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# Indigenous Evaluation Toolkit: An Actionable Guide for Tribal and Urban Indian Impaired Driving Prevention Programs

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JULY 2024



SEVEN DIRECTIONS  
A CENTER FOR INDIGENOUS PUBLIC HEALTH

UNIVERSITY *of* WASHINGTON





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## About Seven Directions:

In August 2016, Seven Directions was founded as the first national public health institute in the United States to focus solely on Indigenous health and wellness. Our mission is to advance American Indian and Alaska Native health and wellness by honoring Indigenous knowledge, strengthening Tribal and Urban Indian public health systems, and cultivating innovation and collaboration.

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We dedicate this guide to Indigenous ancestors and communities whose knowledge and traditions have supported the health and well-being of Indigenous peoples since time immemorial. We hope this guide will uphold these strengths and promote the imperative need for Indigenous evaluation approaches in health promotion and prevention programming.

# Foreword

In 2023, the release of the [Indigenous Evaluation Toolkit: An Actionable Guide for Organizations Serving American Indian/ Alaska Native Communities through Opioid Prevention Programming](#) added to a growing body of resources dedicated to Indigenizing and decolonizing program evaluation approaches. We hope this 2024 update continues to build on the momentum the Toolkit generated among tribal and urban Indian overdose prevention programs as they integrate Indigenous methodologies into their program design and evaluation.

While the 2023 Toolkit encouraged widespread usage across all public health promotion activities, the examples were drawn exclusively from overdose and substance use prevention programs. In this 2024 update, we are thrilled to support the expansion of the original Toolkit to encompass a broader spectrum of public health challenges faced by tribal and urban Indian communities, including reducing the risks and harms of suicide, impaired driving, and adverse childhood experiences. This update offers more opportunities for communities to address these topics using Indigenous knowledge and approaches.

We acknowledge the obstacles faced by Indigenous public health practitioners and are committed to paving the way for positive change. We aim to lead by example and begin the shift towards recognizing Indigenous methodologies as scientifically valid approaches to designing and evaluating tribal public health programs.

The Toolkit, supplements and other similar resources are a testament to our collective commitment to advancing health and wellness for American Indian and Alaska Native people. We appreciate and honor the leadership in developing these types of resources and the many tribal and urban Indian communities for sharing their experiences and contributions to the development of these resources.

Respectfully,



Dr. Allison Arwady  
Director, National Center for Injury Prevention and Control  
Centers for Disease Control & Prevention



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President and Chief Executive Officer  
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## Overview

This guide encourages tribal and urban Indian communities and their partnering organizations to tell their own stories and reclaim Indigenous ways of knowing as a basis for evaluation, with the goals of increasing health and wellness and preventing impaired driving through improved programs and services.

Broadly speaking, “Indigenous evaluation” refers to the use of Indigenous ways of knowing, meaning-making, and deep community involvement when designing or evaluating an effort’s effectiveness or community impact. Indigenous communities have engaged in review and reflection to understand the impact of community decisions or activities (i.e., “evaluation”) since time immemorial. In contrast to Western research and evaluation approaches – which rely on theories and frameworks developed within European-settler contexts – Indigenous perspectives take a more holistic approach. This holistic approach differs from Western approaches, both in terms of what is knowable and measurable and in terms of who is involved in evaluation efforts.

For example, whereas Western approaches prioritize the use of empirical data and an external, objective evaluator, Indigenous evaluation prioritizes using multiple forms of knowledge as well as community ownership of and deep involvement in evaluation activities. In addition, whereas Western evaluation approaches may envision evaluation as a set of activities distinct from and often done *after* program design and operation, Indigenous evaluation views evaluation activities as part of a cyclical learning process, in which evaluation is interwoven with program design and implementation. It can also be viewed as a continuous learning process rather than a one-time reflection of a past state. This pairing of program and evaluation design allows communities the opportunity to infuse community values, voice, and ownership throughout all aspects of a community effort.

In February 2023, Seven Directions released the [Indigenous Evaluation Toolkit: An Actionable Guide for Organizations Serving American Indian/Alaska Native Communities through Opioid Prevention Programming](#). This Toolkit was developed via collaborative, iterative, and community-based partnerships. With the support of Dr. Joan LaFrance, the Toolkit utilized the prior Indigenous Evaluation Framework developed by the American Indian Higher Education Coalition (AIHEC), in collaboration with Drs. LaFrance & Nichols (2009), as the foundation for translating Indigenous values into actionable phases and steps that teams can work through at their own pace. Reception for the Toolkit was overwhelmingly positive. Feedback conveyed both appreciation for the Toolkit steps and activities, as well as a desire for more issue-specific examples of how other programs are utilizing Indigenous success measures, knowledge-gathering activities, or success-sharing practices in their evaluation efforts.

While the 2023 Toolkit encouraged widespread usage for all public health promotion and prevention activities, examples of ways to use Indigenous knowledge or practices in program design and evaluation were drawn from CDC-funded Tribal Opioid and other substance use prevention programs. In this 2024 update, we have developed these special interest guides to demonstrate how Indigenous evaluation approaches and the actionable steps contained in the Toolkit can be applied to an array of public health prevention efforts, including the prevention of suicide, impaired driving, adverse childhood experiences (ACEs), and many others.



**This guide focuses on the urgent need to address disparities in motor vehicle crash (MVC) injuries and deaths from impaired driving among Indigenous communities throughout North America.** While AI/AN populations have the lowest rates of any alcohol consumption of all racial/ethnic groups in the U.S.,<sup>1</sup> there is a disproportionately high rate of binge drinking and heavy drinking among those who do drink.<sup>2</sup> Despite relatively lower alcohol use overall, AI/AN communities also experience a disproportionately high prevalence of alcohol-impaired driving and the highest alcohol-related MVC death rates of all racial groups.<sup>3</sup> In previous years, AI/AN youth involved in deadly crashes were also more likely to have been drinking when compared with young drivers of other races.<sup>2</sup>

Tribal and urban Indian impaired driving prevention programs increasingly involve Indigenous community members in their program planning and/or incorporate cultural elements to tailor program design (See Section 2 below). However, structured guidance for impaired driving evaluation approaches specific to tribal and urban Indian contexts represents a critical need to address this important public health issue. The purpose of this guide is to address this gap. It is designed to support Tribes and Indigenous-serving organizations' inherent strengths through examining their impaired driving prevention program's design and evaluation using Indigenous approaches. **Using the structured approach described in the 2023 Toolkit, along with impaired driving prevention-specific examples in Section 5 of this Guide, these materials provide tailored information for readers focused on impaired driving prevention in their communities.** These materials enable teams to outline their visions, Indigenous success measures, decolonized data collection approaches, and plans to build community ownership at all phases of program and evaluation design and implementation.

