



TIPCAP NEWS

TRIBAL INJURY PREVENTION COOPERATIVE AGREEMENT PROGRAM (TIPCAP)

NEWSLETTER DECEMBER 2016

A Message from Nancy Bill:

Welcome to the first issue of the 2015-2020 Tribal Injury Prevention Cooperative Agreement newsletter. I am very excited to welcome the new and previously funded tribal cooperative agreement grantees. I also want to acknowledge the new IHS project officers who have joined us this new cycle. The 2015-2020 TIPCAP cycle includes seven new and sixteen previously funded tribal sites representing ten IHS areas.

We also have a new technical assistance monitoring contract with Spero M. Manson, PhD., Director, Centers for American Indian & Alaska Native Health, University of Colorado Anschutz Medical Campus. Looking forward to the next years in this new partnership and to receiving technical assistance from Dr. Spero and colleagues.

As we enter the second year of the 2015-2020 TIPCAP, I'm very encouraged in the first year progress. IHS IP supports evidence-based strategies that are tailored and unique to each tribal community. TIPCAP is advancing in all these aspects and leading in tribal injury prevention efforts in building sustainable programs. The work of TIPCAP is trailblazing in support of the IHS IP mission to eliminate the injury disparities in American Indian/Alaska Native communities.

The solicitation for a formation of a new TIPCAP advisory committee will be announced. The advisory committee will consist of key stakeholders involved in TIPCAP. The advisory committee will serve to facilitate communication from the tribal grantees to provide guidance in the national tribal injury prevention initiatives.

These are exciting times for TIPCAP, and we feel very optimistic as we address new challenges. Thank you for all your important work in saving lives at the tribal communities, villages and pueblos.

Ahe'nee (thank you!)

Nancy Bill - Injury Prevention Program Manager



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CAIANH TIPCAP TEAM

MEET THE MONITORING CONTRACT TEAM AT THE CENTERS FOR AMERICAN INDIAN AND ALASKA NATIVE HEALTH (CAIANH) AT THE UNIVERSITY OF COLORADO DENVER



Nighthorse Campbell Native Health Building
University of Colorado Denver, Anschutz
Medical Campus in Aurora, Colorado



Spero M. Manson, Ph.D.

Director

Dr. Manson (Pembina Chippewa) is a Distinguished Professor of Public Health and Psychiatry and serves as Associate Dean of Research in the Colorado School of Public Health at the University of Colorado Denver. Dr. Manson is also an inaugural Colorado Trust Chair in American Indian Health and Director of the Centers for American Indian and Alaska Native Health in the Nighthorse Campbell Native Health Building. The Center includes 10 national programs, totaling \$63 million in sponsored research, program development, training, and collaboration with 250 Native communities, spanning rural, reservation, urban, and village settings across the country.



Lorann Stallones, Ph.D., M.P.H.

Consultant

Dr. Stallones is a professor in the Department of Epidemiology at the Colorado School of Public Health and a professor in the Department of Psychology, College of Natural Sciences at Colorado State University. Dr. Stallones has directed the Colorado Injury Control Research Center (CICRC) since its inception in 1995. CICRC partners with Native communities to prevent injuries and to provide training to develop leaders in injury prevention. Stallones served on the TIPCAP technical support team between 2011-2015 working with Gila River Injury Prevention Program, Pueblo of Jemez Injury Prevention Program, and the Pueblo of San Felipe Tribal Injury Prevention Program.



Carol W. Runyan, Ph.D., M.P.H.

Consultant

Dr. Runyan is a professor in the Department of Epidemiology and of Community and Behavioral Health at the Colorado School of Public Health and Director of the Program for Injury Prevention, Education and Research (PIPER). Dr. Runyan previously served on the TIPCAP support team and led the National Training Initiative for Injury and Violence Prevention and its offshoot, the PREVENT Program, designed to train injury and violence professionals in public health principles. In 2012 Dr. Runyan was named by the CDC as one of the 20 most influential leaders in the field in the last 20 years and in 2014 was awarded a Distinguished Career Award from the American Public Health Association.



Jenn Russell, M.H.A.

Project Director

Jenn Russell (Choctaw) has worked at the Centers for American Indian and Alaska Native Health for the past 10 years. Until she joined the TIPCAP team, she served as the Associate Director for the IHS Special Diabetes Program for Indians Coordinating Center (SDPI CC) cooperative agreement. With the SDPI CC, she provided daily technical assistance directly to 68 IHS-funded grantees and conducted over 40 site visits focused on successful implementation of public health interventions.

