):

Albuquerque Area Indian Health Board

Pueblo of Jemez

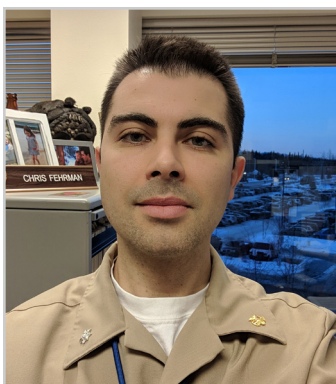


Brook Burrows

IHS Area: Albuquerque

TIPCAP Site(s):

Jicarilla Apache Nation



Chris Ferhman

IHS Area: Alaska

TIPCAP Site(s):

Bristol Bay Area Health Corp



Martin Stephens

IHS Area: Albuquerque

TIPCAP Site(s):

Pyramid Lake Paiute Tribe

Reno-Sparks Indian Colony

Shoshone-Paiute Tribes of Duck Valley

Washoe Tribe of Nevada & California

Upcoming Retirement of Don Williams

CAPT Don Williams, Interim Santa Rosa Health Center Facility Director, Tohono O'odham Nation Health Care, will retire in June 2019. As one of IHS' longest-serving injury prevention specialists, Don has served in many roles during his 30-year career: extern, Environmental Health Officer, Area Injury Prevention Specialist, and Acting Facility Director. A 1989 graduate of Western Carolina University, Don served 2 assignments in the Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP); one at Turtle Mountain Chippewa Tribe in North Dakota, and the other at the IHS District Office in Reno, Nevada. During the Reno JRCOSTEP experience, Don worked on identifying motor vehicle crash cluster sites on the Pyramid Lake Paiute Tribe Reservation. This work sparked his interest in injury prevention.

From 1990-1998 Don served as the Environmental Health Officer in Fort Duchesne, Utah. Fully immersed in injury prevention his work included partnering with the Ute Tribe Head Start Program to increase child safety seat use, completing the IHS injury Prevention Fellowship, and implementing a project to increase restraint use through incentives. A transfer to Tucson Area followed in 1998 where Don has served ever since. Highlights of his time in Tucson Area include assisting the Tohono O'odham Nation to secure TIPCAP funding, passing a primary seat belt law, and doubling the seat belt use rate from 43% to 86%. Also during TIPCAP, fatalities decreased from an average of 12 per year to 5 or less per year. In 2002 Don earned a Masters of Public Health degree from the University of North Carolina, Chapel Hill.

Don has enjoyed teaching and mentoring through the years and watching the growth in tribal participants, particularly Feliciano Cruz of the Pascua Yaqui Tribe, with whom he has worked nearly the entire time he's been in Tucson Area. Serving as mentor has been important, especially since Don feels he has been mentored by the best, including Rick Smith, David Wallace, Larry Berger, and Alan Dellapenna.

What are Don's plans for retirement? On the list is spending time with his family, including his grandchildren and his lovely wife Pat, to whom he's been married for 46 years. An inside passage cruise to Alaska and enjoying creating pottery and glass art are also high on the list.

Thank you, Don, for your wonderful contributions to injury prevention in Indian Country. Congratulations and may you enjoy many years of retirement.



Left: Don Williams, David Wallace, and Rick Smith. Middle: Some of Don's amazing pottery. Right: Don's wife, Pat, and their grandson, Silas.



TIPCAP WEBINAR



Wednesday, March 27, 2019

2pm Eastern | 1pm Central | Noon Mountain | 11am Pacific

The webinar will begin with administrative updates from CAPT Holly Billie and Jenn Russell. The guest speaker, Tabatha Harris, will present on engaging audiences for the remainder of the webinar.

