



Bringing Together Indigenous Data Collection and Disease Prevention: Establishing a Tribal Injury Prevention Coalition

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Abstract:

Injury prevention is a crucial part of public health for Tribal Nations. Yet, methodologies for data collection and public communication are largely based in Western practice: deficit-based reporting and aggregated comparisons with other racial/ethnic groups. By taking an indigenous public health approach to injury prevention, an injury prevention coalition has been established .

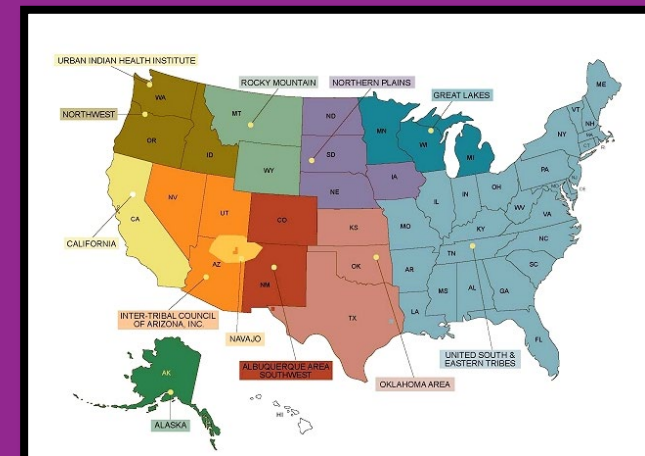
The Regional Tribal Injury Coalition (RTIC) was formed to support the work of injury prevention partners among the eleven (11) participating tribes within the Rocky Mountain region (States of Montana and Wyoming). By bringing the processes of program coordination and evaluation together under the direction of a collaborative group of injury prevention partners, the RTIC has supported injury prevention activities with greater respect to Indigenous Public Health practices. The RTIC has begun this process by identifying Tribe-specific action plans; bringing together interventions, resources, and strengths; and evaluating community level data collection, that is analyzed, controlled, and owned by Tribal Nations.

Rocky Mountain Tribal Leaders Council & RMTLC, Epidemiology Center:

The **Rocky Mountain Tribal Leaders Council** (RMTLC) is a Tribal organization that serves more than 100,000 American Indians (AI) in the States of Montana, Wyoming, Shoshone Bannock of Idaho, and the Piikani Nation of Canada. The RMTLC is dedicated to improving the health, economic development, and education for Tribes and their members through a variety of programs, policy recommendations, and Tribal Leaders meetings.

RMTLC Mission

To preserve our homelands, defend rights of the Indian Treaties with the United States, speak in a unified voice, offer support to our people, offer a forum in which to consult each other and enlighten each other about our peoples, and to otherwise promote the common welfare of all of the Indian Peoples of Montana, Wyoming, and Idaho.



The **Rocky Mountain Tribal Leaders Council, Epidemiology Center** (RMTEC, since 2005), a division of RMTLC, serves more than 73,000 AIs, ten (10) Tribes on eight (8) reservations, in the States of Montana and Wyoming (Indian Health Service [IHS] defined Billings Area). The RMTEC is one of twelve (12) Tribal Epidemiology Centers (TECs), granted Public Health Authority status¹ to conduct Seven Essential Functions and work in partnership with local or area Tribes to improve the health and well-being of their Tribal community members by offering culturally-competent approaches that work toward eliminating health disparities that are faced by AI/Alaska Native (AN) populations. The RMTEC works with Tribes to achieve the following goals:

- **Public Health Promotion:** to collect health status data, disease surveillance, and assist Tribes in Montana and Wyoming to promote public health.
- **Evaluation:** to evaluate existing delivery systems, data systems, and other systems that impact the improvement of Indian Health.
- **Recommendation:** to assist Indian Tribes, Tribal Organizations, and Urban Indian Organizations (UIOs) in identifying highest priority health status objectives and the services needed to achieve those objectives, based on epidemiological data.
- **Technical Assistance** (TA): to provide TA to Tribes in Montana and Wyoming in the development of local health service priorities and to determine incidence and prevalence rates of disease and other illnesses in the community.