### **This guide provides:**

- An overview of the problem scope, risk factors, and protective factors in Indigenous communities shaping impaired driving prevention efforts;
- Community-based examples of ways to ground impaired driving prevention programming and evaluation needs in Indigenous values and knowledge;
- A companion story of an impaired driving prevention team utilizing Indigenous evaluation to improve programming.
- Samples of completed worksheets for teams' reference while working through the Toolkit

### **Who Should Use This Guide**

The primary intended audience for this guide includes any team responsible for the leadership, management, evaluation, and implementation of programs addressing substance use and impaired driving prevention in tribal or urban Indian communities.



# A Note on Terminology

## ***“Indigenous” Community Identification***

In this Toolkit, we use “Indigenous” and “tribal and urban Indian communities” broadly to refer to peoples with ancestral and cultural origins in the many territories that now make up the United States. At Seven Directions, we recognize that “Indigenous” and terminology such as “Native American, American Indian, and Alaska Native” were not chosen by sovereign Native nations and Indigenous communities, and are based in settler colonial language, grouping together vast and diverse populations into aggregate terms. The experiences and cultures of Indigenous people are heterogeneous, and each tribal nation and Indigenous community is unique. We encourage the use of the specific tribe or band name and tribal language when possible. Please see the Glossary at the end of this document for more detailed definitions.

## ***Evaluation and Research Terms***

Throughout the Toolkit, we use the term “evaluation” to describe a systematic process for collecting, analyzing, and using data and knowledge to examine the effectiveness and efficiency of a program. We differentiate this from “research,” the purpose of which is to investigate materials or sources to establish fact or reach a new, generalizable conclusion, not to examine a specific program or process for effectiveness. Within both evaluation and research, different communities may use a variety of terms to describe the ways in which they obtain data or knowledge: *methodology*, *approach*, *strategy*, or simply *knowledge-gathering activities* are some examples. These terms offer a starting point; culture, language, and historical experience all impact how words are defined. We invite you to apply these terms with your own local context in mind.

See the Glossary on [page 32](#) for additional terminology notes.



# Background: Impaired Driving as a Critical Public Health Issue in Many American Indian & Alaska Native Communities



Impaired driving, also referred to as driving under the influence (DUI) or driving while intoxicated (DWI), refers to the operation of a motor vehicle while affected by alcohol, cannabis, illegal drugs, and/or some prescription or over-the-counter medicines.<sup>4</sup> Often related, motor vehicle crashes (MVCs) are a leading cause of death for AI/AN communities.<sup>5</sup> **AI/AN have one of the highest prevalences of alcohol-impaired driving and the highest alcohol-related MVC death rates of all racial groups.**<sup>3</sup> Among AI/AN fatal crashes in 2018, an estimated 45% were alcohol-related (compared to 28% for all races overall).<sup>3</sup> In previous years, AI/AN youth involved in deadly crashes were also more likely to have been drinking when compared with youth drivers of other races.<sup>2</sup> Recent data on alcohol-involved deadly crashes for youth is limited, however, AI/AN youth have higher overall rates of fatal MVCs when compared to youth of other races.<sup>5</sup> While many impaired driving prevention programs aim to prevent alcohol or drug-impaired driving, drug-impaired driving data is limited.<sup>6</sup>

In addition to physical injury and death, impaired driving can contribute to other negative consequences for AI/AN communities, including an overrepresentation in arrest data for DUI.<sup>7</sup> While public health information surrounding impaired driving is often presented in statistics, it is also important to acknowledge the gravity of the topic, as injury, arrests, and loss of life can have emotional impacts for communities that are felt through generations. These numbers carry stories of grief and pain associated with loss of precious life experienced too often by AI/AN families and communities and call for an urgent need for culturally grounded DUI prevention programs.

**Key risk factors** for impaired driving among AI/AN include higher rates of alcohol-related substance use and binge drinking,<sup>7,8,9</sup> as well as an earlier onset of drinking age.<sup>10</sup> For youth, parental drinking also contributes as a risk factor.<sup>11</sup> These higher rates of substance use can be attributed to factors driven by the impact of colonization, such as historical and intergenerational trauma, family disruption, and discrimination.<sup>9</sup> In addition, rural travel factors such as greater distances traveled and higher speeds contribute to risk for many AI/AN communities living on or near reservations.<sup>9,12</sup>

Key factors that may prevent impaired driving (i.e. “**protective factors**”) among AI/AN include opportunities to participate in extracurricular activities, feelings of parental support, and alternate transportation programs.<sup>13,14</sup> Factors that prevent substance use and risky, related behaviors for AI/AN include connection to culture and participation in traditional practices.<sup>9</sup>

Creating an environment that supports healthy alcohol-use decisions supports the reduction of harmful effects of alcohol for individuals and communities. **Policies** such as increased alcohol taxation and limits on alcohol sales significantly reduce alcohol consumption, thereby reducing risk of alcohol-related harm in state populations.<sup>15,16</sup> Due to jurisdictional issues, these types of alcohol policies may only be available to state jurisdictions. Some of the most effective policy approaches within state populations to minimize alcohol access among minors include identification card checks, efforts to enforce the minimum legal drinking age, working with state jurisdictions to enforce administrative revocation of driver’s licenses for those who drive under the influence, and establishing an alcohol control agency that supports these efforts.<sup>15,17</sup> Together, these efforts can help create an environment that reduces access to alcohol and the risk of alcohol-related harm. However, while research remains limited in confirming whether these or other policies can support reduction of alcohol-related harm among tribal populations, tribal jurisdictions could implement roadside sobriety checkpoints that support safety of roadways and are applied to all drivers.

**Appendix 1** provides a deeper discussion of risk and protective factors affecting impaired driving and motor vehicle crashes in AI/AN communities.



# Indigenous Approaches to Impaired Driving Prevention Programming Offer Opportunities for Safer Communities



*Image provided by Pikanii Action Team, Blackfeet Tribe of Montana, as published in Glacier Reporter*

Indigenous communities have begun to address substance use and other public health issues by revitalizing Indigenous ways of knowing while focusing on the factors that contribute to resilience among individuals and communities. Successful impaired driving prevention initiatives among Tribal communities have focused on tailoring evidence-based interventions to local Tribal contexts.<sup>2,18,19</sup> This includes strengthening tribal laws, publicized sobriety checkpoint programs, mass media campaigns, multi-component interventions focusing on education, awareness, and enforcement, with community mobilization, and 0.08% Blood Alcohol Concentration (BAC) laws. See Box 1 below for a list of recommended evidence-based impaired driving interventions.

