

## TRIBAL INJURY PREVENTION COOPERATIVE AGREEMENT PROGRAM (TIPCAP)

# TIPCAP

## NEWSLETTER SEPTEMBER 2012

### Northern Native American Health Alliance Inter-Tribal Youth Leadership Conference

On May 9th through May 11th the Northern Native American Health Alliance (NNAHA), based on the Bad River reservation in Wisconsin, conducted an Inter-Tribal Youth Leadership Conference. This conference built on ongoing initiatives supported by the NNAHA grantee. One is the “Creating Caring Communities” (CCC) program, which has been in effect in the Ashland (Wisconsin) High School for over four years. The other is a version of the “Native Aspirations” community-building protocol, which has been working with Bad River grammar school children over the past year. The objective of both of these initiatives is to reduce the level of bullying and other aggressive behaviors among the student populations.

The objective of the Leadership Conference was to have individuals extend the CCC and “Aspirations” message into the community. There were 28 participants (21 students and 7 adults) at the conference, drawn from four northern Wisconsin tribes (Bad River, Red Cliff, Lac Court Oreilles, and St Croix). The participants underwent a training based on IHS level-one guidelines and concepts taken from the book *Everyone Leads* by Paul Schmitz. Beginning in the fall of 2012 the participants will begin community outreach efforts that were initially identified at the conference. NNAHA will be tracking these activities and hoping to expand the range of this leadership initiative over the course of the upcoming year.



Luis Salas, Injury Prevention Coordinator, NNAHA

— Luis Salas

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The 2012 Inter-Tribal Youth Leadership Conference.

## A MESSAGE FROM NANCY BILL, THE IHS INJURY PREVENTION PROGRAM MANAGER



**B**uilding and sustaining partnerships are important for IP programs. Activities you are conducting may take the support of the key stakeholders, i.e., tribal law enforcement, housing authority, etc. The building of partnerships with key stakeholders is a step in the right direction. This was all reinforced during my attendance at two important meetings: “Preventing Child Fatalities: Promising Strategies for Improving the Outcomes of Fatality Reviews” and the Governors Highway Safety Association 2012 Annual Meeting. The first meeting, “Preventing Child Fatalities,” served as a forum and networking opportunity to learn how states are collaborating to improve the outcomes of child fatality reviews, and to emphasize the need to work with tribes. The audience included doctors, social workers, nurses, public health officials, police officers, attorneys, DOD, etc.

The second meeting, Governors Highway Safety Association 2012, had a different audience: traffic safety, transportation, researchers, engineers, NHTSA, etc. I ran into Holly Kostrzewski at the Governors Highway Safety meeting. Some of you may remember Holly Kostrzewski, who previously served as the Fond du Lac TIPCAP Coordinator. Holly currently serves as the northern region Toward Zero Deaths coordinator in Duluth, Minnesota. Holly shared how the IP training she received as the TIPCAP Coordinator provided a foundation for her current job. “I have the best job ever,” she says. For your information, last year Minnesota traffic deaths were the lowest in decades. Great kudos to Minnesota and Holly Kostrzewski!



Holly Kostrzewski

These two meetings had very different audiences but shared a common goal of preventing unintentional injuries. If you haven’t reached out to the child death review teams and/or Governors Highway Safety Programs as key partners, I encourage you to. We all share common alliances in injury prevention. Your involvement is extremely important as the TIPCAP Coordinator and tribal liaison for state programs.

The following are websites provide more information regarding child death review teams: the National MCH Center ([www.childdeathreview.org](http://www.childdeathreview.org)) and the Governors Highway Safety Association ([www.ghsa.org](http://www.ghsa.org)).

Partnerships are a key force with injury prevention. We need to continue to build and sustain partnerships as we work towards achieving our mission to end the injury disparity in American Indian/Alaska Native communities.

