

**Indian Health Service (IHS)
Tribal Injury Prevention Cooperative Agreements
Program (TIPCAP)**

Program Handbook



November 2010

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Welcome

Welcome from IHS Injury Prevention Program.

It is with great enthusiasm I welcome the new and continuing Tribal Injury Prevention Cooperative Agreement (TIPCAP) grantees. There will be 23 new sites joining the 17 previously funded tribal grantee sites.

This guide is a new resource for TIPCAP. The guide was developed with input collected from TIPCAP Coordinators and IHS Project Officers during the 2005-2010 TIPCAP funding cycle. The guide will be updated annually to address any emerging issues, agency legislation or program policy changes involving TIPCAP.

Since 1997 Indian Health Service Injury Prevention Program has awarded more than \$14 million in cooperative agreement grants to tribes both rural and urban. Renewing and strengthening partnership with tribes is a top priority for IHS. The Injury Prevention Program values the partnership with tribal communities and support tribal capacity in addressing the local injury problems.

The Injury Prevention program offers training for those involved with TIPCAP. Many of the previously funded TIPCAP coordinators have attended the IP courses and they contribute in important ways to the field of injury prevention. All new TIPCAP Coordinators will be encouraged to attend IP training to gain new insight and build upon their competencies in injury prevention.

In addition to this guide, IHS will host a series of WebEx teleconferences to address reporting, financial spending plan (carry over request) and other pertinent program issues of TIPCAP.

This handbook will be a start as a technical resource. I hope it will serve as a beneficial resource guide for program management of TIPCAP Projects. It is our mission to provide the best programs for AI/AN communities. In your role, you will have an extraordinary opportunity to make significant differences in injury prevention. We want to provide all the possible support for TIPCAP grantees. Your work will definitely improve the overall health status of our people and help to eliminate the injury disparities in our communities. Please feel free to contact the IHS Injury Prevention Program for any questions regarding TIPCAP.

Kind regards,

Nancy Bill

TIPCAP At-A-Glance Summary

This three-page summary is provided as a brief, at-a-glance way to introduce you to the main components of TIPCAP.

TIPCAP Purpose

The purpose of TIPCAP funding is to support Tribes and Tribal/Urban/Non-profit Indian Organizations to build sustainable Injury Prevention Programs that conduct evidence-based effective strategies.

Notice of Award (NOA)

The NOA is an important document executed by the IHS Grants Management Office after a grantee is selected. The NOA contains the negotiated terms and conditions for providing Financial Assistance to the grantee. You should carefully and often review this document.

TIPCAP Funding Types

The 2010-2015 TIPCAP cycle supports Tribes/Tribal Organizations for two types of funding: (1) **PART I** (New and Previously Funded) for up to \$85,000/year for up to five years; and (2) **Part II** to implement effective strategy project for up to \$25,000/year for up to three years. During the 2010-2015 funding cycle:

- 16 Tribes/Organizations are funded as Part Ia sites.
- 17 Tribes/Organizations are funded as Part Ib sites.
- 7 Tribes/Organizations are funded as Part II projects.

Injury Prevention Effective Strategy Focus Areas

Funded sites are conducting injury prevention efforts that:

Prevent Motor Vehicle-related injuries and deaths by:

- a. Support activities to increase occupant restraint use (all ages)
- b. Support Tribal motor vehicle policies/laws
- c. Support enforcement activities regarding traffic safety laws
- d. Support environment modifications to improve roadway, lighting of roadways and pedestrian safety; and
- e. Promote helmet use.

Prevent Unintentional Fall injuries and death by working with a multidisciplinary team including:

- a. Clinical staff (e.g., M.D., pharmacy, physical therapy, dietitian, optometrist);
- b. An exercise program (e.g., Senior centers, Health Promotion/Disease Prevention, Public Health Nurses, CHRs); and
- c. Home safety assessment and improvements (e.g., home health aide, environmental health, injury prevention specialist).
- d. Fall Prevention education/training outreach for elders, providers, and community.

Reporting Requirements, Due Dates, and Format

Submit ORIGINAL and ONE COPY to the Grants Specialist and ONE COPY to the IHS Program Official:

1. Year I Program Progress Reports & Financial Status Report:
 - a. Period covering: 09/01/2010 – 02/28/2011, Report due 03/31/2011;
 - b. Annual Period covering 09/01/2010 – 08/31/2011, Report due 11/30/2011
2. Continuation Application:
 - a. Due at least 120 days prior (May 1) to the stated date of the award
 - b. Must be submitted through grants.gov

Progress Report shall include a brief description of the following for each program function or activity involved. Please be clear and concise:

1. **Objective of Project:** Summary of objectives of project and accomplishments
2. **Progress during reporting period:** Summary of work done during the reporting period, addressing objectives and process of outcome/output measures
3. **Problems or Delays:** Summarize any significant problems that may have been encountered and subsequent delays that might have occurred. Describe steps taken to address delays or problems.
4. **Changes to Project:** Detail any significant changes that have been made to the project (personnel, work, plan, etc.)
5. **Training/Technical Assistance:** List any training or technical assistance that you have/are receiving via this project. List any barriers you have encountered in receiving information or technical assistance for your project.
6. **Expenditures:** List funds allocated for the project during this reporting period. Submit a narrative and accounting documents of the funds expended for the project. Provide a summary of how and when the funds will be expended toward the project.
7. **Dissemination of Information:** Describe how the information collected and compiled will be disseminated to community members.

Key Contacts

The IHS Grants Management Specialist, assigned by the GMO, with responsibility for business, grants policy interpretation and non-programmatic areas of grants administration questions from the grantee is:

Mr. Andrew Diggs

Grants Management Specialist
 Division of Grants Operation, IHS
 801 Thompson Ave., TMP 360
 Rockville, MD 20852.
 Telephone (301) 443-2262 Fax (301) 443-9602
 Email: Andrew.Diggs@ihs.gov

The IHS Program Official, assigned with responsibility for scientific, technical and programmatic questions for the grantee is:

Nancy Bill, MPH, CHES

Division of Environmental Health Services
 801 Thompson Ave., TMP 610
 Rockville, MD 20852
 Telephone (301) 443-0105 Fax (301) 443-7538
 Email: Nancy.Bill@ihs.gov

Summary of Key Staff Roles & Responsibilities

IHS Program Official	IHS Grants Management Specialist	TIPCAP Advisory Committee
This is the primary contact for IHS TIPCAP program management activities, including working with Project Officers, Grants Management Staff, and External TA contractor.	This is the IHS contact who is responsibility for business, grants policy interpretation and non-programmatic areas of grants administration questions from the grantee	This committee will provide communication, and guidance to TIPCAP, for program sustainability and for TIPCAP sites success.

TIPCAP Coordinator

This is the person that a Tribe/Tribal Organization hires to manage the day-to-day operations of the funded TIPCAP project, including completion of annual project goals, objectives, and activities. Coordinators are hired, supervised by, and receive support from other Tribal staff.

Project Officers	External Technical Assistance (TA) Contractor
These are local IHS staff members (from an IHS Area’s Division of Environmental Health Services (DEHS) assigned by the Program Manager to help TIPCAP coordinators make decisions about project strategy, data collection/analysis, spending of resources, planning and implementation of activities, training, reporting, budget, and evaluation.	This group will provide on-going TA to Coordinators, Project Officers, and Program Manager by reviewing progress reports/continuation applications, conducting conference calls/site visits, publishing newsletter, and planning annual workshop.

Technical Assistance Provided to help your project succeed

Site visits from IHS Program Manager, Project Officer, and/or External TA Contractor.

Conference calls with Project Officer and/or External TA Contractor.

Newsletter e-published to share information about program updates, project successes, and TA resources.

Workshop held once a year to provide technical assistance, share successes, and provide program updates.

Training for injury prevention: short-courses (n=3), Fellowship, child passenger safety, injury data.

Resources/Tools for program planning, implementation, and evaluation.

Purpose

The purpose of the handbook is to serve as a guide for the 2011 Indian Health Service (IHS) Tribal Injury Prevention Cooperative Agreements Program (TIPCAP). This guide will assist IHS/Tribal staff who provide oversight and guidance for TIPCAP grantees.

The current TIPCAP funding cycle is supporting:

- 16 PART 1a New projects (5-year) from 2010-2015
- 17 PART 1b Previously funded project (5-year) from 2010-2015
- 7 Part II Effective Strategies (3-year projects) from 2010-2013

The handbook is a reference guide to assist with the TIPCAP goals, expectations, and resources available to help each Tribal Injury Prevention Program succeed. The handbook includes the following sections:

- I. Overview of TIPCAP and IHS IP Program
- II. Key Staff Roles and Responsibilities
- III. Administrative Requirements
- IV. Program Monitoring, Support, and Staff Development
- V. Resources
- VI. Frequently Asked Questions (FAQs)
- VII. Appendices

Please see Appendix A for a glossary of terms used throughout this document.

This handbook was developed under contract by a team from the University of North Carolina at Chapel Hill, Gillings School of Global Public Health (Mr. Robert J. Letourneau, MPH; Dr. Carolyn E. Crump; and Ms. Peyton Purcell, MPH). They served as external technical assistance contractors for the prior three TIPCAP funding cycles between 1997 and 2010. They worked with IHS Injury Prevention Program staff at IHS Headquarters in Rockville, MD (Ms. Nancy Bill, MPH and Ms. Susan McCracken, RS) and a review committee of represented by Tribal and IHS staff who participated in the 2005-2010 TIPCAP funding cycle. Lessons learned from the previous funding cycles helped guide the development of the handbook.

The handbook is one resource to support your TIPCAP site.

I. Overview of the IHS Injury Prevention Program

A. IHS Injury Prevention Program (IPP)

The mission of the IHS Injury Prevention Program (IPP) is to “Raise the health status of American Indians and Alaska Natives (AI/AN) to the highest possible level, by decreasing the incidence of severe injuries and death to the lowest possible level, and increasing the ability of Tribes to address their injury problems.”

The purpose of the Indian Health Service Injury Prevention Cooperative Agreements Program is to promote the capacity of Tribes and Tribal/Urbans/non-profit Indian organizations to build sustainable evidence-based injury prevention programs. Capacity building supports initiatives to foster sustainability of Tribal ownership of IPP. IHS staff help to “build capacity” (improve the ability) of tribes and communities by: (a) increasing understanding about the injury problem; (b) sharing effective strategies; and (c) work in partnership with tribes in injury prevention

IHS has developed a well-known injury prevention program with staff who work in partnerships with Tribes/Tribal Organizations/Urbans and other key partners to reduce the impact that injuries have on Indian people. The impact of injuries is greater on American Indians/Alaska Natives than it is on other racial and ethnic groups.