Link to join: <https://ucdenver.zoom.us/j/508746286>



Tabatha Harris received a bachelor's degree from Oklahoma State University and a master's degree in Human and Health Services Administration from the University of Oklahoma. She is a Tribal member of the Choctaw Nation of Oklahoma. Tabatha has over 11 years of experience in the social services and public health – injury prevention fields. She currently works as a Tribal Traffic Safety Specialist for the Tribal Injury Prevention Resource Center that is administered by the Albuquerque Area Indian Health Board.

Injury Prevention Conferences

Lifesavers Conference

March 31-April 2, 2019 in Louisville, KY

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

Society for Advancement of Violence & Injury Research (SAVIR) Conference

April 1-3, 2019 in Cincinnati, OH

<http://savirweb.org/>

Aging in America Conference

April 15-18, 2019 in New Orleans, LA

<https://www.asaging.org/aging-in-america>

Kidz in Motion Conference

August 22-24, 2019 in Orlando, FL

<http://kidzinmotion.org/>

Safe States Alliance Annual Meeting

Sept. 11-13, 2019 in Atlanta, GA

<https://www.safestates.org/page/Annual-Meetings>

And don't forget...

Annual Workshop for Part I* TIPCAP Sites

July 22, 2019 in Denver, Colorado

*Part IIA and IIB Sites are invited to attend, but are not obligated

as well as...

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

July 23-25, 2019 in Denver, Colorado

Hosted by the IHS Injury Prevention Program and CDC National Center for Injury Prevention and Control, topic areas of this informative conference include:

- Violence and Intentional Injury Prevention
- Community and Culture
- Linking Clinical and Community Programs
- Program Development and Implementation
- Program Success, Evaluation, and Continuation
- Innovative Strategies and Emerging Issues in AI/AN Injury and Violence Prevention



ASK ELIZA

Each issue, Eliza answers frequently asked technical assistance questions

Have a question you'd like Eliza to answer?

Send her a request at eliza.filene@ucdenver.edu.

She'd love to hear from you!

Hello TIPCAP grantees!

Here at the Centers for American Indian and Alaska Native Health (CAIANH), we get a lot of questions about integrating policy changes into TIPCAP projects. One thing is for sure—it's not easy. But policy change is critical to improving the safety of Native communities. Policy change is a tool for **sustainability**—policies keep communities safe long after TIPCAP funding ends. Policy change is **exciting**—when successful, policy change signifies that a community is ready to take action and make a stand to prioritize health and safety. Lastly, policy change is **necessary**—evidence shows that injury prevention programs are most effective when coupled with policy change to enforce safe behaviors. I think of public policy as magic grow powder for public health interventions—it amplifies individual-level progress to encompass broader communities. If only it were as easy as “Abracadabra!” Luckily, we have the resources and know-how to make policy change happen. And most importantly, we have you, the TIPCAP coordinators and administrators with ears to the ground and a passion for injury prevention. Let's make some magic happen.

Why is policy change important?

We can turn to history to see the importance of policy change in saving lives. From the U.S. HIV/AIDS crisis to today's opioid epidemic to preventing driving while under the influence (DUI) to encouraging seatbelt use, activists and community leaders have always relied on policy to encourage health-promoting behaviors, mobilize resources to address health issues, and plan for the safety of future generations. As explained by Jordan Vandjelovic, IHS Billings Area Injury Prevention Specialist, “Policies are not merely enacted to satisfy public whim, but are the calling of the leadership as they plan for future risks and needs of their communities. Policy is an integrated aspect of health and injury prevention.”

