



Success Stories

This page is intentionally left blank

Increasing Safety Gear Availability in Rural Communities



Photo by D. Fancher

Accessing safety gear can be a challenge in rural and remote communities. Tribal injury prevention (IP) programs use innovative ways to increase access to safety gear for the communities they serve. Examples of the products provided include car seats, helmets, ice cleats, survival kits, carbon monoxide detectors, and float coats.

Most tribal IP programs have non-profit safety shops where people can purchase safety equipment. IP programs without shops make safety products available for purchase through their offices. They advertise to area residents by word of mouth, by circulating fliers, and by taking samples of safety gear (such as float coats, ice cleats, and helmets) on community visits. Most safety gear is sold at cost to hub community and outlying community residents.



Photo by R. Autenrieth

Recently, several tribal IP programs acquired dealer status for selling snow-machine float coats and float pants. This status allows them to purchase gear at costs well below market price. This results in lower prices for the consumer, which may increase the purchase and use of safety equipment in the community. This flotation gear is stylish and warm enough that some residents choose to wear it in place of a parka. This regular use increases the potential safety benefits.



Photo by K. Takak

Some safety items may be provided at no cost or as incentives. In 2012, one tribal IP program provided local police with survival kits to be awarded to community members who wore helmets. Several regions give out free ice cleats every year to elders and/or pregnant women to help prevent falls on ice. Reflective tape is distributed by tribal IP programs in the fall, most often in partnership with schools, to improve pedestrian safety during the dark Alaskan winters.

Drowning Prevention Outreach Efforts In Rural Alaska



Photo by H. Stafford

Drowning caused more deaths for Alaska Native people (AN/AI) than any other unintentional injury over the past 20 years. However, the drowning death rate for AN/AI has decreased by nearly half (18.0 in 1992-1995 to 11.8 in 2008-2011, per 100,000). This decrease has been attributed in part to several local efforts throughout the state. Two are highlighted below.

The White Float Coat Pilot Project

In northern communities in Alaska, bowhead whaling is an annual activity. There is a high risk of injury while whaling as it involves hunting a 25- to 70-ton animal using small boats such as umiaqs (traditional skin boat) or skiffs. Hunters use many safety measures during these hunts but historically did not use life jackets. They wear white during hunts as camouflage and out of respect for the whales and white float coats were not available. Supported by the Alaska Office of Boating Safety and the U.S. Coast Guard, the Alaska Native Tribal Health Consortium's Injury Prevention (IP) Program engaged a manufacturer to make white float coats and led a pilot project to determine if whalers found it acceptable to wear white float coats during their hunts.



Photo by K. Takak

Eleven villages in Alaska engage in bowhead whaling. At the 2010 Alaska Eskimo Whaling Commission meeting, the project was endorsed by whaling captains who helped select the most comfortable jacket style for use during whaling activities. From 2010 to 2012, 24 captains representing these villages participated in the pilot test and their crews were outfitted with white float coats. Of those participating, four crews also received float pants to determine if they were also acceptable.



Photo by D. Fancher

Pilot study results strongly favored the white flotation gear. Subsequently, demand has encouraged a commercial outfitter and two tribally-run safety shops to sell white flotation gear. Two crews that participated in the pilot project liked the white flotation gear so much that they led local efforts to get all whaling crews in their villages outfitted with it.

Drowning Prevention Outreach Efforts In Rural Alaska (continued)

Kids Don't Float Program

The *Kids Don't Float* program is a statewide drowning prevention effort supported by the State of Alaska. It has two components: 1) life jacket loaner board stations and 2) water safety training for youth.

The loaner board program started in Homer, Alaska in 1995 by a concerned community member with three stations that had youth life jackets hanging on boards that could be borrowed and returned. Because of its immediate success, the Alaska Department of Health and Social Services, Alaska Office of Boating Safety, U.S. Coast Guard District 17, and Safe Kids Alaska Coalition partnered to expand the program statewide. By 2013, there were 634 loaner boards in 216 communities around the state.

Tribal injury prevention (IP) programs are helping to promote and expand the *Kids Don't Float* programs. The Alaska Native Tribal Health Consortium's IP program and regional IP offices have reached out to communities to connect them with the loaner board program and establish new loaner board sites.

The State of Alaska also leads a *Kids Don't Float* Peer Educator program which has a curriculum that provides simple, entertaining lessons that can be presented to grade school students and community members to increase their knowledge of water safety. Tribal IP staff have worked with the Alaska Office of Boating Safety staff to coordinate peer training for high school students who then provide lessons to grade school students. In addition, volunteers, including Coast Guard staff and auxiliary, lead this training in rural communities around the state.



Photo by K. Toth



Photo by H. Strayer



Photo by H. Strayer

Increasing Safe Gun Storage in Rural Alaska

In Alaska, particularly in rural areas, many households use guns for subsistence hunting. Although the number of unintentional injuries with guns is relatively small, intentional injuries with guns are more frequent. From 2002 to 2011, 349 Alaska Native people died from gun-related injuries: 277 (79.3%) were suicide deaths and only 10 (2.9%) were unintentional. Of the 338 gun-related injury hospitalizations over the same period, 143 (42%) were suicide attempt or self harm and 122 (36.1%) were unintentional.

Subsistence is essential to the Alaskan way of life. Tribal injury prevention (IP) programs promote safe storage and education to reduce gun-related injuries. Both a 2003 study by Horn et al. ⁽¹⁾ and community feedback received by tribal IP staff determined that individual gun locks were ineffective because users found them inconvenient. Instead, gun safes or security cabinets were preferred because they could store multiple guns and other harmful items in the home such as medication and knives. A 2012 study by Grossman et al. showed that rural Alaska households had a substantial increase in safe gun storage after gun safes were installed. ⁽²⁾

Since the Grossman study, several tribal IP programs have increased the availability of gun safes. For example, in 2010, IP programs based at the Yukon-Kuskokwim and Bristol Bay Area Health



Photo by R. Hill



Photo by T. Henry

Corporations' IP programs worked with local housing authorities and the Alaska Native Tribal Health Consortium to install gun safes in 72 newly-built homes in those regions. Since then, the Bristol Bay Area Housing Authority modified home floor plans to allow the installation of fireproof gun safes. During 2011, five regional IP offices had gun safe projects, reaching approximately 300 families.

Since 2011, the Yukon-Kuskokwim Health Corporation (YKHC) safety shop, a non-profit store selling safety gear, has sold gun safes at cost and provided shipping to remote villages. This keeps the price the same for all residents. The YKHC safety shop has sold out of gun safes every year.

(1) Horn A, et al. Community based program to improve firearm storage practices in rural Alaska. *Injury Prevention* 2003;9:231-234.

(2) Grossman D, et al. Improving firearm storage in Alaska native villages: a randomized trial of household gun cabinets. *Am J Public Health*. 2012 ;102 Suppl 2:S291-7.