Success Story



Feliciano Cruz Jr.
Pascua Yaqui Tribe TIPCAP
Coordinator

Dear Feliciano Cruz Jr.,

On Sunday afternoon, August 14, 2016 on West 22nd and the freeway, you saved my children's life.

Sunday afternoon Daniel and I were on our way to the store with our two children, Dominique and Joseph Holloway. At the traffic light, Daniel had incorrectly viewed the green light and quickly realized his error and came to a stop. A vehicle in the opposite

direction was approaching with great speed, crashing into our vehicle. The collision damaged our vehicle on the driver side. The front and rear doors were damaged, making an opening at top of the doors. The back tires were blown out, and the axle was offline. The vehicle that hit us, half of their motor was gone. Another vehicle that witnessed the accident had helped me, Daniel, and the kids out. He stopped the oncoming traffic. When he was getting my son out of the vehicle, I could remember him saying, "I'm so glad the kids were in secured in car seats."

We waited for the paramedics to arrive. Everyone showed up really fast, and they all came over to check out the kids. And to their surprise, my son was walking around and jumping, and my daughter was moving her whole body around. She was crying, but it was because of me being overwhelmed. They asked if they were in car seats, I replied, "Yes." They went over to look at the car, took out the car seats, and told us we did a great job in securing the car seats. We should be proud of ourselves. If we hadn't, it would have been a different story.

Feliciano Cruz Jr., TIPCAP Project Coordinator at the Pascua Yaqui Tribe, received a heartfelt letter of gratitude from a family who gives credit to him and his Child Passenger Safety (CPS) class for saving the lives of their children.

We owe that to your teachings and CPS class. We often don't take into consideration how people teach us. But your instructions were so detailed that it stuck to us, and so did your compassion. I could possibly no longer be a mother of my two children. I could have lost my only children. I owe you a couple of things. First and foremost, I owe you my gratitude. How do I know this? Because I get the feeling that is the kind of person you are. My children are miracles. I am thankful, grateful every single day for their lives. There isn't a day that goes by when I don't thank God and their guardian angels... So, thank you for being there. Had it not been for you, I am aware that the outcome could have been very different.



There really aren't enough words to explain how I feel or how grateful I am that you were placed in our path a few days before the incident. Thank you from the bottom of our hearts for what you did for us. I am so incredibly thankful for your resource, concern, and level of caring.

God bless you!

Hope Ramon and Daniel Holloway
(pictured left with their children)

AASTEC TRIBAL INJURY PREVENTION PROGRAM COMMEMORATES FALL PREVENTION AWARENESS DAY

ELDER FALL PREVENTION FOR NATIVE AMERICANS

#1 FALLS ARE THE TOP CAUSE OF INJURY DEATHS FOR AMERICAN INDIAN ADULTS AGE 65+
SOURCE: CDC WISGARS

1 IN 3 A RECENT SURVEY OF NEW MEXICO TRIBES SHOWED THAT 32% OF AMERICAN INDIAN ADULTS AGE 65+ HAD AT LEAST ONE FALL IN THE PREVIOUS 3 MONTHS.
SOURCE: AASTEC TRIBAL BRFSS PROJECT 2007-2014

30% OF AMERICAN INDIAN ADULTS AGE 65+ WHO FELL IN THE PAST 3 MONTHS WERE INJURED.
SOURCE: AASTEC TRIBAL BRFSS PROJECT 2007-2014

ALBUQUERQUE AREA SOUTHWEST TRIBAL EPIDEMIOLOGY CENTER

About

To acknowledge National Fall Prevention Awareness Day (September 22nd), the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) Tribal Injury Prevention Program developed an **Elder Fall Prevention Fact Sheet for Native Americans** and a **Home Fall Prevention Checklist for Tribal Members**. These materials were designed to bring awareness to best practices that older American Indians can take to prevent falls – the leading cause of hospitalizations and emergency department visits among American Indian adults age 65+ in the area.

Elder Fall Prevention Fact Sheet

The fact sheet also features several key findings from AASTEC's Tribal Behavioral Risk Factor Surveillance System (BRFSS) Project conducted from 2007-2014, which demonstrated that **Almost 1 in 3 (32%) American Indian adults in our area (age 65+) had at least one fall in the previous 3 months, and 30% of these falls resulted in an injury.** The fact sheet also highlights fall risk factors and evidence-based recommendations for reducing fall risk, such as strength and balance exercises, home safety modifications, routine eye exams, and medication review.