For more information about these three programs, please visit the following website:

<http://www.injprev.ihs.gov/index.cfm>

B. Tribal Injury Prevention Cooperative Agreement Program (TIPCAP)

1. Summary

The purpose of TIPCAP funding is to build the ability (or capacity) of Tribes and Tribal/Urban/Non-profit Indian Organizations to build sustainable injury prevention programs conducting activities that have been known to work in other communities. TIPCAP funding also provides an opportunity for Tribes to design effective and ‘new’ ways to prevent injuries.

For a list of Tribes/Tribal Organizations funded by the past and current TIPCAP funding cycles, please see the following website:

<http://www.ihs.gov/MedicalPrograms/InjuryPrevention/index.cfm?module=CAP>

2. FY 2010-2015 Program Focus Areas

The TIPCAP program has two priority areas: **(a) motor vehicle-related injuries and (b) unintentional fall prevention** for people 65 years or older.

a. Motor Vehicle-Related Injury Prevention

American Indians/Alaska Natives represent approximately 1.9% of the U.S. population, however, they account for 6.8% of all deaths due to motor vehicle crashes (NHTSA Race and Ethnicity Report 1999-2004, 2006). According to this same study, approximately 78% of all AI/AN motor vehicle fatalities involved unrestrained occupants.

Effective strategies to prevent motor vehicle-related injuries and deaths include

- i. Increasing occupant restraint use (all ages)
- ii. Support Tribal motor vehicle policies/laws
- iii. Support enforcement of traffic safety laws
- iv. Environmental modifications to improve roadway, lighting of roadways and pedestrian safety.
- v. Promote helmet use

More information about effective strategies to reduce motor vehicle injuries can be found at this website: <http://www.cdc.gov/MotorvehicleSafety/index.html>. This site includes information about effective strategies for the following:

- Child passenger safety
- Teen drivers
- Older Adult drivers
- Impaired Driving
- Distracted Driving
- Pedestrian Safety
- Native American Road Safety

Appendix B includes a comprehensive list of federal and non-federal resources for motor vehicle injury prevention.

b. Unintentional Fall Prevention

Unintentional fall related injuries are a leading cause of hospitalizations in AI/AN communities. Unintentional falls reduce independence and quality of life for adults ages 65 and older. In the United States, every 18 seconds, an older adult is treated in an emergency department for a fall, and every 35 minutes someone in this population dies as a result of their injuries. A comprehensive approach in the prevention of fall related injuries is recommended. These approaches must include documentation of collaboration with a multidisciplinary team that includes:

- i. An exercise program that targets balance & strengthening exercises (key collaborators: Senior Centers, Health Promotion/Disease Prevention, Public Health Nurses, Community Health Representative)
- ii. Clinical staff (elderly medical assessment/screening in coordination with M.D., pharmacy, physical therapy, dietitian, optometrist)
- iii. Home safety and hazard assessments (e.g., home health aide, environmental health, injury prevention specialist).
- iv. Education and training for community and service providers

Effective strategies for unintentional fall prevention can be found at: <http://www.cdc.gov/HomeandRecreationalSafety/Falls/index.html>. This site includes: Fact Sheets, Research and Activities, and Publications and Resources. Appendix B includes a comprehensive list of federal and non-federal resources for fall prevention.

3. Description of the TIPCAP

TIPCAP is described at 93.284 in the Catalog of Federal Domestic Assistance. The program is authorized under 25 U.S.C. 13, Snyder Act, and 42 U.S.C., Section 301(a), Public Health Service Act, as amended. This program is funded through a competitive cooperative agreement. The 2010-2015 funding levels range from \$10,000 to \$80,000 for each category (Part I (a), (b), Part II):

- Part I (a) New: up to \$65,000.
- Part I (b) Previously funded: up to \$80,000.
- Part II Effective Strategy Projects: \$10,000

Appendix C includes for a description of allowable and non-allowable expenses.

4. Cooperative Agreement v. Grant

A cooperative agreement is a grant, however, the distinguishing feature between a grant and cooperative agreement is that under a cooperative agreement substantial involvement is anticipated between the awarding office and the recipient during performance of the funded activity. This involvement may include collaboration, participation, or intervention in the activity. The primary beneficiary under a cooperative agreement is the public.

5. Notice of Award (NOA)

The NOA is a written document executed by the IHS Grants Management Office after an grantee is selected. The NOA contains annual negotiated terms and conditions for providing Financial Assistance to the grantee. The Cooperative Agreement is the Financial Assistance instrument to transfer funding for the principal purpose to accomplish a public purpose of support authorized by Federal stature and substantial involvement of the contemplated activity. You are encouraged to:

1. **Read and review all terms and conditions of the Notice of Award (NOA)**
2. **Respond to all special terms of award**
3. **Review NOA Substantial Programmatic Involvement & Specific Responsibilities**
4. **Review Standard Grant Conditions, including a description of:**
 - a. **IHS Program Official**
 - b. **IHS Grants Management Specialist**
 - c. **Reporting Requirements, due dates and format**
 - d. **Be familiar with your TIPCAP scope of work and modifications due to responses from program and financial officials).**

II. TIPCAP Staff Roles and Responsibilities

This section provides an overall description of the IHS and Tribal Staff who are responsible for TIPCAP (please refer to your NOA for specific details)

- At funded Tribes/Tribal Organizations/Urban Programs, this includes: (1) TIPCAP Coordinators; (2) Tribal Accounting/Grants staff; and (3) Supervisors or Administrators.
- At IHS, this includes: (1) IHS Headquarters Program Manager; (2) IHS Headquarters Grants Management Specialist; (3) Project Officers; (4) TIPCAP Advisory Committee; and (5) External Technical Assistance Contractor.

A. Grantee Staff

This section states grantee roles and responsibilities (as identified in the TIPCAP Funding Opportunity Announcement) and highlights the key staff at the Tribe/Tribal Organization who will be responsible for managing project activities.

What Are Grantee Roles & Responsibilities for Part IA and IB Projects?

- a. A Tribal Injury Prevention Coordinator position will be located within an Urban Indian Health organization, Tribal health program (or Tribal Highway Safety) or community-based tribal program.
- b. The Tribal Injury Prevention Coordinator must be full-time and solely dedicated to the management, control or performance of the IPP program. Positions cannot be part-time or split duties.
- c. Develop and maintain a systematic collection, analysis and interpretation of injury data (primary, secondary sources) for the purpose of priority setting, program planning, implementation and evaluation.
- d. Develop a 5- year plan (logic model, strategic planning, etc) based on sound injury data and effective strategies. The 5-year plan will include process, impact and outcome evaluation; timeline; action steps and benchmarks.
- e. Develop injury prevention effective strategies that coincide with the IPP priorities (Motor vehicle, Unintentional fall prevention) and/or local tribal injury priorities based on sound injury mortality and morbidity data. Develop and implement IPP program with culturally competent information to educate and empower communities to take action in injury prevention.
- f. Develop or participate in an injury prevention coalition (support team, advisory group) to share resources and expertise of partners to address injuries within the tribal community. The coalition will serve to collaborate in the planning, implementation and evaluation of projects. The coalition may consist of local tribal members, tribal leaders, health and social workers, injury prevention (IHS), law enforcement, business, clergy, state and other federal advocates or key stakeholders.
- g. Mandatory participation of the TIPCAP Coordinator at the annual IHS Tribal Cooperative Agreement meeting, site visits, conference calls or at special meetings established by IHS.

What Are Grantees Roles & Responsibilities for Part II Effective Strategy Projects:

- a. Develop a 3- year plan (logic model, strategic planning, etc) based on sound injury data and effective strategies. The 3-year plan will include process, impact and outcome objectives; timeline, action steps benchmarks and evaluation.
- b. Develop injury prevention effective strategies that coincide with the IHS IPP Program priorities and/or local tribal injury priorities based on sound injury mortality and morbidity data.
- c. Develop and implement IPP with culturally competent information to educate and empower communities to take action in injury prevention.
- d. Document the evaluation of all program projects and initiatives, i.e., presentations/training/materials/curriculum.
- e. Provide program outreach and advocacy to key stakeholders, i.e., tribal leadership, health board and community.
- f. Present final report at the final 3rd year funding cycle at the annual IHS Tribal CA meeting.
- g. Work in partnership with IHS IPP staff (Service Unit, District or Area) in all decision involving strategy, injury data (collection, analysis, reporting), deployment of resources, release of public information materials, quality assurance, coordination of activities, training, reports, budget and evaluation.

Tribe staff responsible for TIPCAP Projects include TIPCAP Coordinators, Tribal Accounting and Grants Staff, and Supervisors. Each contributes to the success of a TIPCAP Project. Below, please find an expanded description of grantee roles and responsibilities described above, for each of the key staff involved with TIPCAP at the Tribe/Tribal Organization.

1. **TIPCAP Coordinator**

Who is this?

A TIPCAP Coordinator is the person the Tribe/Tribal Organization hires to manage the day-to-day operations of the Tribe's Injury Prevention Program funded by the IHS TIPCAP funding program. A Coordinator must manage an IP program on a full-time basis (e.g., the position cannot be a part-time or involve split duties between multiple projects).

Each Tribe/Tribal Organizations has its own personnel procedures to advertise and fill the TIPCAP Coordinator position. In prior TIPCAP funding cycles, an IP project has benefited when the hired TIPCAP coordinator has: a) prior educational or work experience in injury prevention; b) already obtained or will soon obtain IP training (e.g., short-courses); and c) prior work experience managing a program, including progress reporting, program planning and evaluation, and budget management skills.

For a complete list of TIPCAP Coordinators participating in the 2010-2015 TIPCAP funding cycle, please see:

<http://www.ihs.gov/MedicalPrograms/InjuryPrevention/index.cfm?module=CAP>

What General Roles & Responsibilities do they have?

- a. Plan, implement, and evaluate injury prevention effective strategies that match

your Tribe/Tribal Organization's original funding application and/or annual continuation application workplan.

- b. Develop or participate in an injury prevention coalition (support team, advisory group) to share resources and expertise.
- c. Develop and maintain a data collection, analysis, and summary system to set program priorities, plan and implement activities, and evaluate progress.
- d. Submit semi-annual (two times a year) progress reports to IHS Headquarters, your Project Officer, and the technical assistance (TA) contractor.
- e. Be familiar with the process that your Tribe uses to submit semi-annual financial status reports and provide assistance to make sure they are submitted on time.
- f. Participate in conference calls scheduled by the TA contractor.
- g. Help to plan and participate in site visits conducted by the TA contractor and/or your Project Officer.
- h. Submit articles at least once per year to the TIPCAP newsletter.
- i. Attend (**mandatory**) annual TIPCAP meetings.
- j. Submit annual continuation applications to IHS Headquarters, your Project Officer, and the TA contractor.
- k. Regularly communicate with your Project Officer through phone calls, emails or site visits.
- l. Request assistance from the external TA contractor.