## Box 1: Recommended Evidence-Based Impaired Driving Interventions

The CDC's Community Guide\* recommends the following interventions that were found to have strong or sufficient evidence of reducing alcohol-impaired driving:

1. 0.08% Blood Alcohol Concentration (BAC) Laws;
2. Ignition Interlocks;
3. Lower BAC Laws for Young or Inexperienced Drivers;
4. Maintaining Current Minimum Legal Drinking Age (MLDA) Laws;
5. Mass Media Campaigns;
6. Multicomponent Interventions with Community Mobilization;
7. Publicized Sobriety Checkpoint Programs; and
8. School-Based Instructional Programs

\*The Guide to Community Preventive Services (The Community Guide) is a collection of evidence-based recommendations and findings from the Community Preventive Services Task Force, appointed by the CDC.<sup>20</sup>

Use of culturally significant language and designs is an important aspect of successful mass media campaigns for AI/AN communities.<sup>19,21</sup> Program partnerships with public health agencies, law enforcement agencies, Tribal leadership, roads or transportation departments, legal systems, emergency medical services, media, and community groups have been integral to impaired driving prevention program success.<sup>18,19</sup> However, while partnerships with law enforcement departments can contribute to successful programming, some studies note that considerations should also be made to account for the lack of trust between minority communities and law enforcement.<sup>9</sup>

Box 2 below provides an overview of three culturally tailored impaired driving prevention programs in AI/AN communities.

### Box 2: Tribal Community-Tailored Evidence-Based Approaches to Impaired Driving Prevention

- The **Pikanii Action Team, on the Blackfeet Reservation in Montana**, gathered members from various communities on the reservation to help inform their prevention efforts for alcohol-impaired driving. The Team organized activities specifically for youth and participated in public forums to engage with community members. They also designed a billboard with culturally relevant messaging to increase community awareness about the consequences of alcohol-impaired driving. For example, one billboard read “drinking and driving leads to empty lodges”.<sup>21</sup>
- As part of their TMVIPP programming to reduce alcohol-impaired driving, the **San Carlos Apache Tribe in Arizona** conducted community focus groups and developed culturally appropriate messaging as part of a media campaign. They created specific slogans and logos, including a slogan that read “don’t drink and drive, use a sober driver” and a logo that incorporated a culturally significant landmark. These were then printed on promotional materials such as t-shirts and bags that would be given out and appreciated by the community. The programming staff also participated in various community events and meetings to increase awareness about their program and activities.<sup>19</sup>
- **The Tribal Motor Vehicle Injury Prevention Program (TMVIPP)**, established by the CDC, provides funding and technical assistance to Tribes and Tribal organizations to support the implementation of evidence-based strategies to reduce motor vehicle injuries overall. This includes increasing seat belt use, increasing child safety seat use, and reducing alcohol-impaired driving. *A Tribal Motor Vehicle Injury Prevention Best Practices Guide* was developed to share lessons learned from AI/AN communities that have tailored and implemented evidence-based strategies for reducing motor vehicle injuries. Most federal programs, including TMVIPP, nestle efforts to reduce impaired driving under efforts to prevent all driving-related injuries and death in AI/AN communities.<sup>2</sup>



# Indigenous Evaluation Approaches within Impaired Driving Prevention



Some tribally tailored impaired driving prevention programs have successfully involved community members in their program planning or incorporated cultural elements in the program design or messaging. While these programs may also involve community members in their evaluation approaches, we found limited evidence of this in the gray or research literature.

Most impaired driving studies evaluate program or intervention success using quantitative and Western measures, including a focus on criminal justice data such as DUI arrests, number of stops, and increased number of sobriety checkpoints. However, there is limited information about programs that use Indigenous evaluation approaches such as centering Indigenous values and Indigenous knowledge in their success measures or evaluation methodologies. For example, the *Tribal Motor Vehicle Injury Prevention Program Evaluation Guide*<sup>22</sup> was developed by AASTEC to share best practices for evaluating Tribal Motor Vehicle Injury Prevention Programs, but this guide primarily follows a Western evaluation framework and does not explicitly incorporate Indigenous values or ways of knowing.<sup>1</sup> Again, while other tribally tailored impaired driving-prevention programs may already be utilizing Indigenous evaluation approaches, we hope this guide supports many more in doing so too.

## We'd like to hear from you!

If your impaired driving prevention program is utilizing Indigenous evaluation approaches, let us know! Send us your story at [info@indigenouphi.org](mailto:info@indigenouphi.org).

<sup>1</sup> The *TMVIP Best Practices Guide* also recommends evaluation frameworks specifically developed by the CDC but notes that technical support related to program evaluation may be available from experts with experience working in Tribal communities, such as Tribal Epidemiology Center staff.<sup>2</sup>