Indeed, evidence shows that policy is a necessary component of long-term injury prevention. Education-only approaches—including mass media campaigns, CPS training, and school-based programs—have been documented as insufficiently effective and are most impactful when combined with enforcement or policy strategies.¹

1. Turn to the evidence.

The first step in the policy process is problem identification. At the root of good policies are clear and specific problem statements that capture the scope and risk factors of a safety threat.² When communicating with stakeholders, Tribal Council, and other policy-making bodies, data is the ultimate storyteller. Gathering high-quality data from national and state-level sources can be difficult in Native communities due to data quality issues, race misclassification, and other challenges. Collecting data at the local level can also be challenging, but, when successful, allows for clear demonstration of need. The options are endless—whether you gather data from local law enforcement, seat belt observations, Tribal Epidemiology Centers, IHS health centers, death certificate data, emergency department data, the Web-based Injury Statistics Query & Reporting System (WISQARS), or other sources, our team here at CAIANH is available to help you synthesize and analyze data to tell a story. Consider pairing data with individual stories or examples of lived experiences to drive the message home and communicate the need for swift action.

continued on next page

2. Look local—one size does NOT fit all.

No community is the same. For successful policy change, asking some tough questions may be in order. Monte Yazzie, Injury Prevention Coordinator at Salt River Pima-Maricopa Indian Community, emphasized the importance of understanding local contexts:

Look at your Community. Is your Community ready for change? What are the concerns? Where is the need? Who are your collaborators? Why do you want things to change? Exploring the different reasons for change in your individual, wholly unique Community is the first important step when working towards a policy intervention. Once you have an understanding of the capacity within your Community, it will be easier to combine those strong elements, strengthen the weak elements, and explore innovative ways to challenge the concerns for your Community.

When communicating with local stakeholders, it is important to effectively frame data and information. Tailor the message to your audience, be concise, and present feasible solutions to data issues (Christoffel and Gallagher, 2006).

3. Build off success stories.

Numerous TIPCAP sites have successfully lobbied for and implemented policies to increase safe behaviors in their communities...from instating primary seatbelt and child passenger safety laws to requiring helmet use. If you have an interest in making a policy change in your community, let us connect you to another grantee who successfully made a similar change.

Policy change can both signify and bring about a culture of safety. As explained by TIPCAP Coordinator Patricia Ramos of Northern Cheyenne, who successfully helped reinstate her community's primary seatbelt law, "Injury prevention policies bring awareness to everyone and address real problems we do not talk about in Indian Country." As a community, we need to change our mindset and attitudes about seat belts and understand as adults we have a choice to buckle up and protect ourselves and children from injuries.

This isn't easy—As Monte explains, "[Policy change] is hard work...but what we are working for has benefits that will reach beyond the present moment; it will reach future generations in ways that will create lasting change." The road may be long, but the future is bright.

Resources

Murphy, T., Pokhrel, P., Worthington, A., Billie, H., Sewell, M., & Bill, N. (2014). Unintentional injury mortality among American Indians and Alaska Natives in the United States, 1990–2009. *American Journal of Public Health*, 104(S3), S470-S480.

Pollack Porter, K. M., Rutkow, L., & McGinty, E. E. (2018). The importance of policy change for addressing public health problems. *Public Health Reports*, 133(1_suppl), 9S-14S.

Runyan, C. W. (1985). Health assessment and public policy within a public health framework. In Karoly, P. (Ed.), *Measurement strategies in health psychology* (pp. 601-627). New York: John Wiley and Sons.

Runyan, C. W. (1998). Using the Haddon matrix: Introducing the third dimension. *Injury Prevention*, 4(4), 302-307.

Swahn, M. H., Hankin, A., & Houry, D. (2011). Using policy to strengthen the reach and impact of injury prevention efforts. *Western Journal of Emergency Medicine*, 12(3), 268-270.

The Guide to Community Preventive Services: www.thecommunityguide.org/topic/motor-vehicle-injury.

Sources

¹ Wallace, D. (2002). Evidence-based effective strategies for preventing injuries: Child restraints, seat belts, reducing alcohol-impaired driving, teen drivers, child abuse prevention, bike helmets, residential fire, and drowning. *National Center for Injury Prevention and Control*. Retrieved from http://www.npaihb.org/images/epicenter_docs/injuryprevention/EffectiveStrategiesDavidWallace.pdf

² Vernick, J. S. (2006). Injury prevention policy forum. *Injury Prevention*, 12(6), 382-384.