2. Tribal Accounting/Grants Staff

Who is this?

Each Tribe/Tribal Organization has the name and contact information of the Tribal Accounting/Grants Staff who will support your TIPCAP site. Each TIPCAP Coordinator should learn, early on in the process, who this person is and meet with them to talk about how their project's finances are managed, including how financial requests are processed and how financial status reports are prepared and sent to IHS Headquarters.

What General Roles & Responsibilities do they have?

- a. Work with TIPCAP Coordinator to manage the project's budget and approve spending and travel requests.
- b. Submit semi-annual Financial Status Reports (FSRs) to IHS Headquarters.
- c. Work with TIPCAP Coordinator to write and submit annual continuation applications.

3. Supervisors of TIPCAP Coordinators

Who is this?

Each Tribe/Tribal Organizations has a different personnel system. The person who supervises the TIPCAP Coordinator holds a different position at each Tribe/Tribal Organization. Some examples include: Health Director, Tribal Administrator, or other Program Director/Manager. The person who is the supervisor will vary based on where the IP Program is located at the Tribe (e.g., where it is on the 'organizational chart').

The level of your supervisor's involvement with the day-to-day operations of your IP program will also vary. Some supervisors are not very involved and thus the TIPCAP Coordinators work very independently. Other supervisors demonstrate a greater interest in the program and will provide both more assistance and oversight. The level of involvement varies based on the organizational structure and culture of management at your Tribe.

What General Roles & Responsibilities do they have?

- a. Supervise the TIPCAP Coordinator (following Tribal personnel policies).
- b. Provide guidance and support for IP Tribal program activities.
- c. Participate in conference calls/site visits made by your Project Officer and the TA contractor.
- d. Review TIPCAP progress reports prior to submission to IHS.
- e. Review annual TIPCAP continuation applications.
- f. Attend IP Coalition meetings.

B. Indian Health Service (IHS) Staff

This section states IHS Staff roles and responsibilities (as identified in the TIPCAP Funding Opportunity Announcement) and highlights the key staff at IHS who will be responsible for providing support to TIPCAP projects.

What Responsibilities do IHS Staff have for Part IA & B Projects?

- a. IHS will assign an Area IHS Injury Prevention Specialist (Area, District) or designee to serve as the project officer (technical advisor/monitor) for the Tribal injury prevention projects.
- b. IHS project officer is required to work in partnership with the Tribal Injury Prevention Coordinator in all decision involving strategy, injury data (collection, analysis, reporting) hiring of personnel, deployment of resources, release of public information materials, quality assurance, coordination of activities, training, reports, budget and evaluation. IHS will collaborate with the Tribal Injury Prevention Coordinator in determination and implementation of the injury prevention methods and approaches in injury prevention that will be utilized. Collaboration includes data analysis, interpretation of findings and reporting.
- c. IHS will monitor the overall progress of the TIPCAP program sites and their adherence to the terms and conditions of the Cooperative Agreement. This includes providing guidance for required reports, development of tools, and other products, interpreting of program findings and assistance with evaluation.
- d. IHS will plan and set an agenda for an annual meeting that provides on-going training, fosters collaboration among sites and to increases visibility of programs.
- e. IHS will provide guidance in injury prevention training and continuing education courses to increase competencies in injury prevention.
- f. IHS will provide guidance in preparing articles for publication and/or presentations of program successes, lessons learned and new findings.

What Responsibilities do IHS staff have for Part II Effective Strategy Projects?

- a. IHS will provide support for an assigned IHS IPP Specialist (Area or District) or designee to serve as the on-site project officer for the Tribal IPP program.
- b. IHS will work in partnership with the recipient in all decision involving strategy, injury data (collection, analysis, reporting) hiring of personnel, deployment of resources, release of public information materials, quality assurance, coordination of activities, training, reports, budget and evaluation. IHS will collaborate with the recipient in determination and implementation of the injury prevention methods and approaches that will be utilized. Collaboration will include data analysis, interpretation of findings and reporting.
- c. IHS will provide guidance for submission of required reports.
- d. IHS will provide consultation on the development of tools and other products.
- e. IHS will provide guidance in injury prevention training and continuing education courses as needed to increase competencies in injury prevention.
- f. IHS will communicate with sites through teleconferences, individual site visits and newsletters.
- g. IHS will provide outside monitor to provide oversight through site visits, conference calls, technical assistance and training.

IHS staff responsible for supporting TIPCAP Projects include the Program Official, Grants Management Specialist, and Project Officers, as described below.

1. IHS Headquarters Program Official

The IHS Program Official, assigned with responsibility for scientific, technical and programmatic questions for the grantee is:

Nancy Bill, MPH, CHES

Division of Environmental Health Services

801 Thompson Ave., TMP 610

Rockville, MD 20852

Telephone (301) 443-0105 Fax (301) 443-7538.

Email: Nancy.Bill@ihs.gov

2. IHS Headquarters Grants Management Specialist

The IHS Grants Management Specialist, assigned by the Grants Management Office (GMO), with responsibility for business, grants policy interpretation and non-programmatic areas of grants administration questions from the grantee, is:

Andrew Diggs

Grants Management Specialist

Division of Grants Operation

Indian Health Service
 801 Thompson Ave., TMP 360
 Rockville, MD 20852.
 Telephone (301) 443-2262 Fax (301) 443-9602
 Email: Andrew.Diggs@ihs.gov

3. IHS Project Officer

For a list of Project Officers supporting 2010-2015 TIPCAP sites, see <http://www.ihs.gov/MedicalPrograms/InjuryPrevention/index.cfm?module=CAP>

A Project Officer is assigned by IHS and serves as a liaison or extension of the IHS Headquarters Injury Prevention Program to provide the technical program oversight. The IHS project officer will have substantial involvement in partnership with TIPCAP. The Project Officer is a TIPCAP Coordinator's first point-of-contact with questions about the TIPCAP program. They ensure TIPCAP coordinators make decisions about project strategy, data collection/analysis, spending of resources, planning and implementation of activities, training, reporting, budget, and evaluation. The Project Officer is often an IHS employee (e.g., the Area or District or Service Unit Injury Prevention Specialist or Environmental Health Officer) and he or she works closer to your Tribe (e.g., in the same state or region).

Coordinators and Project Officers are encouraged to develop an annual plan for how they will work together. This plan can include how often they will stay in touch, when they will conduct call, and/or when they will conduct in-person meetings, as follows:

- a. For Part I a NEW Sites: Monthly IHS contact for technical assistance in program management.
- b. For Part 1b PREVIOUSLY Funded: These sites are considered experience and will require periodically oversight unless a new TIPCAP Coordinator will be hired for the new cycle. This is a situation where technical assistance should occur on a monthly basis until program is in full operation with IP Coordinator.
- c. For Part 11 Effective Strategy Projects: Monthly IHS contact for technical assistance in project start up and implementation.

C. Other Support

1. TIPCAP Advisory Committee

IHS Program Manager will recruit and form an Advisory Committee comprised up of TIPCAP Coordinators who volunteer to serve on the Committee. The Committee will serve in an advisory capacity to assist in TIPCAP program direction. .

For a list of Advisory Committee members, see <http://www.ihs.gov/MedicalPrograms/InjuryPrevention/index.cfm?module=CAP>

What Roles & Responsibilities do they have?

- a. Foster communication with IHS and TIPCAP sites
- b. Provide overall guidance for the TIPCAP.
- c. Provide feedback from the tribal programs to IHS regarding programmatic issues; resources; advocacy and tribal capacity building for sustainability.
- d. Help to plan to annual TIPCAP meeting agenda.
- e. Provide recommendations for training for TIPCAP Coordinators.

2. External Technical Assistance (TA) Contractor

The External TA contractor is a group that has been hired by IHS Headquarters to help support funded sites so that TIPCAP projects are likely to succeed. Using a competitive application process, the contractor responded to a 'request for proposals' (RFA) with an application describing their experience, expertise, and how they would support TIPCAP sites. A contractor will be identified in the future.

What Roles and Responsibilities do they have?

- a. Provide technical assistance to TIPCAP sites on an on-going basis.
- b. Conduct conference calls with TIPCAP Coordinators and Project Officers.
- c. Conduct site visits to TIPCAP sites.
- d. Help plan, conduct, and evaluate an annual TIPCAP meeting.
- e. Publish TIPCAP newsletters.
- f. Provide feedback to sites to complete progress reports/continuation applications.
- g. Review TIPCAP progress reports and annual continuation applications to assess progress that individual sites are making toward objectives/activities.
- h. Summarize progress all TIPCAP sites are making toward meeting project goals, objectives, and activities.
- i. Provide guidance to TIPCAP sites for publishing or presenting program successes, lessons learned, and new findings.
- j. Respond to questions and requests for technical assistance from TIPCAP Coordinators, Project Officers, and the IP Program Manager.

III. Administrative Requirements

This section provides important details about the requirements expected of all TIPCAP sites.

A. Staffing

As a requirement of the TIPCAP funding, sites must maintain a full-time Tribal Injury Prevention Coordinator dedicated only to the management of the IP Program. Each Tribe follows its own personnel policies to hire, supervise, and provide compensation to the TIPCAP Coordinator.

If/when there is a vacancy for the TIPCAP Coordinator position, the person listed on the Tribe's Notice of Award (NOA) is required to ensure that the project continues without interruption. Often, this means they designate someone at the Tribe who will temporarily manage the day-to-day activities of the IP Program until they can fill the vacant position with a new coordinator.

When vacancies occur, the Project Officer, IHS Headquarters staff, and the external TA contractor will monitor progress reporting to ensure that activities are continuing. If they are not, the Tribe could be required to complete 'special conditions' placed on the project. It is therefore important for the Tribe/Tribal Organization to fill TIPCAP Coordinator vacancies as quickly as possible so that the project's progress is not affected.

B. Annual TIPCAP Workshop

Each project year, an annual TIPCAP workshop provides an opportunity to increase TIPCAP Coordinator's knowledge and skills, foster collaboration among sites, and increase visibility of programs. The training workshop is designed to be interactive, culturally appropriate, and tailored to the priorities of workshop participants. The annual workshop encourages participation among TIPCAP Coordinators and Project Officers through the use of panel presentations, oral presentations, and/or roundtable discussion sessions.