*Ahe’ hee – Thank You!*

***Nancy M. Bill***

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## TIPCAP LIFE EVENTS

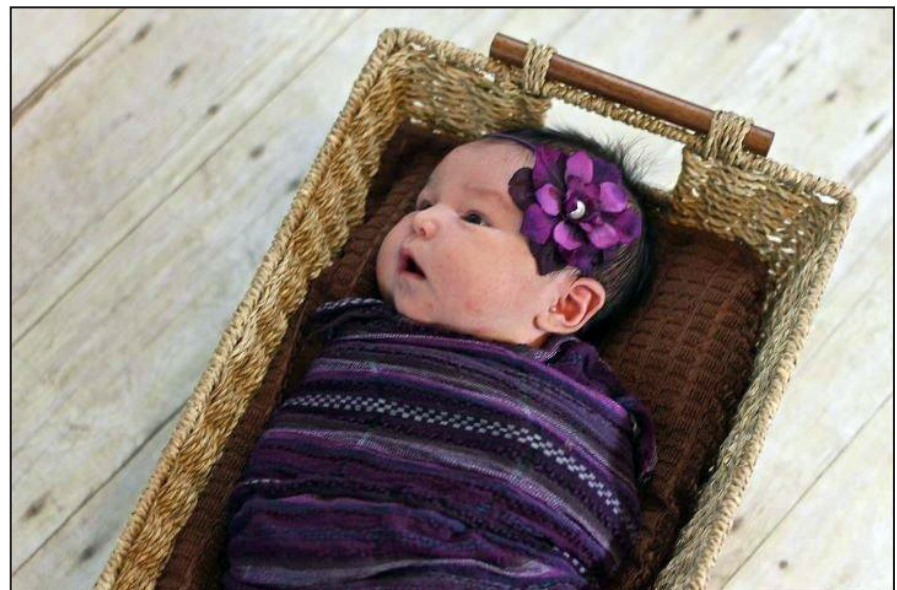
If you would like to be featured in the TIPCAP life events section of the next newsletter, please contact Lauren Thompson at 301-657-9883 or [lthompson@econometricainc.com](mailto:lthompson@econometricainc.com).

**D**onald Fancher, Jr., and Sylvia Sheldon were married on July 28, 2012, at the Alaska Native Heritage Center in Anchorage. Donald is the Injury Prevention Coordinator for the Maniilaq Association.



Sylvia Sheldon and Donald Fancher, Jr.

**J**ennifer J. Jordan, Injury Prevention Coordinator for the Oneida Tribe of Wisconsin, received her Child Passenger Safety Technician Certification in July, 2012.



Happy birthday, Morning Star!

**K**endra Nichols-Takak, Injury Prevention Coordinator for the Norton Sound Health Cooperation, gave birth to Emma Jessie Uvlugiaq Takak on December 24, 2011. Uvlugiaq is her Inupiaq name, meaning “Morning Star.”

# KIDS DON'T FLOAT...



Donald Fancher was in Kobuk after their flood; he relocated and repaired the “Kids Don’t Float” life jacket box. Flood waters had carried it to some trees, where it got stuck. There was some minor damage, but we were able to repair it and restock it with life jackets.

## TECHNICAL ASSISTANCE CENTER RESOURCES

The 2012 TIPCAP Profiles are here! To request a copy, please contact Lauren Thompson at 301-657-9883 or [lthomspson@econometricainc.com](mailto:lthomspson@econometricainc.com).

The following new resources are available from the TIPCAP Technical Assistance Team:

- A USA Today article entitled “Child Seat Requirements Change with 2014 Rule.”
- A report entitled “Injury Prevention: What Works,” produced by PIRE.
- SAMHSA has released “Preventing Suicide: A Toolkit for High Schools.”
- A PowerPoint presentation from the Children’s Safety Network about “How to Use Cost Data Effectively in Child Injury Prevention.”
- The Children’s Safety Network has launched a new blog; the mid-July featured topic was “Preventing Furniture Tip-Overs.”
- An article discussing “Landmark Safe Medication Disposal: Saving Lives and the Environment, Starting in Oakland.”
- The 8th edition of the Crownpoint Division of Public Health Newsletter, which features a resource about suicide prevention training for the tribal community by local practitioners.
- An article about “Racial Misclassification and Mortality Disparities.”
- The July edition of the *I’m Safe!* Newsletter.