# Using this Guide Together with the 2023 Indigenous Evaluation Toolkit

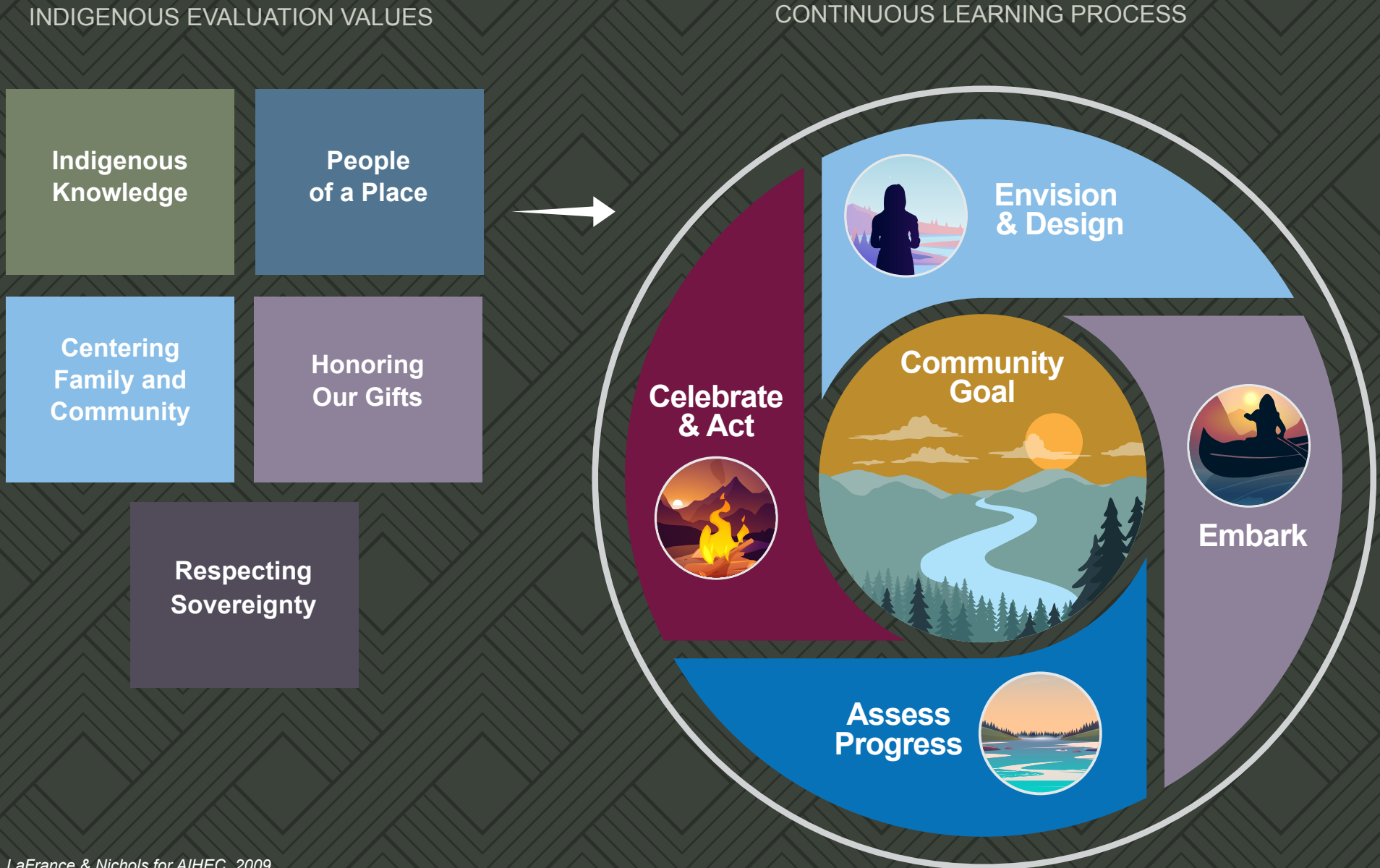


Readers should use this guide as a companion to the 2023 Indigenous Evaluation Toolkit, which provides step-by-step guidance to incorporate Indigenous evaluation approaches into program design, implementation, success measurement, and ongoing programming assessment and improvement.

The Indigenous Evaluation Toolkit utilizes LaFrance & Nichols' Indigenous Evaluation Framework for AIHEC (2009) and translates its five foundational values into actionable approaches that teams can work through at their own pace. In Indigenous evaluation, evaluation activities are viewed as part of a cyclical learning process, in which evaluation is interwoven with program design and implementation. It can also be viewed as a continuous learning process rather than a one-time reflection of a past state.

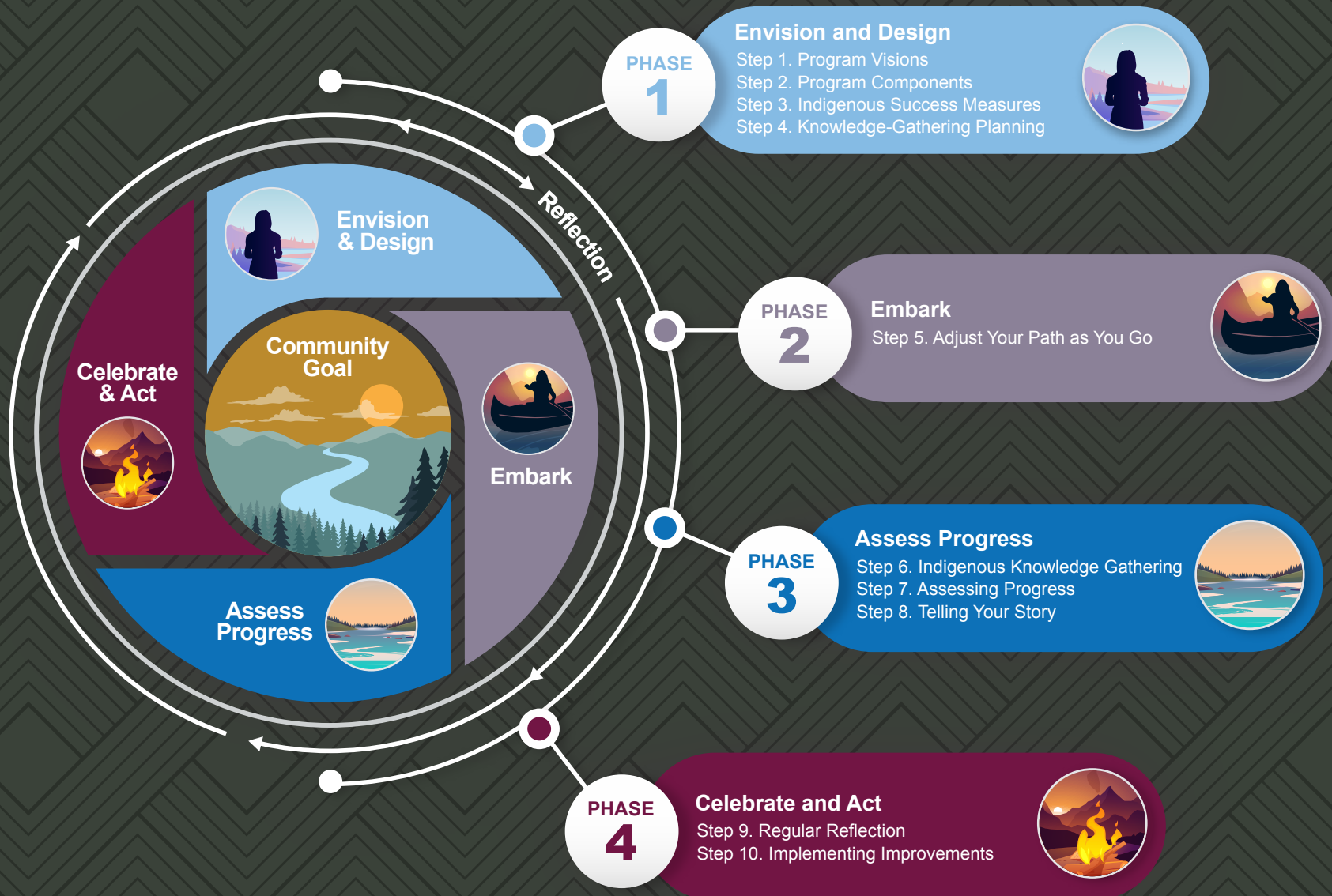
Figure 1 below illustrates how this Toolkit translates core Indigenous evaluation values into a continuous learning cycle.

Figure 1. Translating Indigenous Evaluation Values to a Continuous Learning Process



The Toolkit organizes this continuous learning circle into four key phases, which can be further broken down into ten steps that programs can take to implement Indigenous evaluation approaches over the course of that cycle (See Figure 2 below). As illustrated by the circle surrounding all phases, teams should imagine a constant thread of “reflection” inherently woven throughout the process:

Figure 2. List of all Steps by Phase.