Attendance and participation by each TIPCAP's Project Coordinator and Project Officers is **mandatory** as detailed in the TIPCAP program announcement (HHS 2010 IHS IPP 0001). If a site Coordinator or Project Officer is unable to attend, prior notification describing the reasons must be submitted to the IHS IP Program Manager (Nancy Bill) in writing. Each TIPCAP site must allocate travel funds for the IP Coordinator to attend the workshop every year. Each Tribe follows its own travel policies and procedures for making travel arrangements and securing travel expense payment/reimbursements for those who attend the workshop.

If the TIPCAP Coordinator position is vacant at the time of the annual meeting, the Tribe/Tribal Organization is required to send an alternate. Often, this is the Coordinator position's supervisor or another program partner who is knowledgeable about or works in some way with the Tribe's Injury Prevention Program.

A Tribe may send more than one person in addition to the TIPCAP Coordinator to the annual workshop.

C. Semi-Annual Progress Reporting

Each TIPCAP site is required to submit progress reports about the activities conducted and data collected, including progress and financial status reports. Several TIPCAP sites may have a different reporting deadline specified by the NOA. All sites will be required to report on the 7 This section provides details about both (See NOA for specific details).

1. Progress Reports

There are two types of progress reports: a) Semi-Annual; and b) Final.

a. Semi-Annual

- *What timeframes does each semi-annual progress report cover?*
The first progress report each year highlights activities occurring during the first half of your project year, or from September to February. The second progress report each year highlights activities occurring during the second half of your project year, or from March to August.
- *Who writes semi-annual progress reports?*
Project Coordinators have the primary responsibility for writing progress reports. Supervisors may be involved with this process as well; however, this will vary by TIPCAP site. Supervisors are encouraged to review reports for completeness and approve progress reports prior to sending to IHS. Project Officers should review and concur with any comments.
- *What goes in a semi-annual progress report?*
Progress Report shall include a brief description of the following for each program function or activity involved. Please be clear and concise:
 1. **Objective of Project**: Summary of objectives of project and accomplishments.
 2. **Progress during reporting period**: Summary of work done during the reporting period, addressing objectives and process of outcome/output measures.
 3. **Problems or Delays**: Summarize any significant problems that may have been encountered and subsequent delays that might have occurred. Describe steps taken to address delays or problems.
 4. **Changes to Project**: Detail any significant changes that have been made to the project (personnel, workplan, etc.).
 5. **Training/Technical Assistance**: List any training or technical assistance that you have/are receiving via this project. List any barriers you have encountered in receiving information or technical assistance for your project.
 6. **Expenditures**: List funds allocated for the project during this reporting period. Submit a narrative and accounting documents of the funds expended for the

project. Provide a summary of how and when the funds will be expended toward the project.

7. **Dissemination of Information:** Describe how the information collected and compiled will be disseminated to community members.

- *How do I organize what is included in my progress report?*
A template for semi-annual progress reports will be provided to each site.

b. Final (one per project year)

- *When are final progress reports due?*
A final report is due within 90 days of expiration of the budget/project period.
- *What timeframes does the final progress report cover?*
The final progress report highlights activities for the entire project year.
- *Who writes the final progress report?*
Project Coordinators have the primary responsibility writing the final progress report each year. Supervisors may be involved with this process as well; however, this will vary by TIPCAP site. Supervisors are encouraged to review reports for completeness and approve progress reports prior to sending to IHS. Project Officer should review and concur with comments.

What goes in a final progress report?

Please follow the same format described above for the semi-annual progress report.

- *How do I organize what is included in my progress report?*
A template for final progress reports will be provided to each site.

D. Financial Status Reporting

1. Financial Status Report Description

IHS Grantees are required by the Terms and Conditions of their grant awards to submit a Financial Status Report (FSR) SF-269. This report should be sent to the Division of Grants Operations (DGO). The Grants Management Specialist (GMS) will review the FSR to make sure it is completely correct and contains all required information and signatures. If corrections are needed the GMS will contact the grantee for a revised FSR. If no corrections are needed, the GMS will reconcile the FSR as required.

If the grantee has less than 25% of the total awarded amount (for the budget period) unobligated:

NO prior approval or explanation is needed; grantee may expend the unobligated balance as carryover funds as needed and document the remarks section of the FSR.

EXAMPLE: 25% of \$15,000 would be \$3,750.00 therefore no explanation would be required from the grantee.

*If the grantee has **more than 25% of the total awarded amount** (for the budget period) unobligated:*

An explanation must be submitted for the official grant file and grantee must have prior approval to expend the unobligated funds as carryover. Depending on the validity of the explanation, a decision of whether to offset or carryover unobligated balance can be made. This decision is usually a joint programmatic and grants management decision.

Why are costs questioned?

Costs that are not adequately documented under the budget justification will be questioned. In such cases, the awarding office (DGO) will request additional information to support the costs outlined in the grant application and/or carryover request. This process is a requirement of the Office of Management Budget (OMB) Cost Principles and the administrative requirements that govern Federal grants.

Unallowable Costs (beyond the published TIPCAP RFA listing):

- a. Contingency costs – events which cannot be foretold with certainty as to time, or with assurance that the events will happen.
- b. Contributions and donations – cash, property, and services regardless of the recipient.
- c. Entertainment costs – amusement (parks), tickets to shows/sports events, social activities, etc.

Financial status reporting requires detail explanations (forms, carryover procedures, etc.). For this reason, a series of WebEx training will be schedule for TIPCAP Coordinators and project officers for more information on financial reporting.

For more information please contact the IHS Grants Management Specialist, assigned by the GMO, **Andrew Diggs at (301) 443-2262.**

2. Federal Financial Report Form (FFR)

Most federal grants require recipients to periodically submit reports on their grant's financial progress. The Office of Management and Budget have consolidated the two most common financial reports, the Financial Status Report (FSR or SF-269/SF-269A) and the Federal Cash Transaction Report (FCTR or SF- 272/SF-272A), into a single form. OMB is requiring that federal agencies transition to the FFR/SF-425.

IHS will provide written notification to its grantees as to when they will be required to transition. HHS has implemented a phased approach. Additional information will be provided once HHS notifies OPDIVs of implementation plans.

a. *Semi-Annual FSR*

- *When is the semi-annual FSR due?*
The semi-annual FSR is due within 30 days of the end of the first six months of the current budget period.
- *What timeframe does the semi-annual FSR cover?*
The semi-annual FSR highlights project spending that occurred during the first six months of a project year (e.g., September-February).
- *Who completes the semi-annual FSR?*
Most often, someone at your Tribe's Grants/Contracts or Accounting Department is the person who completes your project's semi-annual FSR. It is important for Project Coordinators to know who this person is so that they can follow-up with questions if needed.
- *What goes into a semi-annual FSR?*
This report is basically a "running checkbook" of a project's financial situation. The report summarizes project expenditures, including previously reported expenditures, expenditures occurring during a current reporting period (i.e., during a half-year), and the amount of funds a project has remaining (called 'un-obligated balance').
- *What form do I use to complete the semi-annual FSR?*
The two most common financial reports, the Financial Status Report (FSR or SF-269/SF-269A) and the Federal Cash Transaction Report (FCTR or SF-272/SF-272A), are being merged into a single form. OMB is requiring that federal agencies transition to the FFR/SF-425.

b. *Final FSRs*

- *When is the final FSR due?*
The final-annual FSR is due within 90 days of the end of a project year, for most sites.
- *What timeframe does the final FSR cover?*
The final FSR highlights project spending that occurred during the entire project year (e.g., September-August).
- *Who completes the semi-annual FSR?*
Tribe's Grants/Contracts or Accounting Department completes project's final FSR. It is important for Project Coordinators to know who this person is so that they can follow-up with questions if needed.
- *What goes into a final FSR?*

This report is basically a “running checkbook” of a project’s financial situation. The report summarizes all project expenditures, including previously reported expenditures, expenditures occurring during a current reporting period (i.e., an entire project year), and the amount of funds a project has remaining (called ‘un-obligated balance’).

- *What form do I use to complete the final FSR?*
Standard Form 269 is used to complete the final FSR. Your Tribal contracts, grants, or accounting office should have this form available because it is used for many funding sources provided by the federal government.

c. *Federal Cash Transaction (FCT) Report*

- *When is the FCT report due?*
This report is due quarterly to the Division of Payment Management, Payment Management Branch. Failure to submit timely financial reports may cause a disruption in timely payments to your Tribe/Tribal organization.
- *What timeframe does the final FCT cover?*
The FCT highlights financial transactions quarterly (i.e., during a three month period).
- *Who completes the FCT?*
Tribe’s Grants/Contracts or Accounting Department is the person who completes your project’s final FSR. If so, it is important for Project Coordinators to know who this person is so that they can follow-up with questions if applicable.

3. Important Note to TIPCAP Coordinators about Financial Reporting

TIPCAP Coordinators can assist other Tribal staff who have the lead responsibility for financial reporting by:

- Meeting with the person responsible for completing the financial reports. The Coordinator should meet with the Tribal Financial reporting staff assigned to their project to personally introduce themselves and describe the IP project.
- Maintaining regular contact with this person to learn if there are staff changes in the finance/ accounting departments.
- Maintaining their own internal budget files (e.g., in Excel or using *QuickBooks*) to ensure that monthly reports they receive from accounting/finance departments are accurate and up-to-date.

Remember, while it may be someone else’s responsibility to complete the reports, it is ultimately, the responsibility of a TIPCAP Coordinator to ensure that reporting is completed. Failure to submit required reports within the required time frame may result in suspension or termination of an active cooperative agreement, withholding of additional awards for the

project, or other consequences such as withholding of payments or converting to the reimbursement method of payment.

Continued failure to submit required reports may result in one or both of the following: (1) the imposition of special award provisions; and (2) the non-funding or non-award of other eligible projects or activities. This applies whether the delinquency is attributable to the failure of the organization or the individual responsible for preparation of the reports.

A grant is suspended because a grantee has failed to meet the terms and conditions of the grant.

E. Continuation Application Process

This section provides an overview of what is required of the continuation application process.

1. What is a continuation application?

A continuation application is the process a Tribe/Tribal Organization uses to request an additional year of funding from the IHS TIPCAP. The process allows for a Tribe/Tribal Organization to revise the TIPCAP budget (to better match actual expenses from the prior year) and to refine the workplan. No change in scope of work but modifications to update workplan are allowed (e.g., changes in project goals), the list of activities you conduct to address program objectives may change from year to year.