If you would like a copy of an aforementioned resource, please contact Lauren Thompson at 301-657-9883 or [lthomspson@econometricainc.com](mailto:lthomspson@econometricainc.com).



Lauren Thompson,  
TIPCAP Technical  
Assistance Team



# NEWS FROM THE CALIFORNIA RURAL INDIAN HEALTH BOARD



A CPS Course at CRIHB



A CPS hands-on training course at CRIHB



A Work Group Meeting at MACT Health Board



A bridge over the Klamath River near Weitchpec, in the Yurok Tribal Reservation



Yurok Tribal Police becoming CPS certified

Greetings from Sacramento! CRIHB's injury prevention team would like to share information on recent grant related activity. CRIHB had a busy spring/summer and hosted two back to back CPS courses! This is not recommended to others but since the dates fit best with Head Start teachers, consultant's timeframe and meeting deadlines it was pulled off without a hitch. One course was held in Sacramento, May 1-May 4th, with UC Davis Trauma unit along with Roseville Fire Dept, and Santa Rosa Memorial Hospital, local Safe Kids, and CRIHB's own CPS instructor Julie Adams. This was a great success and eight tribal agencies now have certified Child Passenger Safety Technicians. Berent Lawton, TIPCAP Grantee, was present at this first course and he exhibited excellent teaching skills during the safety seat fitting station and is now NHTSA CPS Certified. The other course was held May 7th – 11, in Crescent City which is about a 7 hour drive from Sacramento. Julie and Karen Santana taught this course which was a smaller turn out but very important since this area has limited resources to host a CPS Course. A total of 6 participants all from Indian programs became CPS certified. These courses were made possible through a mini-grant received from Sacramento Safe Kids, equipment supplied by UC Davis, and assistance from our local IHS area office.

In addition to hosting courses and conducting car seat fittings, the IP team is busy scheduling Work Group meetings in all the five service areas. These meetings are comprised of Local Law Enforcement, Tribal Council members and community members, local county agencies, teachers, clinic staff, and other agencies working on injury prevention. The meetings are hosted by CRIHB staff who makes contact with outside agencies, set the agenda, send out reminders and take all the minutes. The few programs that have participated in this process are very pleased to have met others in their area working on the same goal of keeping people safe. One of Pathways to Injury Prevention goal is to help our member programs achieve sustainability and find ways to increase their capacity to deal with injury prevention issues. It is important for the relationships that the tribes build within their local communities and it's also a key element in sustainability. Julie Adams will keep everyone posted on the next CPS course to be held by CRIHB; you may want to visit California!



A young Yurok boy in a CPS booster seat



Barbara Hart, TIPCAP Supervisor, CRIHB; and Julie Adams, Injury Prevention Coordinator, CRIHB

— Barbara Hart & Julie Adams

# MOTOR VEHICLE CRASH MORTALITY NORTHWEST AMERICAN INDIANS AND ALASKA NATIVES

*Luella Azule  
Bridget Canniff  
Jenine Dankovchik  
Megan Hoopes  
Erik Kakuska  
Victoria Warren-Mears*