³ Christoffel, T., & Gallagher, S. S. (2006). *Injury prevention and public health: Practical knowledge, skills, and strategies* (pp. 361; exhibit 12-4). Jones & Bartlett Learning.



**ASK
ELIZA**

CDC's *MyMobility Plan* for older adults

The MyMobility Plan is a tool designed to encourage older adults to take action now to help them remain safe, mobile, and independent as they age.

CDC developed and evaluated the new MyMobility Plan to encourage older adults to prepare for potential mobility changes in much the same way they may plan financially for retirement. MyMobility Plan provides resources and tips for older adults to help manage their health to maintain mobility, make their homes safer to prevent falls, and consider alternative transportation as they age so they can stay safe, mobile, and independent longer.



What can you do

Many people make financial plans for other changes that may come with mobility—your ability to get around. It's not easy to talk about, but as we older, physical changes can make it harder to get around and do things you want or need to do—like driving, shopping, or doing household chores. You might not have mobility problems yet, but you may know others who already do. While it may not be possible to prevent mobility changes, there are actions you and your loved ones can take to keep you safe and independent to the longest.

MySelf
A plan to stay independent

MyHome
A plan to stay safe at home



MyHome | A plan to stay safe at home



To continue your plan, schedule a time to go through the following home safety checklist to help prevent falls.

Check the FLOORS in each room and reduce tripping hazards:

- ☐ Keep objects off the floor.
- ☐ Remove or tape down rugs.
- ☐ Coil or tape cords and wires next to the wall and out of the way.

Check the KITCHEN:

- ☐ Put often-used items within easy reach (about waist level).
- ☐ For items not within easy reach, always use a step stool and never use a chair.

Check the BEDROOMS:

- ☐ Use bright light bulbs.
- ☐ Place lamps close to the bed where they are within reach.
- ☐ Put in night-lights to be able to see a path in the dark. For areas that don't have electrical outlets, consider battery-operated lights.

Check inside and outside STAIRS and STEPS:

- ☐ Check for loose or uneven steps. Repair if needed.
- ☐ Make sure carpet is firmly attached to every step, or remove carpet and attach non-slip rubber treads.
- ☐ Check for loose or broken handrails. Repair if needed.
- ☐ Consider installing handrails on both sides of the stairs.
- ☐ Use bright overhead lighting at the top and bottom of the stairs.
- ☐ Consider putting light switches at both the top and bottom of the stairs.

Check the BATHROOMS:

- ☐ Put non-slip rubber mats or self-stick strips on the floor of the tub or shower.
- ☐ Consider installing grab bars for support getting in or out of the tub or shower, and up from the toilet.

MyMobility Tip

Falls are more likely when wearing inappropriate footwear, such as flip-flops that don't cover the heel. Wear safe shoes that fit well, have a firm heel to provide stability, and have a textured sole to prevent slipping.

For more home modification information and resources: <https://go.usa.gov/U6d3>

https://www.cdc.gov/motorvehiclesafety/older_adult_drivers/mymobility/

Indian Highway Safety Program posts grant opportunities

The Bureau of Indian Affairs (BIA), Office of Justice Services (OJS), Indian Highway Safety Program (IHSP) solicits proposals for implementing traffic safety programs and projects which are designed to reduce the number of traffic crashes, deaths, injuries and property damage within these populations. Indian Highway Safety Grants are reimbursable grants available to federally recognized tribes.

The IHSP urges you to distribute the information with tribal programs who may be interested in making application(s) in one or more of the grant opportunities.

Funding Opportunity Number	Title	Category	Application Closing Date
BIA-IHSP-2019-0005	Indian Highway Safety Law Enforcement Grants	DOI-BIA	05/01/2019
BIA-IHSP-2019-0006	Indian Highway Safety Occupant Protection Grant	DOI-BIA	05/01/2019

<https://www.grants.gov/web/grants/search-grants.html>

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