2. Who is responsible for completing a continuation application?

The TIPCAP Coordinator or tribal grant writer is responsible for writing the continuation application. Coordinators are encouraged to obtain support, advice, and help from their supervisor, project officer, and the external TA contractor. In addition, the Tribe's financial or accounting office may provide assistance to develop the project's annual budget.

3. When is a continuation application due?

TIPCAP continuation applications are due 120 days prior to start of new grant award period (May 1).

4. How is a continuation applications submitted?

Continuation applications must be submitted via www.grants.gov.

5. How are continuation applications reviewed?

The IHS IP Program Manager, along with input from your Project Officer, will review your continuation application workplan and budget. IHS Grants Management staff will closely review your continuation application budget. Each TIPCAP site's Project Officer is required to 'concur' (agree/approve) with the continuation application workplan and budget before final approval will be given by IHS. In some cases, the IHS IP Program Manager may place 'special conditions' on funding approvals (e.g., increased number of progress reports and or revisions to the application narrative or budget).

IV. Program Monitoring , Support and Staff Development

The IHS TIPCAP wants all TIPCAP sites to succeed in their efforts to reduce injuries in Tribal communities. To help make sure that projects succeed, the IHS IP Program offers support to TIPCAP sites in many ways. This section outlines the main ways support is provided.

A. Site Visits

1. *What is the purpose of site visits?*

The main purpose of site visits is to increase communication and collaboration between TIPCAP Coordinators, Project Officers, and the external TA contractor. During visits, a Coordinator can share information about the successes they have had and the challenges they have faced. They can also request and receive on-site/hands-on technical assistance to build their skills.

Site visits are conducted by Project Officers alone and by the external TA contractor (who is accompanied by the Project Officer). During these visits, participants include the TIPCAP Coordinator and other Tribal staff who are involved with the Tribe's IP Program (e.g., the coordinator's Supervisor, a local IHS sanitarian, other Tribal representatives for whom it is important for external visitors to meet).

2. *When are site visits conducted?*

The number of site visits conducted by your Project Officer can vary. Ongoing collaboration and assistance from your Project Officer may vary over time, so more visits may be conducted earlier in a funding cycle than later. TIPCAP Coordinators and Project Officers are encouraged to develop a yearly schedule of when site visits will occur.

Site visits that are conducted by the external TA contractor typically occur once per year. When the external TA contractor visits, TIPCAP sites that are located 'close' to each other (e.g., in the same state or region) often receive one-day site visits during one coordinated trip made by the contractor (e.g., five sites in Oklahoma would be visited during one work week).

3. *What happens during a visit?*

Activities conducted during a visit can vary. During the early part of a TIPCAP funding cycle, a lot of time can be spent learning more about a project, who is involved, and how best a Project Officer and/or the external TA contractor should work with the TIPCAP Coordinator. During the middle or end of a TIPCAP funding cycle, site visits may involve the Project Officer and external TA contractor providing hands-on skill building to the TIPCAP Coordinator for a variety of different topics.

Some site visit agenda items include:

- 'sit-down' meetings to assess program progress
- tours of the Tribal community to see where program activities occur and/or where community members live

- meet-and-greet meetings with Tribal leaders and/or program partners
- participation in IP coalition meetings
- observations of IP activities taking place at the time of the visit
- hands-on training to collect and/or summarize data
- brainstorming meetings to identify/revise project objectives and activities (e.g., to plan a continuation application).

4. *What happens after a site visit?*

After a Project Officer visits a site alone, follow-up will vary. This can include email and telephone communication to discuss ideas generated or action completed following the visit.

After the external TA contractor visits a TIPCAP site, the contractor will summarize the results of the visit. The format of this summary (which is emailed to TIPCAP Coordinators and Project Officers) will vary, depending on what was conducted during a visit. Summaries may describe the activities conducted by the site, the challenges a site has been facing, and a list of recommendations the site should consider to improve their program or get beyond barriers.

B. Conference Calls

1. *What is the purpose of conference calls?*

The main purpose of conference calls is to increase communication and collaboration between TIPCAP Coordinators, Project Officers, and the external TA contractor. Calls seek to build rapport with sites and to assist coordinators in making progress toward the goals and objectives identified in their proposals and continuation applications. In addition, calls include technical assistance in selected topics such as program planning, implementation, training, and evaluation.

TIPCAP Coordinators and Project Officers are required to participate in calls scheduled by the external TA contractor. Other Tribal staff associated with TIPCAP sites (e.g., supervisors, assistants) are encouraged to participate on calls.

2. *When are conference calls conducted?*

Conference calls conducted by the external TA contract are conducted 2-3 times per year. Some calls may involve discussions with only your TIPCAP site (i.e., individual-format calls) and other calls may include Coordinators and Project Officers from multiple sites (i.e., group-format calls). Individual-format conference calls usually last between 45 and 60 minutes. Group-format conference calls usually last between 60 and 75 minutes.

3. *What happens during a conference call?*

Activities conducted during conference calls can vary and may include:

- Review of Project goals and objectives (for each year)
- Discussion of technical assistance needs
- Discussion of continuation application process

- Scheduling of site visits
- Follow-up from previous correspondence (e.g., site visits, conference calls)
- Program sustainability

4. *What happens after a conference call?*

A brief summary each conference call will be provided to the site Coordinator, Project officer, and the IHS Injury Prevention Program Manager, usually by email.

C. TIPCAP Newsletter

1. *What is the purpose of the TIPCAP newsletter?*

The TIPCAP Newsletter facilitates communication and networking among the TIPCAP sites. Articles in the newsletter usually include:

- Announcements/news from the IHS IP program manager
- Spotlights on IP program coordinators.
- Updates of external Contractor activities (e.g., site visits/conference calls).
- Highlights of innovative approaches to community injury prevention programs
- Lessons learned
- Survey results
- Photographs of injury prevention coordinators in action
- Training and conference opportunities
- IP calendar events
- IP resources.

2. *When and how are newsletters published?*

Newsletters are developed and distributed, electronically by email (in PDF format), 3-4 times per year. To include someone on the newsletter distribution list (e.g., someone who works with your program), you can send a the name and contact information (e.g., email address) to the IHS IP Program Manager and/or the external TA contractor.

3. *How are TIPCAP Coordinators/Project Officers expected to contribute to newsletters?*

TIPCAP Coordinators and Project Officers are expected to contribute to newsletters by submitting articles, photos, and program announcements. If articles are not volunteered by coordinators and project officers, the IP Program Manager and/or the external TA contractor may request a Coordinator and/or Project Officers to submit an article at least once per project year. Please visit the IHS IP Program website for copies of past newsletters: <http://www.injprev.ihs.gov/index.cfm>.

D. Annual TIPCAP Workshop

1. *What is the purpose of the annual workshop?*

The workshop provides a time, once per year, for face-to-face networking and collaboration among TIPCAP sites. It is a time of year for TIPCAP sites to share lessons learned and to develop Coordinators' knowledge and skills. It is also a time when important announcements about TIPCAP occur.

2. *Who participates in the annual workshop?*

TIPCAP Coordinators and Project Officers are required to attend the annual workshop. The IHS IP Program Manager and external TA contractor share lead responsibility to develop, facilitate, and evaluate the workshop. Other outside invited guests often present at the workshop (e.g., staff from national organizations or other federal agencies that support injury prevention in Indian country).

3. *When does the annual workshop occur?*

The specific dates for the workshops have yet to be determined. In previous TIPCAP funding cycles, workshops have been held in April of each project year.

4. *What happens during the annual workshop?*

The IHS IP Program Manager and external TA contractor get assistance from a workshop planning committee comprised of volunteer coordinators and project officers to plan the workshop agenda. Often, the external contractor will develop and distribute a workshop priority assessment to inform the agenda for the workshop.

The workshops are designed to be interactive, culturally appropriate, and tailored to the priorities of workshop participants, fostering involvement and engagement among workshop participants (e.g., panel presentations, oral presentations, and/or roundtable discussions). Table 1 summarizes workshop topics during 2005-2010 TIPCAP workshops.

Table 1. 2005-2010 Funding Cycle Annual Workshop topics by year.

Year	Topic(s)
Year I	Overview of program planning, implementation, and evaluation; Writing S.M.A.R.T. Goals and objectives; Collecting injury data
Year II	Using Logic Models; Evaluating Program Successes
Year III	Incorporating multi-level interventions (spectrum of injury prevention)
Year IV	Effective ways to summarize data; Program Sustainability
Year V	Presentations by IP coordinators (elder fall prevention and working with law enforcement); Leadership empowerment

E. Trainings

There are several opportunities for TIPCAP staff development and training outside of the annual TIPCAP workshop and technical assistance sites will receive from Project Officers, the external TA contractor, and IHS Program Manager.

Project coordinators and Tribal staff are encouraged to pursue these staff development opportunities. They will enhance coordinator's skills and knowledge and help to further improve the site's injury prevention program.

As part of the training for IP Coordinators, the IHS IPP offers a comprehensive **Injury Prevention Training Program**. These trainings include practitioner and advanced injury

prevention training: (a) Short Courses; (b) Fellowship program; and (c) Safer Native American Passengers.

1. Injury Prevention Short Courses

There are three levels of short courses: **Level I-Basic**, **Level II-Intermediate**, and **Level III-Advanced**. Each course is usually held for four days. Your only expenses are travel (e.g., airfare, rental car, taxi fare, and per diem (hotel, food costs)).

The three short courses are available to all Indian Health Service and Tribal personnel through the Environmental Health Support Center in Albuquerque, NM. In addition, the courses are also held in other IHS Areas when the IHS Area Injury Prevention Specialist or a Tribe hosts a course. For a list of upcoming courses visit the following website: <http://www.injprev.ihs.gov/index.cfm?module=Training>.

2. Injury Prevention Fellowship Program

Since 1987, The IHS Injury Prevention has offered a 12-month Fellowship Program for an ‘advanced learning’ about injury prevention. People who participate in this program are often those wanting to learn more about how to plan, implement, and evaluate an injury prevention project in their Tribal community.

The Fellowship gives advanced training in community interventions, coalition building, injury epidemiology (the study of injury), program evaluation, presentation skills, and field work. Participants in the program (called Fellows) apply this training by working on individual projects in their home communities. These projects often involve collecting specific injury data and/or planning, conducting and/or evaluating an injury prevention project.

There are *two* IHS IP Fellowship program tracts, the **Program Development Fellowship** and the **Epidemiology Fellowship**. The IHS IP Fellowship training tracts have different application requirements. Each IP Fellowship training:

- i. has four course sessions;
- ii. includes a two-day symposium (where people present their final projects);
- iii. requires completion of a project that will help reduce injuries in the Fellow’s Tribal community.