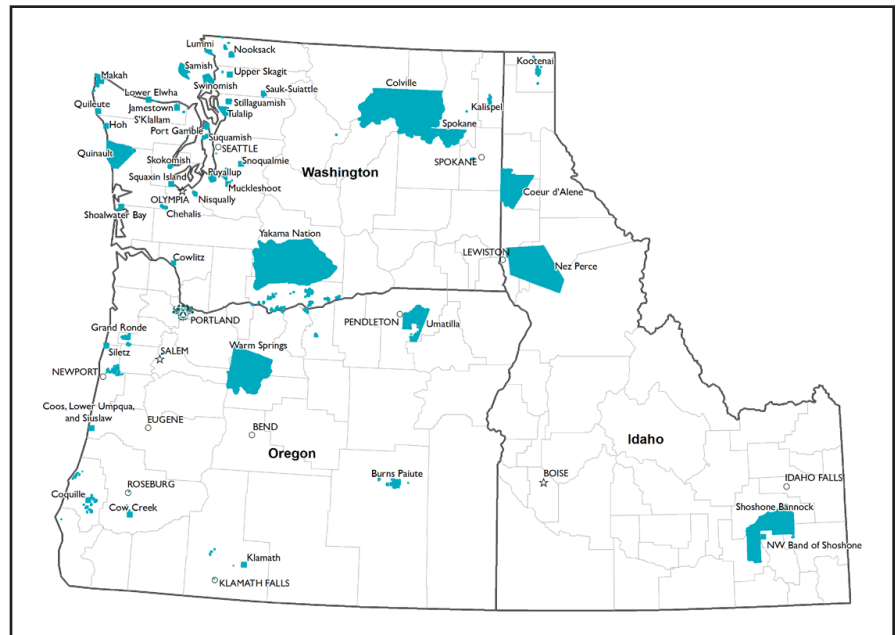
## Introduction

### Rationale

American Indians and Alaska Natives (AI/ANs) experience higher mortality from unintentional injuries as compared with the general population. Injury prevention has become a priority area for many Indian health programs.

### Study site

The Pacific Northwest is home to 43 federally recognized Indian tribes: five in Idaho, nine in Oregon, and twenty-nine in Washington. Tribes range in size from a few hundred to over 9,000 members. According to 2009 census estimates, AI/ANs comprise about 1.9% of the population in the three-state region, and represent approximately 6.6% of the nation's AI/AN population.



The Northwest Portland Area Indian Health Board (NPAIHB) is a non-profit tribal advisory organization serving the 43 federally recognized tribes of Oregon, Washington, and Idaho. The Northwest Tribal Epidemiology Center sits within the NPAIHB and provides health research, surveillance, and training functions for Northwest tribes with the aim of improving the quality of life of American Indians and Alaska Natives.

### Racial misclassification

AI/ANs are frequently undercounted in disease surveillance systems, resulting in under-estimated morbidity and mortality. This problem has been well documented in cancer registries, injury systems, and death records.



**Northwest Portland Area  
Indian Health Board**  
*Indian Leadership for Indian Health*

## Methods

### Source data

- Death certificate data obtained from Idaho, Oregon, and Washington state health departments.
- Patient enrollment records from Portland Area Indian Health Service and tribal clinics in Idaho, Oregon, and Washington; plus self-declared AI/AN patients of Seattle Indian Health Board urban clinic.
- Probabilistic linkage between these two files identified AI/AN decedents with missing or misclassified race information.

### Record linkage

- LinkPlus software (CDC) used to conduct probabilistic linkage between Indian health registry and death certificate data sets.
- Comparison of agreement and disagreement on personal identifying fields: full name, date of birth, social security number, gender, and address. Clerical review of uncertain matches completed by experienced reviewer.