Home Fall Prevention Checklist

The home checklist was adapted from the CDC "Check for Safety" booklet. This checklist can be self-administered or incorporated into home visits. It comprehensively focuses on tips for improving the safety of all areas of the home, including outside entrances, stairs and steps, floors, lighting, bedrooms, living areas, kitchens, and bathrooms.

Materials Available for Download & Use

Both of these culturally appropriate materials have been distributed to Community Health Representative (CHR) programs and Senior Centers throughout the IHS Albuquerque Area. They are also publicly available for downloading on the AASTEC website at www.aastec.net.

Contact AASTEC

For more information about these materials and the AASTEC's Tribal Injury Prevention Program, please contact Jerrod Moore, Program Coordinator, at jmoore@aaihb.org or 505-764-0036.

HOME FALL PREVENTION CHECKLIST FOR TRIBAL MEMBERS

OUTSIDE: ENTRANCE TO THE HOME

Q: When you are walking up to your door are their objects blocking your pathway?

- Have a family member or someone help you remove objects from the pathway leading up to your home.

Q: At night can you clearly see the pathway leading up to the entrance of your home?

- Have an electrician install lights if needed or have a family member replace light bulbs. Also, mark stairs so uneven surfaces are visible.

Q: If you have steps leading into the entrance of the home, are handrails broken or absent on both sides of the stairs?

- Have a carpenter install handrails along the full length of stairs on both sides.

Q: Do you have outdoor or indoor pets?

- Be cautious when dealing with pets. Many falls involve owners tripping over their animals.

FLOORS: LOOK AT THE FLOOR IN EACH ROOM

Q: Do you have throw rugs on the floor?

- Remove rugs or use double-sided tape or a non-slip backing so the

Q: When you walk through a room, do you have to walk around furniture?

- Ask someone to move the furniture so your path is clear.

Q: Are there papers, books, towels, shoes, magazines, boxes, blankets, or other objects on the floor?

- Pick up things that are on the floor. Always keep objects off the floor.

Q: Do you have to walk over or around wires or cords (like lamp, telephone, or extension cords)?

- Coil or tape cords and wires next to the wall so you can't trip over them. If needed, have an electrician put in another outlet.

STAIRS AND STEPS: LOOK AT THE STAIRS YOU USE BOTH INSIDE AND OUTSIDE YOUR HOME

Q: Are there papers, shoes, books, or other objects on the stairs?

- Pick up things on the stairs. Always keep objects off stairs.

Q: Are some steps broken or uneven?

- Fix loose or uneven steps. If uneven surfaces are hard to see, mark edges of steps in contrasting colors.

Q: Are you missing a light over the staircase?

TIPCAP Project Officer Spotlight

Getting to know **Rob Morones**

An E-Interview with
Jenn Russell



Life Story and Experiences

JR: Where are you from (hometown)?

RM: I'm from all over but Dayton, OH is where I call home.

JR: What was it like to grow up there?

RM: Dayton is a small, blue-collar, Midwestern town with several universities and a large Air Force base. Most folks are crazy about the Ohio State Buckeyes, including me. Go Bucks!

JR: How did you end up working as a Project Officer for the TIPCAP Program?

RM: I started my career at the CDC in Atlanta as an Environmental Protection Specialist. Although I enjoyed my work there, I really wanted to try community-based work. The Indian Health Service seemed like a good fit for me, so we packed our bags and moved to Yuma, AZ.

JR: What would you say most motivates you to do what you do?

RM: All of the different challenges that injury prevention has to offer.

JR: Did you have any key mentors or people who deeply influenced who you are, what you believe in, and what you're committed to in your work and life? Please tell me about them.

RM: I've had a few along the way including CAPT (ret) Alan Dellapena, CAPT Nancy Bill, and last but not least, CAPT Kenny Hicks. They've all helped inspire my passion for injury prevention.

Rob's TIPCAP Project Officer Story

JR: Can you give a brief overview of your specific role and contributions to the TIPCAP program?

RM: I serve as a Project Officer and mentor for TIPCAP Coordinators, IHS Environmental Health staff, and Tribal partners. I help them with the planning, development, implementation, and evaluation of injury prevention programs.

JR: What is your favorite part of your job?

Rob: Being able to watch programs and individuals grow and have positive impacts on their community.

JR: What is the most challenging? And most rewarding?

RM: The main challenges are staff turn-over and establishing community buy-in. Most rewarding is knowing that I had a helping hand in implementing programs that can help save lives.

JR: Please share one or two of the most memorable stories you have as a Project Officer.