For more information about the two Fellowship programs, please visit:

<http://www.ihs.gov/MedicalPrograms/InjuryPrevention/index.cfm?module=Fellowship>.

For additional questions about either Fellowship, please contact Nancy Bill, MPH, IHS Injury Prevention Program Manager, OEHE-EHS-TMP 610, 801 Thompson Ave, Suite 120, Rockville, MD 20852. Phone: 301-443-0105; Fax: 301-443-7538; Email: nancy.bill@ihs.gov.

3. Safe Native American Passengers

Designed after the National Highway Traffic Safety Administration (NHTSA) National Standardized Child Passenger Safety Training, this 12-hour course is Native American-specific and introduces people to the **basic** concepts of child passenger safety (CPS).

First released in 2003, the SNAP course is taught in over 60 tribal communities a year and reaches 500 safety advocates each year. Many people who have completed SNAP have become certified NHTSA CPS Technicians serving as important resources in their local communities.

The audience for this course is anyone who works in AI/AN communities and is interested in increasing the use of child passenger safety seats. The SNAP course does not replace National Standardized Child Passenger Safety Training Program technician course, nor does it offer certification. SNAP is an introduction to CPS and may help prepare you for the NHTSA CPS Technician course.

For more information about SNAP or to download the SNAP course materials:
<http://www.injprev.ihs.gov/index.cfm?module=toolbox&option=snap>

4. Other Injury Prevention Courses

a. NHTSA CPS Technician and CPS Instructor Certification Courses

CPS Technician Course

The national standardized child passenger safety technician certification course is usually four to five days long and combines classroom instruction, and hands-on work with car seats and vehicles. The training includes a community safety seat checkup event, where students demonstrate proper use and installation of child restraints and safety belts and then teach these skills to parents. Successful completion of this course certifies the individual as a CPS technician for two years. Registration for technician certification courses is \$75.

CPS Instructor Course

Any currently certified technician who has been certified for a minimum of six months at the time of registration is eligible to apply for instructor candidacy. Once enrolled as an Instructor Candidate, the participant must maintain their technician certification the entire time and pass an Instructor Candidate's evaluation. The benefit of instructor certification is that it allows a graduate to conduct CPS Technician Courses and re-certify existing technicians within the Tribe's community. The application fee for instructor candidacy is \$75.

For more information and to register for either course:
<http://cert.safekids.org/certification.html>

b. *Epi Info Tutorials*

Epi Info™ is a public domain software package designed for the community of public health practitioners and researchers. It provides for easy form and database construction, data entry, and analysis with epidemiologic statistics, maps, and graphs. The CDC offers several tutorials for users and free software download, including an easy-to-read tutorial called *Using Epi Info: A Step by Step Guide* available at: <http://www.toucaned.com/Products/PublicHealth/EpiInfo.html>

For more information or to download Epi Info:
<http://www.cdc.gov/epiinfo/tutorials.htm>

c. *Lifesavers Conference*

Lifesavers is the premier national highway safety meeting in the United States dedicated to reducing deaths and injuries on our nation's roadways. The conference strives to base workshops on evidence-based programs that can be replicated in communities throughout the country. Lifesavers participants meet with their highway safety peers in a forum where they can share program successes, experience valuable networking with their peers, and develop alliances with people from all over the country.

Future *Lifesavers Conference* Dates (2011-2015) include:

- March 27-29, 2011 • Phoenix Convention Center • Phoenix, AZ
- April 15-18, 2012 • Walt Disney World Swan and Dolphin Hotels • Orlando, FL
- April 14-16, 2013 • Colorado Convention Center • Denver, CO
- April 27-29, 2014 • Gaylord Opryland • Nashville, TN
- March 29-31, 2015 • Hyatt Regency Chicago • Chicago, IL

For more information: <http://www.lifesaversconference.org/#futureconferences>

F. Conferences/Publications

TIPCAP Coordinators can also build their skills and learn about other public health and IP programs by attending and/or presenting at conferences and reading and/or publishing articles in journals. This section includes several recommended conferences and/or meetings for staff to attend or at which to give a presentation on their program(s). Additionally, this section includes some brief information on how and where to publish manuscripts.

1. Conferences

- a. Lifesavers Conference: <http://www.lifesaversconference.org/>
- b. American Public Health Association Annual Meeting and Exposition: <http://www.apha.org/meetings/>
- c. MADD National Conference: <http://www.madd.org/>
- d. National Indian Health Board- Public Health Summit ; NIHB Conferences http://www.nihb.org/communications/conferences_events.php

2. *Publishing Manuscripts/Articles*

Publishing an article/manuscript is a great way to share information about your program and the lessons you have learned with other people working to reduce injuries in the field of public health.

a. Submission Requirements

Every journal has specific requirements (length, format, etc.) for article submission. Once you have selected a journal to submit to, make sure you review the requirements and guidelines before you submit the article.

b. Article/Manuscript Types

Although there are several different types of articles and the names/titles differ depending on the journal, for the most part, articles/manuscripts can be classified into five categories:

- Letters to the editor: Short (< 500 words) opinion pieces addressing a recently covered topic.
- Feature articles: Features, often solicited, present the current status of a subject area and implications for policy, practice, or future research.
- Research articles: Describe innovative public health research and are usually require the following sections: introduction/purpose, methods, results (outcomes), discussion, and conclusion.
- Practice articles: Describe innovative public health programs and initiatives, their current status, and documented outcomes. This is likely to be the most common type of article for TIPCAP project.
- Viewpoints and Commentaries: These are short opinion pieces, often solicited, addressing contemporary public health issues

c. Recommended Journals/Publications

- Indian Health Service Primary Care Provider: <http://www.ihs.gov/provider/>. Each year, the Provider includes a special issue on injury prevention. It is edited by the director of the IHS IP Fellowship Program Dr. Larry Berger (bergerlaw@msn.com). Typically, deadlines to submit articles are in the early Spring, with the special issue going to print every July.

V. Resources

A. Program Planning

1. Centers for Disease Control and Prevention (CDC)
 - Unintentional Fall Prevention:
<http://www.cdc.gov/HomeandRecreationalSafety/Falls/index.html>
 - Motor Vehicle-related Injury Prevention:
<http://www.cdc.gov/Motorvehiclesafety/index.html>
2. CDC Community Guide - Evidence-based Strategies (motor vehicle-related injury prevention): <http://www.thecommunityguide.org/mvoi/index.html>
3. The Community Tool Box:
<http://ctb.ku.edu/en/Default.htm>
4. The Community Tool Box “Assessing Community Needs and Resources”:
<http://ctb.ku.edu/en/dothework/tools tk 2.htm>
5. The Community Tool Box “Developing an Intervention”:
<http://ctb.ku.edu/en/dothework/tools tk 7.htm>
6. The Community Tool Box “Developing Strategic and Action Plans”:
<http://ctb.ku.edu/en/dothework/tools tk 5.htm>

B. Program Implementation

1. The Community Tool Box “Implementing a Social Marketing Effort”:
<http://ctb.ku.edu/en/dothework/tools tk 13.htm>

C. Data Collection

The following data collection tools are available for TIPCAP sites and can be obtained by contacting the IHS Program Official, your Project Officer, and/or the TA Contractor.

1. UNC/IHS Seatbelt Use Observational Survey Protocol
2. Ride Safe Program Child Safety Seat Use Observational Survey Guidelines
3. BIA seatbelt protocol (combined UNC & NHTSA observational SB survey methods)
4. Tribal Epidemiology Centers

D. Program Evaluation

Evaluation of injury interventions is beneficial to the individual program or intervention, the community of researchers, and the public whose lives are positively impacted by successful injury research. Evaluation provides unique information that can help refine a program or intervention and garner support for the program.

1. Summary of Process, Impact, and Outcome Evaluation Handout (Appendix D)
2. The Community Toolbox “Evaluating the Initiative”:
<http://ctb.ku.edu/en/dothework/tools tk 12.htm>
3. American Evaluation Association: <http://eval.org/>
4. CDC Evaluation Working Group: <http://www.cdc.gov/eval/resources.htm>
5. W.K. Kellogg Foundation Evaluation Handbook:
<http://www.ojp.usdoj.gov/BJA/evaluation/links/WK-Kellogg-Foundation.pdf>

E. Coalition Building

1. The Community Toolbox “Creating and Maintaining Coalitions and Partnerships”:
<http://ctb.ku.edu/en/dothework/tools tk 1.htm>
2. Prevention Institute:
<http://www.preventioninstitute.org/component/taxonomy/term/list/97/127.html>
 - *Developing Effective Coalitions: An Eight Step Guide*
 - *Collaboration Math: Enhancing the Effectiveness of Multidisciplinary Collaboration*
 - *The Tension of Turf: Making It Work for the Coalition*
3. Community Anti-Drug Coalition of America (CADCA_ <http://www.cadca.org/>

F. IHS Tools and Templates

1. Ride Safe CPS Program Manual:
http://www.ihs.gov/MedicalPrograms/InjuryPrevention/index.cfm?module=Toolbox&Option=ride_manual
2. Safer Native American Passengers Course Materials:
<http://www.ihs.gov/MedicalPrograms/InjuryPrevention/index.cfm?module=toolbox&option=snap>

VI. Frequently Asked Questions (FAQs)

This section of the Handbook includes a list of Frequently Asked Questions about TICAP. The list of FAQs is organized by the following categories:

- A. Roles and Responsibilities
- B. Continuation Application and Progress Reporting
- C. Cooperative Agreements Activities/Requirements
- D. Budgets (e.g., modifications, carry over, incentives, etc)
- E. Language and logos for publications re: IHS
- F. Annual TIPCAP Workshop
- G. To whom should additional questions be directed

A. Roles and Responsibilities

1. *What are the different roles of IHS Headquarters staff?*

For the TIPCAP, there is a division of labor at IHS Headquarters: (a) technical and (b) administrative.

- a. **Technical** – Nancy Bill, MPH, Injury Prevention Program Manager, is the lead on technical matters related to the program. Technical matters include the Injury Prevention work proposed by sites in their Cooperative Agreement (based on the best practices for evidence-based effective interventions for Injury Prevention).
- b. **Administrative** – Andrew Diggs, Grants Management Specialist, is the lead on administrative matters related to the program. Administrative matters include the contracting/reporting/terms of agreement issues that sites are required to perform under the terms of the cooperative agreement.