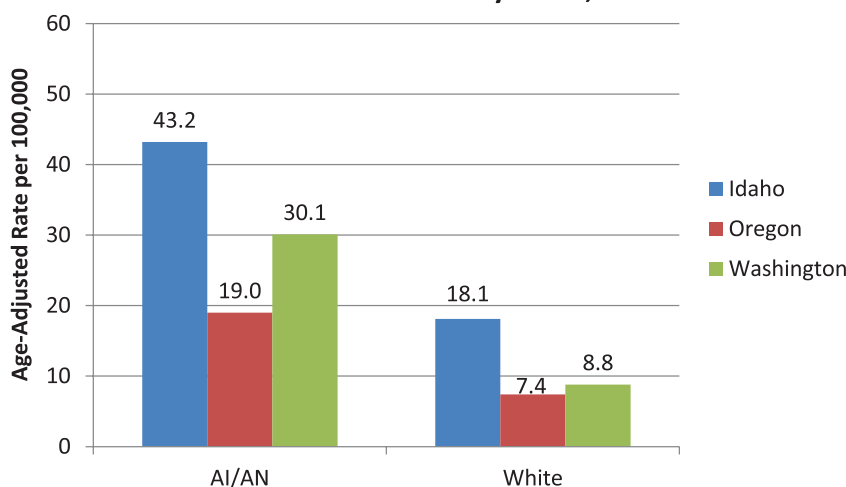
### Analysis

- Age-adjusted incidence rates by race per 100,000 population, presented with 95% confidence intervals.
- Numerators for AI/AN calculations include all matched cases (race correctly or incorrectly classified) plus unmatched AI/AN cases.
- National Center for Health Statistics bridged-race population estimates used as population-at-risk denominators.

## Results

Linkage identified a high prevalence of racial misclassification among all AI/ANs: 13% in Idaho (2006-2010), 24.3% in Oregon (2006-2010), and 9.3% in Washington (1980-2010).

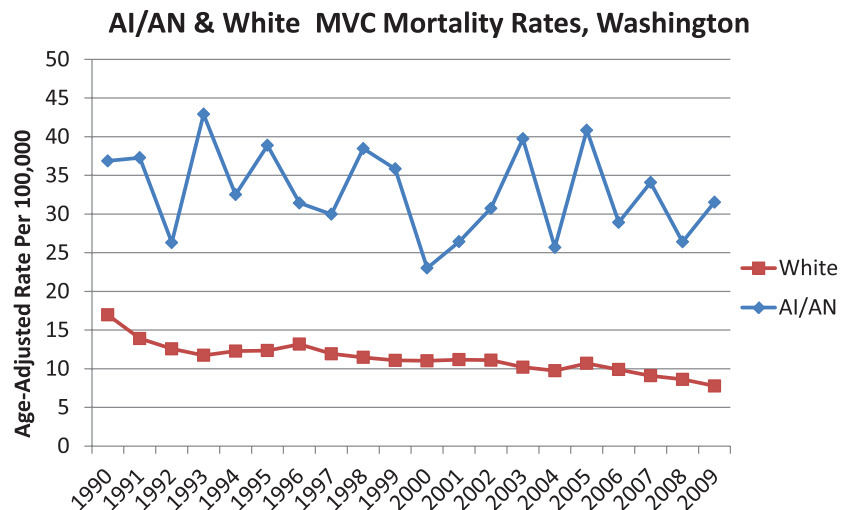
**Motor Vehicle Crash Mortality Rates, 2006-2009**



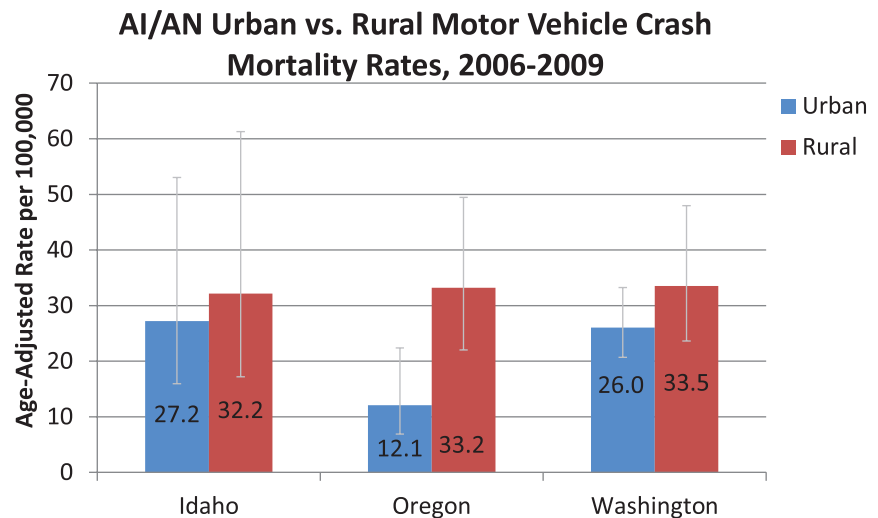
- *Between 2006 and 2009, unintentional injuries were the third leading cause of death for AI/ANs in the Northwest, and motor vehicle crashes (MVC) accounted for nearly forty percent of those injury deaths.*
- *MVC mortality was higher among AI/ANs than their White counterparts in each of the three Northwest states, with the largest disparity seen in Washington where AI/AN rates were over three times higher.*

