Tribal Communities: Creating the Foundations for Healthy Communities, Hopeful Children, and Better Tomorrows

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Addressing the Problem at Hand

• Community assessment; identifying areas of high morbidity and mortality rates.
• Perform one-on-one interviews with key stakeholders in your area; Law Enforcement, School Staff, E.R. personnel, Fire/EMS responders, state and county officials, Public Health, Medical, and Mental/Behavioral Health issues.
• Most tribes do not collect vital statistics, only enrollment issues; address Social Services, CHR, and Higher Education departments.

Continue to gather Data and strategies that fit your area

• Attend different coalition meetings, monthly city/town hall meetings, and social gatherings; questions or observing areas of concern (not sudden or only immediate crisis).
• Check state, county, and national data for no less than 10 years past. Also check for trends with state Medical Examiners reports, these are all public records.
Implementation for an area Suicide Prevention Program and Task Force

- Community and state data collected; issues of concern: Unintentional injury: MVC (highest for natives), Intentional; Youth Suicide (whites primary-natives secondary) **20 year problem**
- Community strategies: several buckle up programs, media, passenger safety, and child restraint programs. (for state & tribal areas)
- No initiatives for Youth Suicide; (only state-GLS)

Research Analysis

- Research Findings of suicide data for area; found “suicide clusters”, increased high-risk behavior with youth; (cutters, violence, substance abuse, and truancy among several other issues)
- 1st responders reporting increased attempts and re-attempts with no F/U,
- monthly suicides with tribal members not being addressed or family support given by tribes after a suicide.

Collaboration with the State and Tribal entities

- Collaborate with Indian Health Service, and I.H.S. B.H., to advance monitoring of Lawton service unit data on suicides for this area.
- Partner with the state of Oklahoma, due to their background in working with suicide prevention. Advance statistical findings and become a provider of services.
- Gained training and support from the Oklahoma Department of Mental Health and Substance Abuse Services, under their Garrett Lee Smith, funding through SAMHSA, for Youth Suicide Prevention & Early Intervention
Community Involvement and Strategies: (the beginning of Care, “Saving the Next Generation”)

- 2006-Establishing the Area Suicide Prevention Task Force, Key stakeholders within the community that may encounter suicide, attempts, or the ideation of suicide.
- Education: using evidenced based, community “gatekeeper” training; Q.P.R., ASIST, “Lifeskills” (for youth, family, & 1-on-1 prevention/intervention/postvention initiatives)

Tribal Acceptance and Community

- Kiowa Injury and Teen Suicide Prevention Programs, developed government infrastructure of program into tribe. (resolution passed by tribal government of adoption and the need to address this as a nation of people.)
- Received additional funding for program sustainability and to provide services to community.
- Being the first tribe in Oklahoma to begin addressing Suicide Prevention, the tribe opted to enlarge services for entire community, both natives and non-natives.

How can it work? Suicide Prevention Local Task Force/Adult/Teen Partnerships/Life Skills/QPR/ASIST Trainings/Community Awareness