It is not practical or reasonable for one person in IHS HEADQUARTERS to attempt to be the point of contact for more than tribal programs across the country for both technical and administrative issues. Day-to-day technical and administrative consultation is delegated to the identified IHS Project Officers. In addition to assistance provided by the local Project Officer, IHS HEADQUARTERS is contracting with an external contractor for additional assistance to projects.

2. *Are there any requirements/guidelines for how often Project Officers should communicate with Coordinators?*

Coordinators and Project Officers are encouraged to develop an annual plan for how they will work together. This plan can include how often they will stay in touch, when they will conduct call, and/or when they will conduct in-person meetings, as follows:

- d. For Part I a NEW Sites: Monthly IHS contact for technical assistance in program management.

- e. For Part 1b PREVIOUSLY Funded: These sites are considered experience and will require periodically oversight unless a new TIPCAP Coordinator will be hired for the new cycle. This is a situation where technical assistance should occur on a monthly basis until program is in full operation with IP Coordinator.
- f. For Part 11 Effective Strategy Projects: Monthly IHS contact for technical assistance in project start up and implementation.

3. *Who is in charge of the grant at the Tribal level, the identified Coordinator or his/her supervisor/department head?*

The person at the tribe responsible for the grant is the individual identified in the Tribe's approved "Application for Federal Assistance" (standard form 424, section 5. "Applicant Information" of their Injury Prevention Grant Application).

This responsibility is typically delegated for day-to-day operations. As far as Grants Management is concerned, issues related to the delegated responsibility are an internal management issue within the project's organization. It is up to the Tribe to determine who is responsible for the day-to-day operation of the Cooperative Agreement. This decision can lead to great innovation and accomplishment; it also can lead to conflict and confusion. Confusion and conflict in the internal management of the project can impact the success of the project and can jeopardize the continuation funding; and in some cases can result in termination of the cooperative agreement during the funding year.

It is the responsibility of the Project Coordinator to inform the Project Officer of significant internal problems that are jeopardizing the success of the project. It is the responsibility of the Project Officer to identify internal management conflicts that are impacting the success of the project, attempt to resolve the problems, inform the responsible Tribal Official of the risk the conflict poses to the project, and document the issue with Grants Management, and inform or involve the external TA contractor.

4. *Is it a requirement that identified coordinators participate in all conference calls with the Project Officer and external contractor?*

Yes.

5. *Do we have to follow all recommendations provided by the technical monitor (e.g., recommendations made in conference call and site visit summaries)?*

It depends on how the Project Coordinator and the Project Officer determine to use the external contractor's advice. The contractor was hired to provide technical assistance to the projects by HQ. HQ established this contract because staffing levels at IHS Headquarters do not permit staff to provide these services directly.

The contractor's advice is meant to enhance, expand, and mature an IP Program. Recommendations provided by the contractor for progress reporting, data collection, and program evaluation may help the project's ability to share, document, and market success to the Tribe, IHS, and other potential funding agencies/programs.

The contractor's role is to provide technical assistance designed to contribute to the success of the projects. The Project Coordinator and Project Officer need to determine how to use and implement the assistance provided.

6. *As a Project Officer, with whom should I be in contact if I have a question about the grant, the identified Coordinator or his/her supervisor/department head?*
-

It depends on how the Tribe has delegated the responsibility for the Cooperative Agreement.

Project Officers should make contact with all individuals in the chain of delegation for the cooperative agreement, explain the Project Officer's role, goals and scope of work of the cooperative agreement, and determine how the Tribal organization would like you to interact with them. If this is not an acceptable relationship, the PO can propose and document a more manageable relationship that will contribute to the success of the project.

7. *As a Project Officer for a Cooperative Agreement, should the officer be an integral part of decisions made regarding the project?*
-

Yes. It is understood that the project coordinator exhibits responsibility and initiative to make day-to-day operational decisions with technical and administrative guidance from their Project Officer. It is also understood under the terms of a cooperative agreement that the Project Coordinator, project officer, IHS IP Manager, and the external TA contractor are partners in the decisions made that determine the directions and success of the project.

B. Continuation Applications and Progress Reporting

1. *When can we expect to receive continuation application packets? What is the turnaround time from submitting to being awarded the funds?*
-

Continuation applications are typically requested/due during the early part of the fourth quarter of a project year. Tribes/Tribal Organizations are usually notified of their continued funding in late Summer each year.

2. *How frequently are progress reports due?*
-

For the 2010-2015 funding period, progress reports are due semi-annually (March 30 and September 30) of each funding year. Additionally, a brief final report will must be submitted within 90 days of expiration of the budget/project period.

3. *Is there a specific format to use for progress reports? What information should be included in these reports?*
-

Yes. A template for progress reports will be provided. However, it is also important to make sure that the template will work for you and your project. Work with the contractor and your Project Officer if you have any questions about progress reporting template.

C. Cooperative Agreement Activities/Requirements

1. *Can a project change completely what it wants to address from year to year?*
-

No, a project can not completely change its goals (i.e., what injury issues it will address) from year to year, unless those changes were described in the original five-year funding application. However, through the annual continuation application process, a Tribe does have the opportunity to revise/refine the list of objectives it wants to meet and activities it will take to meet those objectives.

2. *Is the Injury Prevention Project Coordinator allowed to perform other administrative functions?*
-

If the administrative functions relate to the Cooperative Agreement Project and you have prior approval from your Project Officer, the answer is yes. The details should be worked out between the Project Officer and Project Coordinator. If the administrative functions do not relate to the Project, the workplan goals and objectives, and have not been proposed and approved, the answer is No.

3. *Is the grantee organization responsible for performing the direct duties and responsibilities of an absent/vacant Project Coordinator?*
-

Yes. The Cooperative Agreement is a contract between IHS and the Tribe. Each of the agreements is different, but all have someone at the tribe identified as the responsible party. That person is contractually responsible for performing the duties of the project. In most cases, a Tribal Project Coordinator is hired and the day-to-day responsibilities are delegated to the Project Coordinator. If the tribally hired Project Coordinator position is vacant, the responsible person at the Tribe would be wise to contact IHS to inform IHS HQ of the change in status and make arrangements to replace the Project Coordinator and/or modify the scope of work.

D. Budgets (modifications, allowable expenses, line-items, carryover)

1. *What are the steps required to complete a budget modification?*

Budget modifications are negotiated between the Project Coordinator and Project Officer and submitted to the IHS Grants Management Specialist (Andrew Diggs). Grants Management does not require budget modifications if the modification is less than 25% of the total annual cooperative agreement budget.

If a change is greater than 25%, a budget modification is required. The process to complete a budget revisions process in this case is:

- The TIPCAP Coordinator describes the budget modification in a letter that describes the proposed change (e.g., why the change is being made, how the change will improve the success of the project, how the funds will be allocated). This letter is sent to the Project Officer for review and concurrence.
- The Project Officer sends the request to IHS Grants Management (Andrew Diggs) for approval.
- The Project Officer is also responsible for briefing the IHS IP Manager (Nancy Bill) and external TA contractor on the proposed change.

If the budget modification is less than 25% of the total cooperative agreement budget, the TIPCAP coordinator and Project Officer should discuss the change and document the change in the project files. It is also helpful to send a summary email, describing the change, to the IP Program Manager and the external TA contractor.

2. *What forms, if any, need to be completed and submitted to Grants Management for a budget modification?*

No forms are needed. If the change is greater than 25% of the total budget then a formal request for change with justification/explanation, and project officer concurrence should be submitted to IHS Grants by the Project Coordinator.

3. *What is the process for changing money from line item to line item?*

Approval is not needed for changes less than 25% of the total project budget. Funds can be changed for budget items less than 25% without Grants Management approval. Project coordinators and project officers should discuss, concur, and document line item changes of less than 25% of the total budget.

4. *Is it possible to be more specific on what IPP can purchase with the grant money, such as, incentives, prize? Can we buy incentives for people who participate in an IPP event?*

The general rule is items of \$10 or less are acceptable for incentives. The project coordinator and project officer should work within this guidance to determine appropriate expenditures for incentives.

IHS Grants Management Specialist (Andrew Diggs) delegates this level of decision to the Project Officer. In general project officers will be making sure acceptable incentives relate to the scope of work for the project, cost less than \$10, and are appropriate for the injury prevention intervention and issue.

5. *Are sites allowed to use carryover (funds remaining at the end of budget term – usually 12 months)? If so, what procedures does a Coordinator/Project Officer need to follow to have carryover funds approved?*
-

If there is carryover, a written request with justification/explanation, and concurrence by project officer, should be submitted the Headquarters Grants Management. If carry over becomes excessive (a large % of total budget), continuation funding levels can be reduced by HQ. Successful continuation depends on demonstrated successful performance.

6. *When preparing the budget do we need to create a line item for each anticipated expenditure? For example, do we need a separate line items for Contract \$XXX; Supplies \$XXX; Equipment \$XXX; Marketing \$XXX; etc.?*
-

From a Grants Management perspective, follow the budget format provided in the Injury Prevention Application Kit, "Budget Information – Non-Construction Programs", Standard Form 424A (4-88). If a proposed expenditure does not fit into one of the identified budget categories, put it in the "Other" category and attach a description of proposed expenses in the "Other" category.

A more detailed operations budget is often prepared after the Cooperative Agreement is awarded to manage the execution of the project. Grants Management considers this an internal document to manage the cooperative agreement. It is the project officers' role to review operations budgets, determine its appropriateness to meet the scope of work and concur/approve

7. *Can profit be made from projects like the sale of videos produced with money from the cooperative agreement?*
-

No. A project cannot make profit from the sale of products produced with TIPCAP funding.

E. Language and logos for publications

1. *Are there guidelines to follow when using language and logos for publications that refer to/describe TIPCAP?*
-

Yes, please contact the Program Official for additional information.

Appendices

- A. Glossary of Terms and Acronyms
- B. List of Federal and Non-Federal resources for motor vehicle injury prevention and fall prevention.
- C. List of Allowable Expenses
- D. Program Evaluation Summary Handout

Appendix A. Glossary of Terms and Acronyms

Acronyms

AI/AN	American Indians/Alaskan Natives
CA	Cooperative Agreement
CDC	Centers for Disease Prevention and Control
CPL	Conforming Products List
CPS	Child Passenger Safety
EH	Environmental Health
FSR	Financial Status Report
FY	Fiscal Year
HHS	Health and Human Services
IHS	Indian Health Services
IPP	Injury Prevention Program
NHTSA	National Highway Traffic Safety Administration
OMB	Office of Management and Budget
PO	Project Officer
SNAP	Safe Native American Passengers
TA	Technical Assistance
TIPCAP	Tribal Injury Prevention Cooperative Agreement Program

Appendix B. Additional resources for motor vehicle-related injury and fall prevention information

Listed below are links to Federal and Non-federal resources that may be helpful in planning, implementing, and evaluating your program.