## Results (continued)

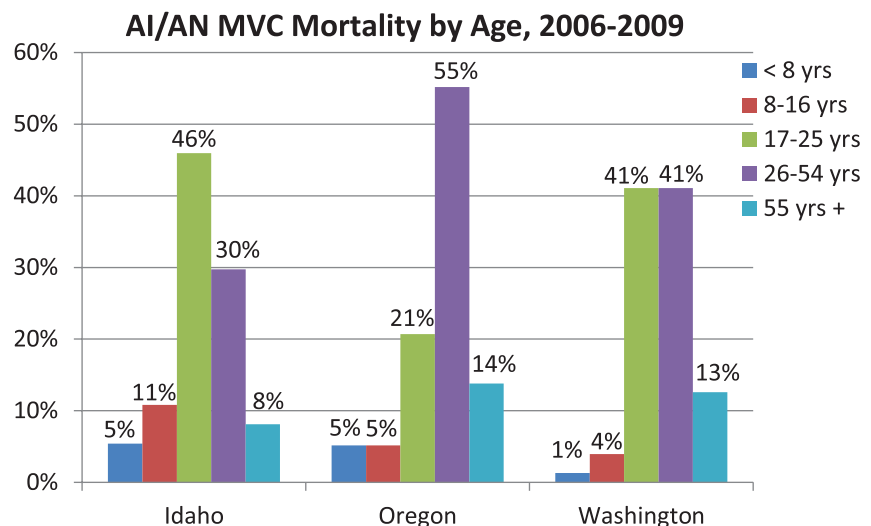
- Trend data from the past 20 years in Washington revealed that MVC rates for AI/ANs did not change during this period and remained consistently higher than White rates in the state. In contrast, White rates did drop a small but significant amount (annual percent change of -2.7%), so the disparity seems to be growing.



- AI/AN motor vehicle crash mortality varied between urban and rural counties in each state, with the largest difference seen in Oregon, where rates were nearly three times higher for rural AI/ANs. This pattern reflects what is seen in the majority population, although the regional differences are not as pronounced in the White population.
- Related factors likely include distance from emergency care, higher speed limits, road conditions, and driver behaviors including higher rates of alcohol impairment and lower seat belt use among rural AI/AN drivers.



- Younger AI/AN drivers are disproportionately impacted by MVC deaths compared to Whites. Across all three states, 37% of AI/AN deaths occurred between the ages of 17 and 25, compared to only 21% of Whites in this age range.
- Among children of car seat age, there is very little disparity between AI/AN deaths and Whites (3% versus 2%).
- Analyses of the Washington data over time revealed that the disparity in young drivers is slightly more pronounced in the last 10 years.





## Discussion/Conclusions

Mortality due to motor vehicle crashes remains a substantial disparity for Northwest AI/ANs, and reductions that have been made for the White population between 1990 and 2009 have not yet made it into the AI/AN population. The ability to link death certificates to Indian health registration data allows for correction of racial misclassification and more accurate injury surveillance for AI/ANs.

### Injury Prevention and Data at NPAIHB

NPAIHB has several projects focused on injury prevention and data quality, whose ongoing work contributes to a better understanding of injury-related morbidity and mortality among Northwest AI/ANs, and supports efforts to reduce injuries and deaths in tribal communities.