The Toolkit includes a series of worksheets, resource links, and questions to consider as your team works through integrating these Indigenous evaluation approaches. The 2023 Toolkit also provides:

- A detailed introduction to Indigenous Evaluation approaches.
- Additional background on LaFrance & Nichols' 2009 Indigenous Evaluation Framework for AIHEC, and the development of Seven Directions' 2023 Toolkit.
- Suggestions for preparing for emotionally challenging work with your team.
- Discussion of key considerations when conducting Indigenous Evaluation approaches (e.g., cultural humility, data sovereignty).
- The full set of [Toolkit worksheets](#) and completed example versions drawing from substance use prevention examples.

**Readers interested in more detailed guidance about each step should refer to the [2023 Indigenous Evaluation Toolkit](#).**

As highlighted above, impaired driving prevention programs in AI/AN communities may already utilize Indigenous ways of knowing in their program design or evaluation practices. However, some tribal program staff may find this structured framework useful as it offers a guide for integrating Indigenous knowledge and community ownership across evaluation activities. **This Impaired Driving Prevention-specific Guide tailors the information presented in the original Toolkit for readers focused on substance use and impaired driving prevention in their communities through community-specific examples and context.**

### **Impaired Driving-specific Context and Examples in this Guide**

The following sections provide:

- **a short story about a fictional impaired driving prevention program** working through the Toolkit; and
- a selection of the fictional program's **completed activity worksheets as examples** to support readers' understanding.

These modifications are designed to help readers more clearly envision the application of Indigenous evaluation concepts to their impaired driving prevention work. For example, completed worksheets might help readers brainstorm such questions as, *“What is an Indigenous knowledge collecting activity (i.e., data-collection method) we might use to assess the degree to which our programming is changing perceptions about the benefits of safe driving options as opposed to abstinence (sobriety) only?”* We encourage program teams to refer to the vignette and completed worksheets as you work through the steps and activities contained in the Toolkit itself. Readers are encouraged to reference and use these materials as inspiration in their step-by-step journey using Indigenous evaluation approaches. We encourage teams to work through these steps as it makes sense to you and your team.

**Again, readers interested in more detailed guidance about each step should refer to the [Indigenous Evaluation Toolkit](#).**

# Impaired Driving Prevention Companion Story & Completed Worksheet Examples



## **Introduction to the Fictional Companion Story: “Eagle’s Wings”**

*The following story provides a narrative about a fictional tribal health center and their journey utilizing the original 2023 Indigenous Evaluation Toolkit in their impaired driving prevention programming. The story and the accompanying completed example worksheets that follow are designed to use storytelling to help teams envision how they would implement the information presented in the Toolkit using the blank activity worksheets it contains.*

## Eagle's Wings, Part 1:

Annie, a program manager at her tribe's behavioral health (BH) center located in the Northern Plains, has been tasked with leading a new impaired driving prevention program to address the high rates of alcohol-impaired motor vehicle crashes (MVCs) in her community, particularly among younger community members. At previous tribal council meetings, older community members have voiced opposition to safe ride programs, sharing that they feel community members will drink too much if they have a free ride home. The BH center has received federal funding to create this program and is looking forward to changing perceptions around safe ride programs as a way to reduce alcohol-related injury and death.

The team wants to ensure the program is designed to meet their community's needs and evaluated using a holistic approach that includes their community's history, cultural context, and current experiences. Annie has attended a training on Indigenous Evaluation approaches and suggests that the team works through the Indigenous Evaluation Toolkit to help guide the development of their program and evaluation.

After speaking about their values as outlined in Step 1 of the Toolkit, the group begins planning program activities and ways to engage community members to ensure they have a meaningful voice throughout the project. At the end of their meeting, the group uses **Worksheet 4: "Planning Our Journey"** as a guide to write four driving visions for their program (see below). The visions included:

1. Community members are thriving and contributing to their community into old age.
2. Community understands the true gravity of driving after drinking or using drugs.
3. Full community support for safe driving measures and programs to reduce alcohol-related harm.
4. Community members feel connected to their culture and community through feeling accepted and taken care of by their community





## Planning Our Journey

**Purpose:** To outline your driving motivations or visions for doing this prevention work, now that you understand where you are starting and what your group's values are.

**Instructions:** List your program's three driving visions for doing this work. How do you envision the program or project you are planning improving lives in your community?

**What are your three underlying visions for this project or program?**

### VISION 1

*Community members are thriving and contributing to their community into old age.*

### VISION 2

*Community understands the true gravity of driving after drinking or using drugs.*

### VISION 3

*Full community support for safe driving measures and programs to reduce alcohol-related harm.*

### OTHER VISIONS

*Community members feel connected to their culture and community through feeling accepted and taken care of by their community.*

### **Eagle’s Wings, Part 2:**

At the next meeting, Annie and her team continue working through the Toolkit to determine what they want their program to include. Together they discuss their desire to tailor an evidence-based model for their community. The team decides their program strategies could include (1) a safe-driving media campaign using culturally tailored messaging that could sponsor cultural events and opportunities for intergenerational conversations; and (2) a new weekend Safe Ride program to help drive young adults home from nearby bars and help get them back to their cars in the morning. Having seen a nearby program called “SOAR” (Safe on All Roads), they consider possible culturally relevant symbols or animals to help represent their program and decide on “Eagle’s Wings.” They decide to call the Safe Ride program the “Eagle Shuttle.” One team member suggests the Eagle Shuttle could be seen as *“taking community members under its wings and delivering them safely home.”*

In addition, the team determines they will form a community advisory group to guide the project and evaluation, comprised of youth, young adults, and elders. They work with this group to plan the best ways to gather community feedback and to bounce ideas about the various messaging or marketing strategies on an ad hoc basis via text-based polls.

After a few months of working with their community advisory group, the team develops a media campaign using culturally informed messaging based on the group’s conversations and feedback. This messaging, which features a medicine wheel and select phrases in the community’s traditional language, is used on flyers, billboards, promotional materials, videos, and radio ads throughout their community.

Later, the team outlines the success measures, or “landmarks” they would expect to see as they make progress toward each of their visions. When listing these, they make sure to draw on various forms of Indigenous knowledge—*empirical, traditional, and revealed*. Finally, they map out the Indigenous or decolonizing data collection methods they will use to assess progress toward each of these landmarks (See Worksheet 9 below).

**Worksheet 7** below illustrates the success measures, or “landmarks” identified per vision by the fictional “Eagle’s Wings” team, as well as which type of Indigenous knowledge that they felt represented each landmark (i.e., empirical, traditional, revealed). Some of these landmarks are very near-term in nature, while others describe a more distant, ideal state. (See page 62 of the [Indigenous Evaluation Toolkit](#) for more information).