1. Motor Vehicle-related Injury Prevention

Federal

- a. National Highway Traffic Safety Administration (NHSTA):
 - <http://www.nhtsa.gov/>
 - i. Impaired Driving: <http://www.nhtsa.gov/Impaired> or <http://www.stopimpaireddriving.org/>
 - Sobriety Checkpoint Guides:
 - http://www.nhtsa.gov/people/injury/alcohol/saturation_patrols/SatPats2002.pdf
 - http://www.nhtsa.gov/people/injury/enforce/LowStaffing_Checkpoints/images/LowStaffing.pdf
 - ii. Child Safety: <http://www.nhtsa.gov/Safety/CPS>
 - iii. Seatbelt Use: <http://www.nhtsa.gov/Driving+Safety/Occupant+Protection>
 - iv. Regional NHSTA Offices: <http://www.nhtsa.gov/nhtsa/whatis/regions/>
- b. Centers for Disease Control and Prevention Motor Vehicle Safety:
 - <http://www.cdc.gov/Motorvehiclesafety/index.html>
 - i. Impaired Driving: http://www.cdc.gov/Motorvehiclesafety/Impaired_Driving/index.html
 - ii. Child Safety: http://www.cdc.gov/Motorvehiclesafety/Child_Passenger_Safety/index.html
 - iii. Native American Road Safety: <http://www.cdc.gov/Motorvehiclesafety/native/index.html>
- c. Indian Highway Safety Program
 - <http://www.ntis.gov/search/product.aspx?ABBR=PB2010114695>

Non-Federal

- a. Meharry-State Farm Alliance – formed in 2002 to increase seat belt usage by African Americans and other minorities -<http://www.meharry.org/>
- b. AAA Foundation: <http://www.aaafoundation.org/resources/index.cfm?button=links>
- c. University of Minnesota Center for Excellence in Rural Safety: <http://www.ruralsafety.umn.edu/>

- d. Advocates for Highway and Auto Safety: <http://www.saferoads.org/>
- e. Governors Highway Safety Association (GHSA): <http://www.ghsa.org/>
- f. National Safety Council (NSC):
http://www.nsc.org/safety_road/Pages/safety_on_the_road.aspx
- g. Network of Employers for Traffic Safety: <http://trafficsafety.org/>
- h. Transportation Research Board of the National Academies:
<http://gulliver.trb.org/Highways1/Public/Highways.aspx>
- i. University of North Carolina Highway Safety Research Center:
<http://www.hsrc.unc.edu/index.cfm>

2. Fall Prevention

Federal

- a. CDC Injury Prevention- Preventing Falls:
<http://www.cdc.gov/ncipc/preventingfalls/>
 - i. Preventing Falls: What Works A CDC Compendium of Effective Community based Interventions from Around the World:
http://www.cdc.gov/ncipc/preventingfalls/CDCCompendium_030508.pdf
 - ii. Preventing Falls: How to Develop Community-based Fall Prevention Programs for Older Adults:
http://www.cdc.gov/ncipc/preventingfalls/CDC_Guide.pdf
- b. CDC Injury Prevention - Home and Recreational Safety:
<http://www.cdc.gov/HomeandRecreationalSafety/Falls/index.html>
- c. U.S. Fall Prevention Programs for Seniors Selected Programs Using Home Assessment and Modification: <http://www.cdc.gov/ncipc/falls/>

Non-Federal

- a. Falls Free Coalition <http://www.ncoa.org/> (Falls Free Coalition)
- b. Home Safety Council <http://www.homesafetycouncil.org/index.asp>
- c. North Carolina Falls Prevention Coalition:
<http://www.med.unc.edu/aging/ncfp/welcome.htm>
- d. Fall Prevention Center of Excellence: <http://www.stopfalls.org/index.shtml>

Appendix C. Allowable and Non-allowable expenses

The following will be considered allowable equipment purchases – Equipment/Construction

1. Costs of breath testing devices are allowable, provided the device appears on the National Highway Traffic Safety Administration (NHTSA) Conforming Products List (CPL) for this type of equipment.
2. Police traffic radar - cost is allowable subject to the following:
 - Devices must appear on the NHTSA Conforming Products List (CPL) when published in the Federal Register.
 - Operators must be trained using the NHTSA radar operators training program or an approved equivalent.
 - The police agency must implement a comprehensive radar operator and one to three year equipment certification program with periodic recertification once every one to three years.
3. Costs for child restraint devices are allowable. Child safety seat restraint devices must be a “5 star rating” in accordance with the National Highway Traffic Safety Administration Federal Safety Standards (no after-market devices) and strict performance standards (Federal Motor Vehicle Safety Standards, FMVSS 213,225).
4. Cost for limited construction or home safety devices installation that is aligned with the program’s objectives or targets specific outcome in reducing unintentional fall prevention projects are acceptable.
5. Media campaign when combined with enforcement, policy, or incentive programs (print, radio and video).

The following costs are deemed unallowable costs - Equipment/Facilities:

1. Police officer equipment - uniforms, weapons, handguns, shotguns, mace, batons, riot helmets, bulletproof vests, and ammunition.
2. Portable scales - including costs associated with transportation and use of portable scales. Costs for large computer systems are not allowable. (Automatic Data Processing, Main Frame, LAN).
3. Costs for commercial lease or purchase of vehicle or motorcycles (except GSA vehicles).
4. Costs of equipment maintenance or repairs of vehicles.
5. Costs for speed measuring devices – except for enforcement purposes and related project evaluation are not allowable i.e. speed trailers.

6. Projects related to water, sanitation and waste management.
7. Projects that include design and planning of construction of facilities.
8. Projects not utilizing effective strategies based on evidence or best practice.
9. Projects with an education only activities.
10. Animal control programs.
11. Tribal employee defensive driving course.

Appendix D. Program Evaluation Summary Handout

Process Evaluation

Process evaluation is conducted to determine how well a program is operating. This often includes assessing whether a program is reaching the target population and, if so, to what degree. This type of evaluation shows whether a program is reaching people in the target population as planned. It can also be used to obtain feedback from those the program is reaching.

Process evaluations should start at the same time as a program begins and often involve **counting** various aspects of a program. For example, a process evaluation often counts the number and frequency of contacts made with the target population and/or counts all the events related to those contacts. Specifically, process evaluations can count the following types of things related to injury prevention activities:

- number and diversity of people attending a training designed to educate clinical/medical personnel about the importance of proper coding of injuries on medical charts/in patient records systems;
- number of people attending an injury prevention health fair conducted by the Tribal Health Dept.;
- number of people attending (both participants and speakers/presenters) a bicycle safety rodeo;
- number of people attending a fall prevention training session at the Tribal Elder Center;
- number of people stopped during a DUI or Seat Belt enforcement roadblock;
- number of injury prevention coalition meeting conducted in a community;
- number of injury prevention public service announcements (e.g., about seat belt use, fire or fall prevention,) aired/published in the community (e.g., on local radio stations, in Tribal newspapers);
- number and location of smoke detectors distributed to the community;
- number of general injury prevention trainings or workshops conducted in a community;
- number of injury prevention events supported by an injury prevention program.

Much of the information collected as part of the process evaluation is highlighted in regular progress reports to program funders (i.e., the Indian Health Service). It is important for Tribal Injury Prevention Grant Coordinators and staff to track process evaluation information as programs/events occur, so that the information can be summed over time, not just at the end of a project year (e.g., not just when the final report is due at the end of the year).

Impact Evaluation

This type of evaluation is conducted to determine how well a program is meeting its **short-term** goals and objectives, particularly, changes in people's knowledge, attitudes, beliefs, and/or behaviors. To conduct an impact evaluation, it is important to collect **baseline** information about knowledge, attitudes, beliefs and/or behaviors. This is usually done immediately before or as a program begins.

Impact evaluation provides information about intermediate results of a program. Specifically, impact evaluation may focus on the following types of information:

- changes in attitudes by clinical/medical personnel about the importance of proper coding of injuries on medical charts/in patient records systems;
- changes in the number of injuries specifically coded versus the number coded as 'other' injuries;

- children's bicycle helmet use prior to and after a bicycle safety rodeo;
- changes in elders use of walkers;
- changes in community member knowledge and/or attitudes about occupant restraints (seat belts for adults or car seats for children);
- changes in community member behaviors regarding seat belt and/or car seat use; or
- whether or not people's beliefs about the effectiveness of operable smoke detectors has changed.

Much of the information collected as for an impact evaluation should be reported in regular progress reports to program funders (i.e., the Indian Health Service). It is important for Tribal Injury Prevention Grant Coordinators and staff to identify existing knowledge, attitudes, beliefs and/or behaviors **prior to** a program being implemented (baseline data) so that any changes in knowledge, attitudes, beliefs and/or behaviors can be documented **during and after** a program has been implemented.

Outcome Evaluation

This type of evaluation is conducted to determine how well programs succeed in achieving **long-term** goals and objectives, such as reducing morbidity and mortality. To assess achievement of these goals, it is important to have baseline morbidity and mortality information. Outcome evaluation generally relies on long-term (over several years) data collection conducted at specified intervals (e.g. every year, three years, and five years). It is also usually conducted after a program has been completed.

The following are examples of outcome data measures for injury prevention programs:

- changes in bicycle related injury morbidity and/or mortality;
- changes in fall related injury morbidity and/or mortality;
- changes in motor vehicle-related injury morbidity and/or mortality;
- changes in fire/burn-related injury morbidity and/or mortality;
- changes in violence-related injury morbidity and/or mortality;
- changes in the number of injury-related clinic and hospital visits; and/or
- changes in the number of calls to emergency medical services/police/fire departments for injury-related events.

It is often only possible to show outcome evaluation data after several years of a Tribal Injury Prevention Grants program is in operation. Data on injury-related morbidity and mortality can be collected from various sources, including national data sources such as the Centers for Disease Control and Prevention and the Indian Health Service. Tribal Injury Prevention Grant Program Coordinators should rely on technical assistance (e.g. from IHS Area Injury Prevention Specialist) in identifying appropriate data necessary for outcome evaluation.

This handout was developed for use by the Indian Health Service Tribal Injury Prevention Grants Program by staff at the University of North Carolina. It was developed with partial adaptation of information from *Demonstrating Your Program's Worth: A Primer on Evaluation for Programs to Prevent Unintentional Injury*, Centers for Disease Control, National Center for Injury Prevention & Control, 1998.