RMTEC Mission

To Empower the AI of Montana and Wyoming in the development of services, systems, and epidemiologic capacities to address their public health concerns.

Background:

Injuries are the third leading cause of death among American Indian/Alaskan Native (AI/AN) populations in the United States. Injury Prevention is one of the many priority areas for Tribal Public Health. Often rooted in Western data methodologies and practices, injury prevention indicators, such as for morbidity and mortality, and metrics for evaluation focus on deficit-based reporting and rely on aggregated data being compared with larger racial/ethnic groups¹. As a result, AI/AN data is often racially misclassified and is underestimated².

In response to these challenges, Tribal Nations advocate for the inclusion of Indigenous Methodologies when it comes to data practices (i.e., collection, interpretation, and dissemination). The inclusion of Indigenous methods provides a holistic lens to understand data trends and report positive, resiliency factors whilst honoring Indigenous Data Sovereignty.

Engaging in Tribal Public Health while respecting Indigenous Methodologies requires the health practices to be closely tied to the evaluation practices. Joining these practices together was informed by the Indigenous Evaluation Toolkit, available through the Seven Directions Center for Indigenous Public Health. This toolkit provides a roadmap and framing for translating traditional values of Indigenous Knowledge into actionable steps. The steps for identifying, planning, acting, and reflecting on public health practices are all opportunities to engage in Indigenous Evaluation³. As such, the actionable support and evaluation should be engaged through the same body.

For the RMTLC Tribal Injury Prevention Agreement Program (TIPCAP), this has meant the development and support of a Regional Tribal Injury Coalition (RTIC). The TIPCAP was established under the IHS and RMTEC is a part 1 grantee serving the region. Through conversations and key informant interviews with injury prevention partners at Tribal Health Departments, the RMTLC is partnered with, the following needs were identified: consistent communication; establishing a centralized network to share best practices and resources; and identify additional program opportunities. To support these needs, the RTIC was formed, bringing along with it a series of program opportunities identified to support the injury prevention focus areas by partners.

Regional Tribal Injury Coalition (RTIC):

Identifying Activity Focus Areas:

The development of the RTIC's action focus areas was a process which in part mirrors the activity that the RTIC engages in today. This process involved conducting site visits or direct communication with known Injury Prevention Staff at Tribal Health Departments over the course of several months. From these conversations, activity focus areas were set for the kinds of injuries, the populations to support, and methods with the most to offer.

Elder Falls, Elder Brain Health, and Motor Vehicle Occupant Injuries were the priorities set before the RMTLC TIPCAP. Resources in these focus areas were then prioritized when networking for potential Subject Matter Experts (SMEs) and programs to introduce to the coalition.

One of the first programs contacted for partnership with the coalition was the Washington State University's program Natives Engaged in Alzheimer's Research (NEAR), a resource focused on combating disparities associated with Alzheimer's disease and dementia for AI/AN populations⁴. The program was within the injury prevention focus area and was known to support community level data collection. Three other partnership opportunities were identified, and became the first set of resources which the coalition would have the opportunity to engage with and evaluate in this format.

Regional Tribal Injury Coalition (RTIC) continued:

Weaving Together Interventions, Resources, and Strengths:

With partners, focus areas, and SMEs identified, the next step was to create a format where they could meet. Because of the size of the region and seasonal travel restrictions, the RTICs first meeting had to be conducted remotely.

- Coalition meetings were organized to allow Injury Prevention Partners to set their needs and goals as the foundation for the meeting. Partners were asked what additional needs are sought through the participation in the coalition. Once all partners were introduced, SMEs gave introductions to their programs and how partners could begin an engagement for their Tribe. Then, time was given for feedback and questions about either other partners programs or the SMEs program opportunities.
- There was also time given to discuss current evaluation tools and practices, which helped to identify current strengths within the partners' communities. A coordinator from one Tribe discussed the elders advisory board associated with the local school, and their activities to both support elders and youth at the school. Another partner from a different Tribe shared the photo and narrative data collection tool they had begun using with their elders to understand the built environment which elders travel through. Understanding these available strengths will inform how different partners may evaluate through different sources of information along similar injury prevention issues.