RM: The most memorable and rewarding stories are the ones told by those who were saved by protective factors that we helped implement (i.e., saved by the belt or saved by the car seat stories).

Reflections and Lessons

JR: What words of wisdom (e.g., reflections, lessons, advice) do you believe would be most helpful to TIPCAP grantees implementing Injury Prevention Programs in their local communities?

RM: I've learned that injury prevention is a team sport. The more players and diversity you have on your team, the more efficient and effective your program will be.

JR: What are the goals you most want this program to accomplish?

RM: Getting Tribes to recognize injuries as a preventable public health problem and to build their capacity to develop and sustain local programs.

JR: Do you have anything else you want to share with TIPCAP grantees? Is there anything you want them to know about you?

RM: After working with TIPCAP for 13 years, I still enjoy learning new ideas from those working in Tribal communities.

Preventing Suicide in Indian Country

By: Carol Runyan Director, Program for Injury Prevention, Education and Research (PIPER)

Suicide is a critical problem among American Indians and Alaska Natives. In 2014, nearly 489 Native people took their own lives in the U.S. Among these, 44% were the result of suffocation (usually by hanging). A gun was involved in 38% of cases, while poisoning accounted for 12%.

Men accounted for nearly three quarters of the suicides (74%), with men aged 25-29 accounting for 189 deaths, or more than half of all deaths among males and 39% overall. Veterans are at particularly high risk, especially during their first year home from active duty, according to recently published research.

For every person who dies, many others are affected, including family and community members. This means that the **prevention** of suicide will have major effects not only for the persons saved, but for the whole community.

The National Resource Center on Suicide Prevention has a lot of good material on their website to help programs plan their efforts using proven approaches. They include special resources tailored to tribal communities. The guide, *A Comprehensive Approach to Suicide Prevention* (<http://www.sprc.org/effective-prevention/comprehensive-approach>), features a set of activities for a comprehensive approach, as shown in the diagram below. The approach includes these elements*:

- a. **IDENTIFY AND ASSIST PERSONS AT RISK** – this includes such things as gatekeeper training to help anyone identify when someone is in crisis;
- b. **INCREASE HELP-SEEKING FOR PEOPLE WHO NEED IT** – this includes helping people realize the potential benefits of getting help and helping them find appropriate resources;
- c. **ENSURE ACCESS TO MENTAL HEALTH AND SUICIDE CARE AND TREATMENT** – make sure that those in need can access evidence-based, high quality prevention and treatment resources;
- d. **SUPPORT SAFE CARE TRANSITIONS AND CREATE ORGANIZATIONAL LINKAGES** – facilitating the exchange of information among those contributing to care;
- e. **RESPOND EFFECTIVELY TO PEOPLE IN CRISIS** – assuring that people are able to access the range of care they may need, including crisis services and emergency care;
- f. **PROVIDE FOR IMMEDIATE AND LONG TERM POSTVENTION** – supporting those most closely affected by a suicide death;
- g. **REDUCE ACCESS TO MEANS OF SUICIDE** – including assuring family know how to safely store firearms and medications;
- h. **PROMOTE SOCIAL CONNECTEDNESS** – by reducing isolation and assisting individuals in maintaining ties in the community for emotional support.



*From <http://www.sprc.org/effective-prevention/comprehensive-approach> (accessed December 4, 2016)

SAVE THE DATE

PART I TIPCAP ANNUAL WORKSHOP

APRIL 26-27, 2017

at the Nighthorse Campbell Native Health Building at the Colorado School of Public Health Anschutz Medical Campus in Aurora, CO

PROJECT OFFICER TRAINING

APRIL 25, 2017

will take place the day prior to the grantee meeting



Contact Us

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RESOURCES

Organizations with Practice-Oriented Information:

Safe States Alliance: <http://www.safestates.org>

Prevention Institute: <https://www.preventioninstitute.org>

Children's Safety Network: <https://www.childrenssafetynetwork.org>

CDC National Center for Injury Prevention and Control: <https://www.cdc.gov/injury/>

Helpful Links:

<https://www.childrenssafetynetwork.org/blog/injury-data-fact-sheets>

<http://www.safestates.org/news/317521/Healthy-Aging-in-Action.htm>

<https://www.preventioninstitute.org/focus-areas/reducing-unintentional-injury>

<https://www.preventioninstitute.org/focus-areas/preventing-violence>

Recent IP-Related Articles

<https://www.cpsc.gov/safety-education/safety-guides/toys/>

<https://www.childrenssafetynetwork.org/blog/tis-season-toy-safety>

Tribal Injury Prevention Cooperative Agreement Contacts

IHS Area	TIPCAP Grantee	Part	IP Program Contact	Contact Email	Project Officer	Project Officer Email
Albuquerque	Albuquerque Area Indian Health Board, Inc.	Part I	Jerrold Moore	jmoore@aaihb.org	Jerry Lee	jerry.lee@ihs.gov
Albuquerque	Pueblo of Jemez	Part II	Antonio BlueEyes	antonio.blueeyes@jemezpueblo.us	Jerry Lee	jerry.lee@ihs.gov
Alaska	Bristol Bay Area Health Corp	Part II	Kurt Buttelman	kbuttelman@bbahc.org	Elisa Bruns	Elisa.Bruns@ihs.gov
Bemidji	Fond du Lac Band of Lake Superior Chippewa	Part II	KaRee Lockling	KareeLockling@FDLREZ.COM	William Crump	William.Crump@ihs.gov
Bemidji	Ho-Chunk Nation	Part II	Candace Green	Candice.Green@ho-chunk.com	William Crump	William.Crump@ihs.gov
Bemidji	White Earth Band of Chippewa Indians	Part II	Cindy Rastedt	cyndy.rastedt@whiteearth-nsn.gov	William Crump	William.Crump@ihs.gov
Billings	Blackfeet Tribe	Part I	Debbie WhitegrassBullshoe	debbiewhitegrassbullshoe@yahoo.com	Darcy Merchant	Darcy.Merchant@ihs.gov
Billings	Rocky Mountain Tribal Epi Center	Part I	Jordon Vandjelovic	Jordan.Vandjelovic@rmtlc.org	Darcy Merchant	Darcy.Merchant@ihs.gov
California	California Rural Indian Health Board	Part II	Julia Villa	Julie.Villa@CRIHB.ORG	Molly Madson	molly.madson@ihs.gov
California	Indian Health Council, Inc.	Part II	Rick Romero	rromero@indianhealth.com	Brian Lewelling	Brian.Lewelling@ihs.gov
Great Plains	Great Plains Tribal Chairmen	Part II	Gina Johnson	gina.yelloweagle@gptchb.org	Terrold Menzie	Terrold.Menzie@ihs.gov
Great Plains	Winnebago Tribe of NE	Part I	Jennifer Staub	Jennifer.Straub@ihs.gov	Chris Allen	Chris.Allen@ihs.gov
Oklahoma City	Choctaw Nation of Oklahoma	Part II	Keosha Ludlow	keosha.ludlow@choctawnation.com	David Hogner	David.Hogner@ihs.gov
Oklahoma City	Ponca Tribe of Oklahoma	Part I	Jocelyn Jackson	Jocelyn.Jackson2@ihs.gov	James Isaacs	James.Isaacs@ihs.gov
Oklahoma City	Wichita and Affiliated Tribes	Part II	Tiffany Lonewolf	tiffany.lonewolf@wichitatribe.com	Katie Tompkins	Katie.Tompkins@ihs.gov
Phoenix	Ak-Chin Indian Community	Part II	Marc Matteson	MMatteso@ak-chin.nsn.us	Rob Morones	Robert.Morones@ihs.gov
Phoenix	Gila River Indian Community	Part II	Verena Jackson	Verena.Jackson@gric.nsn.us	Rob Morones	Robert.Morones@ihs.gov
Phoenix	Pyramid Lake Paiute Tribe	Part II	Carla Molino	carla.molino@ihs.gov	Jason Hymer	Jason.Hymer@ihs.gov
Phoenix	Reno-Sparks Indian Colony	Part II	Valentine Lovelace	vlovelace@rsicclinic.org	Jason Hymer	Jason.Hymer@ihs.gov
Phoenix	Salt River Pima-Maricopa Indian	Part I	Monte Yazzie	Monte.Yazzie@SRPMIC-nsn.gov	Rob Morones	Robert.Morones@ihs.gov
Phoenix	Washoe Tribe of NV and CA	Part I	Willie Smokey	willie.smokey@washoetribe.us	Jason Hymer	Jason.Hymer@ihs.gov
Portland	NW Portland Area Indian Health Board	Part II	Luella Azule	LAzule@npaih.org	Matthew Ellis	Matthew.Ellis@ihs.gov
Tucson	Pascua Yaqui Tribe	Part II	Feliciano Cruz	Feliciano.R.CruzJr@pascuayaqui-nsn.gov	Martin Smith	Martin.Smith@ihs.gov