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**Worksheet 9** below maps out the Indigenous or Decolonizing data collection methods our fictional impaired driving prevention program plans to use to assess progress toward each of their landmarks, as well as when or how often they plan to collect knowledge about each landmark. (See Step 4 of the [Indigenous Evaluation Toolkit](#) for more information).



## Landmarks: How Will You Know Where You're at?

**Purpose:** To outline Indigenous indicators that you will use to measure progress toward your vision.

**Instructions:** As you make your way downriver, how will you know where you're at? Look out for information, knowledge, wisdom, conversations, stories, or data that will help you know if you are making progress. Be as specific as possible- who or what will help you understand where you are at on your journey toward each vision?

### VISION 1

*Vision 1 from worksheet #6*

*Community members are thriving and contributing to their community into old age.*

### LANDMARKS

How will you know where you're at?

*Increased attendance at cultural events and substance-free activities (empirical).*

*Community members who drink alcohol feel part of the community. (empirical/revealed).*

*Community members reveal feeling less impacted by grief or trauma related to impaired driving (revealed).*

*Grandparental involvement in younger family member's lives (revealed, long-term goal).*

*Reduction in alcohol and drug-related MVCs, including those resulting in injury or death (empirical).*

### VISION 2

*Vision 2 from worksheet #6*

*Community understands the true gravity of driving after drinking and using drugs.*

### LANDMARKS

How will you know where you're at?

*Conversations with community members reveal increased understanding about the dangers of driving after ANY drinks or use (revealed).*

*Community members express support for program activities & more awareness about impaired-driving (revealed).*

*Families & survivors of impaired-driving related MVCs are invited to speak at community events (traditional).*

*Parents have open conversations about the risks of driving or riding with friends after any drinks or use.*

### VISION 3

*Vision 3 from worksheet #6*

*Full community support for safe driving measures and programs to reduce alcohol-related harm*

### LANDMARKS

How will you know where you're at?

*Community members wear T shirts or sport bumper stickers with program info and slogans (empirical).*

*Community members openly express support for more 'safe ride' or 'designated driver' programs (revealed).*

*Conversations with community members reveal an increased awareness of alternative transportation options available (revealed).*

*Elders have positive perceptions of Eagle Shuttle program (revealed).*

### OTHER LANDMARKS

How will you know where you're at?

*Community members feel connected to their culture and community through feeling accepted and taken care of by their community.*

*Eagle Shuttle riders thank the shuttle driver or program staff when seen in the community (empirical/revealed).*

*Community members feel safe using an alternative transportation option without feeling judgment or stigma (revealed).*

*Community members report feeling an increased sense of belonging and support from their community (revealed).*



## VISION 1

*Vision 1 from worksheet #6*

*Community members are thriving and contributing to their community into old age.*

**Landmarks** (see Worksheet #7):

*Increased attendance at cultural events and substance-free activities.*

*Community members who drink alcohol feel part of the community.*

*Community members reveal feeling less impacted by grief or trauma related to impaired driving.*

*Grandparental involvement in younger family members' lives.*

*Reduction in alcohol and drug-related MVCs, including those resulting in injury or death.*



**How** will you gather the information (e.g. talking circles, surveys, community meetings)?

**When** will you look for each of these markers? (e.g., 6 mos. post-launch, every two weeks)

*Attendance count (#) at each community/cultural event and program activity.*

*Engage in quarterly talking circles and interviews with community members.*

*Engage in quarterly talking circles and interviews with community members.*

*Engage in quarterly talking circles and interviews with community members.*

*Review records from law enforcement, transportation departments, and hospitals starting at the beginning of the program.*

## VISION 2

*Vision 2 from worksheet #6*

*Community understands the true gravity of driving after drinking or using drugs.*

**Landmarks** (see Worksheet #7):

*Conversations with community members reveal increased understanding about the dangers of driving after ANY drinks or use.*

*Community members express support for program activities and more awareness about impaired-driving.*

*Families and survivors of impaired-driving related MVCs are invited to speak at community events.*

*Parents have open conversations with their kids about the risks of driving or riding with friends after any drinks or use.*



**How** will you gather the information (e.g. talking circles, surveys, community meetings)?

**When** will you look for each of these markers? (e.g., 6 mos. post-launch, every two weeks)

*Engage in conversations and talking circles with community members whenever possible*

*Hold conversations and talking circles with community members and the advisor committee whenever possible, starting at the beginning of the program.*

*Analyze notes from community events and hold conversations with community members.*

*Engage in quarterly talking circles and interviews with community members.*



## VISION 3

*Vision 3 from worksheet #6*

*Full community support for safe driving measures and programs to reduce alcohol-related harm*

**Landmarks** (see Worksheet #7):

*Community members wear T shirts or sport bumper stickers with program info and slogans.*

*Community members openly express support for more 'safe ride' or 'designated driver' programs.*

*Conversations with community members reveal an increased awareness of alternative transportation options available.*

*Elders have positive perceptions of Eagle Shuttle program.*



**How** will you gather the information (e.g. talking circles, surveys, community meetings)?

**When** will you look for each of these markers? (e.g., 6 mos. post- launch, every two weeks)

*Make note of observations at each community/cultural event and program activity.*

*Engage in quarterly talking circles and interviews with community members.*

*Hold conversations and/or interviews with community members at community events and whenever possible.*

*Engage in quarterly talking circles with community members and attend Tribal Council meetings.*

## VISION 4

*Vision 4 from worksheet #6*

*Community members feel connected to their culture and community through feeling accepted and taken care of by their community.*

**Landmarks** (see Worksheet #7):

*Eagle Shuttle riders thank the shuttle driver or program staff when seen in the community.*

*Community members feel safe using an alternative transportation option without feeling judgement or stigma.*

*Community members report feeling an increased sense of belonging and support from their community (revealed).*



**How** will you gather the information (e.g. talking circles, surveys, community meetings)?

**When** will you look for each of these markers? (e.g., 6 mos. post- launch, every two weeks)

*Conduct monthly interviews with the Eagle Shuttle driver and staff*

*Engage in quarterly talking circles and interviews with community members.*

*Hold conversations and/or interviews with community members at community events and engage in quarterly talking circles.*

### **A Note on Knowledge-Gathering:**

You can use one method of gathering information to assess progress towards multiple landmarks at the same time!

For example (in Worksheet 9): One conversation or talking circle could reveal that community members are feeling more connected to their culture, *and* that they feel safe accessing the alternative transportation services; they need not be discussed at separate times.

### **Eagle's Wings, Part 3:**

After months of planning the program and evaluation design, the BH center officially launches its new impaired driving prevention programs in the fall. Program funds are used to sponsor a back-to-school feast inviting all youth and young adults to eat and learn to make traditional, seasonal foods with older community members. In addition to providing space for intergenerational conversations, the BH team hands out information to adults about the Eagle Shuttle program as well. Community members report seeing culturally tailored messages about safe driving and about the Eagle Shuttle in particular frequently and provide positive feedback. In addition, community members who use the Eagle Shuttle tell the driver that they appreciate the shuttle's reliability and that it makes them feel taken care of rather than shamed, which the driver shares with the program staff.