#### Injury Prevention Program

NPAIHB's Injury Prevention Program (IPP) has been funded through a cooperative agreement with the Indian Health Service (IHS) since 2010. The IPP oversees the Northwest Tribal Injury Prevention Coalition, which recently developed a 5-year Tribal Injury Prevention Action Plan. Together, the IPP and Coalition members work with the Northwest tribes to develop and implement effective injury prevention and education strategies, with an emphasis on motor vehicle safety and elder falls prevention. The IPP also contributes to the collection, analysis and interpretation of injury data.

#### Native Children Always Ride Safe

The Native Children Always Ride Safe (Native CARS) study is a collaboration between six Northwest tribes, the NPAIHB and the University of Washington's Harborview Injury Prevention and Research Center, funded by the National Institute on Minority Health and Health Disparities. The goal of the Native CARS study is to design, implement and test the effectiveness of tribal interventions to improve the use of child safety seats among AI/AN children. Working in partnership with tribes and using tribal data, Native CARS seeks to determine the barriers to and facilitators of proper and consistent child safety seat use. This information is then used by the study partnership to design community level intervention programs. The evaluation of these intervention programs utilizes child safety seat use data collected at baseline and following the intervention period.

#### Improving Data & Enhancing Access (IDEA-NW)

The IDEA-NW Project works to improve the quality of race data for AI/AN through record linkage with a variety of health-related data systems in Idaho, Oregon, and Washington. We then enhance tribal access to data by analyzing and disseminating health status data in ways that are locally meaningful for tribal health planning. Currently, the project is working with vital statistics, cancer, hospital discharge, trauma, and communicable disease data.

## Acknowledgements

Washington Department of Health, Center for Health Statistics

Urban Indian Health Institute, Seattle Indian Health Board

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- Tribal Injury Prevention Cooperative Agreement Program (TIPCAP) Grant through Indian Health Service #D26IHS300361-02
- Agency for Healthcare Research & Quality (AHRQ): R01HS019972-01

*For more information about NPAIHB's Injury Prevention work, contact:*

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### Portland Area

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**Luella Azule, Injury Prevention Coordinator**  
Northwest Tribal Epidemiology Center

## TIPCAP SITE VISIT SCHEDULE

### Alaska

Bristol Bay	January, 2013
Manilaq	January, 2013
Norton Sound	January, 2013
SEARHC	January, 2013
Tanana Chiefs	October, 2012

### Arizona

Colorado River Indian Tribe (CRIT)	April, 2013
Gila River Indian Community	April, 2013
Hardrock	April, 2013
Hualapai Tribe	April, 2013
Navajo	April, 2013
Quechan Indian Tribe	February, 2013
San Carlos Apache	April, 2013
Tuba City	April, 2013

### California

CA Rural Indian Health Board (CRIHB)	February, 2013
Indian Health Council	April or May, 2013
Tule River	February, 2013

### Minnesota

Fond du Lac	February, 2013
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### Nevada

Reno-Sparks Indian Colony	January or March, 2013
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### New Mexico

Jemez	June, 2013
San Felipe	June, 2013

### Oklahoma

Absentee Shawnee	March or April, 2013
Choctaw	March, 2013
Kaw Nation	March, 2013
Kiowa Tribe	March or April, 2013

### Oregon

Northwest Tribal Epidemiology Center	March, 2013
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### South Dakota

Great Plains Tribal Chairman's Health Board	May, 2013
Oglala Tribe	May, 2013
Sisseton-Wahpeton Oyate	May, 2013

### Washington

Northwest Washington Indian Health Board	March, 2013
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### Wisconsin

Bad River	September or November, 2012
Ho-Chunk	February, 2013
Menominee	February, 2013
Oneida	February, 2013



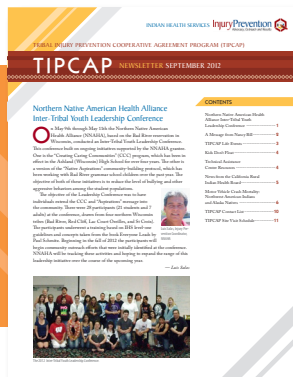
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COLORADO INJURY CONTROL RESEARCH CENTER



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