- Once introduced to these programs, and the faces who run them, Injury Prevention Partners began reaching out to plan injury prevention activities like the Natives Engaged in Alzheimer's Research (NEAR) program through IREACH and the Elders Health Conferences, a collaboration between RMTLC's TIPCAP and Northwest Portland Area Indian Health Board's VacciNative programs. Injury prevention activities like these require existing networks of communication and communities who are looking to act. With the RTIC having given partners opportunities to communicate their given strengths, SMEs can begin supporting the program planning effort with an idea of the community in mind.

Evaluating Community Level Data to Foster Collaboration:

The regional format for the RTIC is a defining factor for the data collection and evaluation process. While the injury reporting, part of the RMTLC TIPCAP's traditional function, is still the most direct method for giving Tribal Health Departments updates to the occurrence and kinds of injury in their Tribes, the RTIC can take these further.

In the introductory meeting, many of the injury prevention partners expressed interest in learning from their Tribal peers what kinds of injuries were occurring in their peers' communities, and the prevention activities they were engaged in. Because the RTIC is made up of partners from Tribes with a wide variety of histories, partnerships, and strengths, finding a standard method for collaboration is not obvious. However, the coalition itself is an opportunity to present to peers their communities' experiences with various injury prevention programs that have been presented through the coalition.

Following injury prevention activity being planned for Summer 2025, coalition members will have an in-person opportunity to share their injury prevention efforts, community strengths, and the outcomes they are seeing with other coalition partners. This opportunity will give partners a chance to evaluate similar programs through a variety of perspectives and experiences, providing both another step in the evaluation process and an opportunity to revise plans for continued activity.

Conclusions:

Creating a format where programming resources can be coordinated and evaluated by a group of partners is an effective way to prioritize the Tribes engaged in these program partnerships. Additionally, by doing so through a coalition, partners can reflect with peers attempting similar tasks, using similar outside resources, but with different community histories and experiences.

Further work with this coalition and its associated resources will hopefully demonstrate the long-term benefits of this approach to resource coordination and evaluation, which prioritizes an Indigenous Evaluation method throughout.

Regional Tribal Injury Coalition Timeline:

Meetings:

- **Strategic Planning Meeting**
 - Introduction to coalition partners and Subject Matter Experts (SMEs).
 - Opportunity to share community strengths and focus areas for injury prevention activities.
- **Data to Action**
 - Begin injury prevention activity planning.
 - Discuss points of contact, activity advertising, program planning.
- **Tribal Collaboration**
 - Evaluation of programs, sharing strengths, reflecting among peers.
- **Coalition Evaluation & Planning**
 - An evaluation of the coalition itself.
 - With approval of the partners, begin planning for the coming year.

RTIC 2025

February
Strategic Planning
(Virtual)

April
Data to Action
(Virtual)

August
Tribal
Collaboration
(In-Person)

November
Coalition Evaluation
& 2026 Planning
(Virtual)

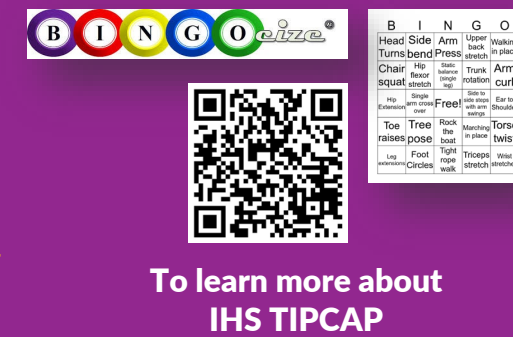
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Questions:

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³Eakins, D., Gaffney, A., Marum, C., Wangmo, T., Parker, M. Magarati, M. (Feb. 2023). Indigenous Evaluation Toolkit for Tribal Public Health Programs: An Actionable Guide for Organizations Serving American Indian/Alaska Native Communities through Opioid Prevention Programming. 7D-Indigenous Evaluation-Toolkit-For-Prevention-Programs.pdf

⁴NEAR Home Page. Washington State University – IREACH. <https://ireach.wsu.edu/nearest/>