After launching the program, the team continues to meet regularly to reflect on the success and progress of their program. During one community event, a community member shares that, while they had noticed the messaging around town, they still did not have much information about the shuttle program or how to use it. Upon hearing this feedback, the team adjusts their communication plan to include more detailed information and decides to hold an outreach event with the community. This gives the community an opportunity to meet the program staff, ask questions, and learn more about the program overall. The team reflects that this gathering was an effective way to disseminate information to their community and was a necessary complement in addition to their media campaign.



#### **Eagle's Wings, Part 4:**

After months of cyclically collecting data per the knowledge collection calendar and taking time as a team to reflect on the lessons learned from each knowledge source, Annie decides to lead the program team and a community advisory group through a guided talking circle based on Worksheet 12: "Making Camp" (below). She asks the group to share what they wanted to celebrate and about the most important insights from the first year of programming. For example, the group recognizes that they had held a lot of fun, appealing community events and were proud of their deep engagement with community, but they recognized that there was only one youth-specific event available to foster connection to culture as a form of prevention, from a young age. Given its positive reception, they recognize a need to organize more of those events in future programming. A member of the advisory group also wants to highlight the Eagle Shuttle Safe Ride program's success, as having been well-received and frequently used. The group suggested that making the "Eagle Shuttle" available during additional times of the week, or during special events, may be a good strategy for future programming. They also suggest a marketing campaign to encourage more "first time flyers" (i.e. shuttle users).

In late spring, the program team hosts a community feed at the annual powwow to celebrate the progress of their "Eagle's Wings" program and to continue their marketing and outreach efforts. The team expresses their gratitude for the community's feedback, participation in talking circles, and attendance at their events. Overall, the program has provided 300 safe rides home to over 60 of the community's young adults! Community members share they are glad the program is working to decrease impaired driving and its effects on the community. They also feel their voices are included and respected. One community member also shares that they saved the number for the Eagle Shuttle program in their phone after seeing a billboard featuring it and later shared the number with a friend who needed a safe ride home one night. After the celebration event, the team felt refreshed and prepared to begin the second year of their journey.

**Worksheet 12** below summarizes our fictional impaired driving prevention program's lessons learned in their first year of implementation and plans to act on those lessons as they continue their journey.





## Making Camp: Celebrating And Preparing To Continue

**Purpose:** To orient yourself toward the next portion of your journey and honor the knowledge you've gained.

**Instructions:** As you celebrate your progress and begin to re-enter the planning phase, consider resting and making camp, so you can look back on how far you've come and reflect on the knowledge you've gained. What can you DO with this knowledge as you continue on your journey toward other visions?

### What knowledge have you gained through this process?

*During reflection, we found that engagement with community and increasing the number of community/cultural events were found to be a success of the program, but there were a limited number of youth-specific events. Our team recognizes the importance of engaging with youth specifically.*

*Our team learned that community members were receptive to billboards, flyers, and other printed materials, but were often more engaged when receiving information in conversation or in community settings.*

*We learned that the Safe Ride "Eagle Shuttle" program was well received by community members and used frequently.*

### How will you use this knowledge as you continue your journey?

*We will plan for more youth-specific events in future programming.*

*When planning ways to share information, we will emphasize community conversations, talking circles, and storytelling in addition to using media campaigns and printed materials.*

*For future programming we will plan to make the "Eagle Shuttle" more available to community members at different times of the week, and during special events.*



## Conclusion

As Indigenous communities, tribal leaders, tribal health organizations, and partnering programs continue to develop impaired driving prevention programs focusing on individual and community resilience, our hope is that the driving-specific content and examples provided in this guide—used in conjunction with the step-by-step activities in the 2023 Toolkit—offer teams a starting point for designing program and evaluation components that honor their cultural traditions, ancestral knowledge, and community visions for success. Teams should feel free to adapt these materials for their communities and, above all, include as many members of their community as possible throughout all phases of program and evaluation design, implementation, and ongoing reflection. We look forward to hearing how your Indigenous evaluation journeys continue to unfold. Please stay in touch with Seven Directions!

<https://www.indigenousphi.org/contact>

# Appendix 1. Risk Factors and Protective Factors for Impaired Driving and Motor Vehicle Crashes in AI/AN Communities

Impaired driving, also referred to as driving under the influence (DUI) or driving while intoxicated (DWI), refers to the operation of a motor vehicle while affected by alcohol, cannabis, illegal drugs, and/or some prescription or over-the-counter medicines.<sup>4</sup> In 2022, 32% of all traffic-related deaths in the U.S. involved drivers impaired by alcohol.<sup>23</sup> Motor vehicle crashes (MVCs) are a leading cause of death for AI/AN communities.<sup>5</sup> **AI/AN have one of the highest prevalences of alcohol-impaired driving and the highest alcohol-related MVC death rates of all racial groups.**<sup>3</sup> Among AI/AN fatal crashes in 2018, an estimated 45% were alcohol-related (compared to 28% for all races overall).<sup>3</sup> In previous years, AI/AN youth involved in deadly crashes were also more likely to have been drinking when compared with youth drivers of other races.<sup>2</sup> Recent data on alcohol-involved deadly crashes for youth is limited, however, AI/AN youth have higher overall rates of fatal MVCs when compared to youth of other races.<sup>5</sup>

In addition to physical injury and death, impaired driving can contribute to other negative consequences for AI/AN communities, including an overrepresentation in arrest data for DUI. For example, one study in Washington State found that AI/AN were arrested for DUI at a rate 2.5 times greater than the general population.<sup>7</sup> A majority of studies and prevention efforts focus on alcohol-related impaired driving, in part due to drug-impaired driving data limitations.<sup>6</sup>

## Key Risk Factors: Early and Heavy Substance Use, Parental Drinking, Rural Travel Factors

Studies identifying risk factors for impaired driving among AI/AN note the presence of underlying issues such as higher rates of alcohol-related substance abuse and binge drinking.<sup>7,8,9</sup> These higher rates can be attributed to factors driven by the impact of colonization, such as historical and intergenerational trauma, family disruption, and discrimination.<sup>9</sup>

Earlier drinking age can also contribute to more negative alcohol-related consequences among AI/AN college students, including rates of impaired driving, when compared to students who began drinking at a later age.<sup>10</sup> Parental alcohol use can also contribute as a risk factor for impaired driving among youth and young adults.<sup>11</sup>

