

**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

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**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.

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Implementation for an area Suicide Prevention Program and Task Force

- 2005- Kiowa Tribe of Oklahoma begins a tribal Injury Prevention Program, within the southwest region of Oklahoma.
- 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)

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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)
- 1<sup>st</sup> 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.

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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

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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)

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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.

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



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