Risk for impaired driving has been found to be consistently greater in rural areas when compared to urban areas due to the greater distances traveled and higher speeds. Thus, AI/AN communities who live in rural areas, usually near reservations, face the unique risk factor of rural geography compounded with lower availability of alternative transportation and higher distance traveled to obtain alcohol near reservations.<sup>9,12</sup> These risk factors may also exist for passengers who choose to ride with a drinking driver.<sup>12</sup>

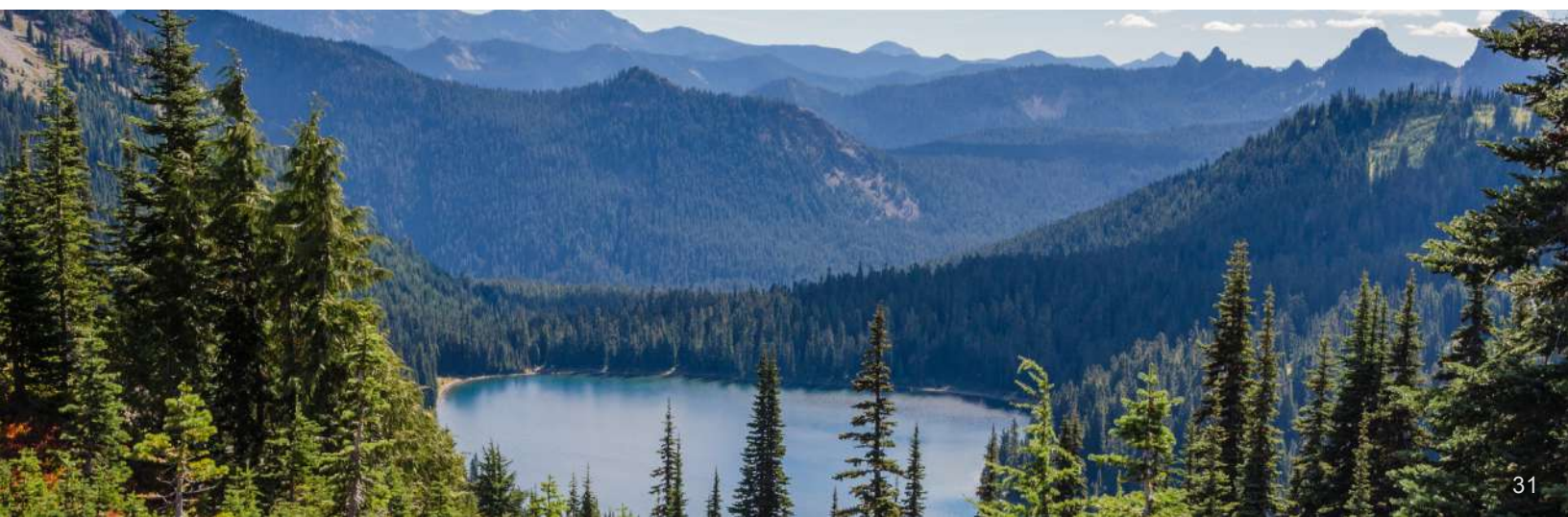
## Key Protective Factors: Extracurricular Activities, Connection to Culture, Alternate Transportation Programs

There are limited studies of specific factors that moderate the risk of impaired driving for AI/AN communities, but some studies have shown that opportunities for extracurricular activities may help mitigate the risk for youth. For example, one study among AI adolescents in Arizona found that access to and participation in extracurricular activities was associated with lower substance use and engagement in risky behaviors, such as driving while intoxicated or riding with a drunk driver.<sup>13</sup> While research on factors that prevent DUI for the general population is also limited, feelings of community, school, and parental support can lower the risk of similar risky behaviors among youth.<sup>24</sup>

Alternative transportation programs have also shown some promise in terms of effectiveness, especially when developed with extensive community partnerships and support.<sup>14</sup> For example, “safe ride programs,” are traffic safety measures that have been proven to be effective at reducing impaired driving.<sup>25</sup> They are typically free of charge and operated in specific regions or at specific times (e.g., weekends, holidays).

Factors that prevent substance use and risky, related behaviors for AI/AN include connection to culture and participation in traditional practices.<sup>9</sup> These protective factors may also mitigate the risk of impaired driving, but there is a need for research examining this relationship specifically.

Alcohol policies that increase taxation and limit sales are also associated with fewer alcohol-impaired drivers and related MVCs.<sup>26</sup> However, research is lacking on the effect of these types of policies for AI/AN communities, specifically for those on Tribal lands. Some tribes have had success in working with state jurisdictions to collaborate on other forms of motor vehicle safety policy enforcement. For example, the Ho-Chunk Nation Motor Vehicle Injury Prevention Program in Wisconsin collaborated with local law enforcement agencies to increase the enforcement of seatbelt use on and near tribal lands, despite the state only having secondary seat belt enforcement laws (where drivers may only be cited for non-seat belt use if they are being cited for a primary violation).<sup>27</sup> Thus, similar collaborations with state- or county-level jurisdictions may also be effective at enacting alcohol policies related to improving traffic safety, but additional research is needed.



# Glossary

**American Indian/Alaska Native (AI/AN):** This term is commonly used in federal law and public health contexts to refer to the broad range of Indigenous peoples (see below) in North America and South America (including Central America) who maintain tribal affiliation or community attachment. In this Toolkit, we recognize that the term originates from settler colonial histories of misidentification. We place preference on the term “Indigenous” or on specific tribal community names where feasible.

**Indigenous** is a global term that acknowledges the “first” peoples or communities who maintain ancestral connection to the lands and ways of being impacted by colonization, as well as their inherent sovereignty and rights to self-determination. “Indigenous” is often used to abbreviate this term. AI/ANs are Indigenous peoples. This guide acknowledges that “AI/AN” and “Indigenous” may not be preferential terms. We support individuals and communities using their identification language of choice.

**Indigenous Knowledge:** This Toolkit prioritizes a breadth of Indigenous knowledge types as outlined by LaFrance and Nichols (2009) (see below) and encourages framing all Indigenous knowledge as data that could be used in Indigenous evaluation.

- Empirical knowledge: Knowledge gained from observation and experiences
- Revealed knowledge: Knowledge gained from spiritual or ancestral interaction such as through dreams, ceremonies, visions, etc.
- Traditional knowledge: Knowledge that is passed down from generation to generation that conveys traditional values and beliefs

**Impaired Driving or Driving Under the Influence (DUI):** Impaired driving, also referred to driving under the influence (DUI) or driving while intoxicated (DWI), refers to the operation of a motor vehicle while affected by alcohol, cannabis, illegal drugs and/or some prescription or over-the-counter medicines.

**Motor Vehicle Crash (MVC):** A motor vehicle crash (MVC) is any event in which a motor vehicle collides with another motor vehicle, a pedestrian, animal, road debris, or other object.

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